



[Professional Services]

ARCHITECTS & ENGINEERS LIABILITY APPLICATION

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Broker:

Broker Phone:

Broker Contact:

Broker Email:

Insured Name:

Mailing Address:

Postal Code:

Telephone No.:

Email:

Website:

Additional Documentation to be included with your application:

- Resumes of Directors, Officers, Partners, and Key Personal
- Standard Contract/ Terms of Engagement
- Company Brochure

PART 2 COMPANY DETAILS

Date Company Established (DD/ MM/ YY):

Company Structure: Sole Proprietor: ☐ Corporation: ☐ Partnership: ☐ Joint Venture: ☐ Other: ☐

Number of Directors, Officers, or Partners (please attach resumes):

Details of Directors, Officers, or Partners:

Name	Years in Position:	Years Experience:	Qualifications:

Number of Employees:

Professional:

Clerical:

Other (Please specify):

Are ALL Employees covered by WCB? ☐ Yes ☐ NoHas the Applicant ever been investigated by or suspended from practice by a governing body of your profession? ☐ Yes ☐ No**PART 3 REVENUE BREAKDOWN**

Revenue from Applicant's Operations (CDN Dollars)

	Prior Year: (MM/YY) ____ / ____	Last Completed Year: (MM/YY) ____ / ____	Estimate for Next Year: (MM/YY) ____ / ____
a) Total Gross Fees (=b+c+d+e+f) +Revenues	\$	\$	\$
b) Fees for services rendered in Canada	\$	\$	\$
c) Fees for services rendered in the USA	\$	\$	\$

d) Fees for the rest of the World (Please specify)	\$	\$	\$
e) Fees paid to sub consultants	\$	\$	\$
f) Fees for separately insured projects	\$	\$	\$
g) Total Construction/ Project Values	\$	\$	\$

Date of Company Financial Year End: (DD/ MM/ YY)

Annual Payroll: \$

PART 4 COMPANY OPERATIONS

Please state the percentage of overall revenue/ fees each item represents **(total must equal 100%)**

Architect:	%	Industrial Process:	%
Architectural Technologist:	%	Interior Designer:	%
Building Designer:	%	Laboratory Material Testing:	%
Building Envelope Consultant:	%	Land Surveyor:	%
Chemical Engineer:	%	Landscape Architect:	%
Civil Engineering:	%	Mechanical Engineer:	%
Design/ Build Contracting:	%	Mining Engineer:	%
Drafting Engineer:	%	Naval/ Marine Engineering:	%
Electrical Engineer:	%	Non-Destructive Testing:	%
Forensic/ Expert Witness:	%	Nuclear Engineering:	%
Geologist:	%	Process Engineering:	%
Geotechnical Soils:	%	Project Construction Management:	%
HVAC:	%	Structural Engineer:	%
Hydrologist – Water & Sewer:	%	Other: <i>(Please describe below)</i> :	%
Description of other work:			

PART 5 PROJECT TYPE BREAKDOWN

Project Type Breakdown **(total must equal 100%)**

If the Applicant/ Company is involved in any of the following, please state the percentage of overall revenue/ fees each item represents:

Residential Buildings:	%	Commercial Buildings:	%
Industrial Buildings:	%	Municipal (Water/ Sewage):	%
Institutional:	%	Other:	%

Description of Other Work:

What is the applicant's Average Contract Value?	\$	Largest Contract Value?	\$
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Is the applicant/company involved in any of the following and if so, please state how much percentage of the overall fees this represents?

Any work connected with Mines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	%
Any work related to aerospace/ aviation/ airports?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	%

Any work on bridges/ tunnels?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	%
Any work on car parks?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	%
Any work connected with standalone foundation or shoring design not part of designing the entire structure?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	%
Any work connected with design of sewers/ water/ drainage systems?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	%
Any work connected with dams?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	%
Any asbestos related work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	%
Any environmental work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	%
Work not resulting in construction? (i.e., reports/ surveys/ feasibility studies)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	%
Any seismic work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	%
Any work connected to Petro Chemical or Oil & Gas?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	%
If yes, any Pipeline work?	%			
Any work on multi-unit residential buildings?	If yes, please describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	%
Duplexes:	%	Townhouses/Rowhouses:		%
Low-Rise Condominiums: (up to 6 Storeys)	%	High-Rise Condominiums: (Greater than 6 Storeys)		%
Average number of Storeys:		Greatest number of Storeys:		
Any work on amusement rides?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	%
Any work on public transit/ stadiums/ theatres/ auditoriums/ military installations?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	%
Any home inspections related to homes up for sale or purchase only?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	%
Any playgrounds?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	%
Other? (Please describe)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	%

If you said "YES" to any of the above, please provide further details:

Is the applicant anticipating any changes in business operations in the next 12 months? ☐ Yes ☐ No

If yes, please explain:

Is all surveying and measuring equipment maintained and calibrated to manufacturers specifications? ☐ Yes ☐ No

Does the applicant/ company utilize drones/ UAVs in conjunction with any of the operations? ☐ Yes ☐ No

If yes, does the insured carry standalone drone/ UAV coverage? ☐ Yes ☐ No

Does the applicant/ company or any related company engage in actual hands-on (manual) work such as construction, erection, installation, repairs, manufacturing, or fabricating, etc. or sub-contract any of that type of work out? ☐ Yes ☐ No

