



[Professional Services]

ARCHITECTS & ENGINEERS LIABILITY RENEWAL APPLICATION

ARCHITECTS & ENGINEERS LEGAL LIABILITY RENEWAL APPLICATION**PART 1 GENERAL INFORMATION**

Broker:

Broker Phone:

Broker