If yes, please provide a detailed explanation:

Does the applicant have any locations, employees, perform any activities or provide any services outside of Canada? ☐ Yes ☐ No

If yes, please provide complete details including the services provided, location and revenue:

Forthcoming Year (projected):	
Prior Year 1:	
Prior Year 2:	
Prior Year 3:	

In the event the applicant's product or service failed or delivery was delayed, please describe the worst-case scenario:

Do you engage in any business or professional activities other than what is described above? ☐ Yes ☐ No

Please Describe:

Is the applicant controlled, owned, or associated with any other company, firm, or corporation? ☐ Yes ☐ No

Please give details of the applicant's five largest projects:

Name of Client	Business of Client	Nature of Contract	Revenue Derived from Contract	Total Construction Value	Start Date	Completion Date
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		

How many clients does the applicant have?

Do more than 25% of the applicant's fees emanate from a single client? ☐ Yes ☐ No

What percentage of work is subcontracted to a third party? %

If work is subcontracted, is proof of insurance required? ☐ Yes ☐ No

Please provide details of what work is subcontracted:

Are the subcontractors/ subconsultants hired under a written, standard subcontractor agreement? ☐ Yes ☐ No

PART 6 RISK MANAGEMENT

Does the applicant have a written Quality Assurance/ Quality Control Program? ☐ Yes ☐ No

Do client deliverables undergo an internal peer review? ☐ Yes ☐ No

Does the applicant perform project file audits on a routine basis? ☐ Yes ☐ No

What percentage of the applicants' professional services are performed under the following contract types:

Client drafted agreement:	%	Purchase order:	%
Firm's letter agreement:	%	Professional Association contract:	%
Firm's standard agreement:	%	Verbal agreement:	%

Are all non-standard agreements reviewed by applicant's legal counsel or insurance broker before they are executed: ☐ Yes ☐ No

What percentage of the applicant's contracts use a limitation of liability provisions, where the firm's liability is limited to?

A specific dollar amount which is less than the applicant's insurance limit:	%
A specific dollar amounts equal to the applicant's insurance limit:	%
A specific dollar amount that limits the applicant's liability to the amount of fees paid by the client for their services:	%

Does the applicant have:

An in-house continuing education program for professional employees? ☐ Yes ☐ No

Procedures to elevate and screen potential new clients? ☐ Yes ☐ No

Procedures for monitoring and collecting outstanding fees? ☐ Yes ☐ No

PART 7 CYBER PRE-QUALIFICATION

Insured regularly backs up critical data to a "cold" or "offline" location that would be unaffected by an issue with their live environment, and they test to ensure those backups are recoverable? ☐ Yes ☐ No

Insured uses multi-factor authentication (MFA) for cloud-based services (such as cloud-based email accounts) and for all remote access to their network: ☐ Yes ☐ No

Insured does not allow remote access into their environment without a virtual private network (VPN): ☐ Yes ☐ No

Insured regularly (at least annually) provides cyber security awareness training, including anti-phishing, to all individuals who have access to their organization's network or confidential/personal data? ☐ Yes ☐ No

Insured has a Business Continuity Plan in place that has been successfully tested to confirm that following an unexpected interruption of your computer systems, all revenue-earning operations can be fully resumed within 12 hour. Yes No

PART 8 INSURANCE HISTORY & REQUIREMENTS

Please provide details of your current **Errors & Omissions** insurance policy:

Effective Date: (MM/DD/YYYY)	Retro Date: (MM/DD/YYYY)	Limit:	Deductible:	Premium:	Insurer:
		\$	\$	\$	

Please provide details of your required **Errors & Omissions** insurance policy:

Effective Date: (MM/DD/YYYY)	Retro Date: (MM/DD/YYYY)	Limit:	Deductible:	Premium:	Insurer:
		\$	\$	\$	

Please provide details of your required **Commercial General Liability** insurance policy:

Effective Date: (MM/DD/YYYY)	Limit:	Deductible:	Premium:	Insurer:
\$	\$	\$		

PART 9 CLAIMS HISTORY

- a) Are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any Companies to be insured) within the last 5 (five) years, or: ☐ Yes ☐ No
- b) Are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or: ☐ Yes ☐ No
- c) Have any claims or cease and desist orders been made against any of the Companies to be insured, or any partners or directors thereof, or: ☐ Yes ☐ No
- d) Have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body? ☐ Yes ☐ No

If the answer to the above is "Yes", then please attach full details including an explanation of the background of events, the maximum amount involved/claims, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by Insurers, and the dates of all developments and payments.

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	\$ RESERVE OR LOSS AMOUNT PAID BY INSURER	\$ RETAINED LOSS OR DEDUCTIBLE PAID BY YOU
			\$	\$
			\$	\$
			\$	\$
			\$	\$

*Please attach any available insurance company loss reports with this application

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the Applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An Applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature:

Position:

Please print name:

Date:

BROKER DECLARATION

How long have you known this Applicant?

Is this account new or renewal to you?

Have you personally viewed the Applicant's operations?

What is the condition of facilities and equipment?

What is the applicant's attitude toward risk management and insurance?

Do you recommend this Applicant?

Broker's Signature:

Position:

Please print name:

Date: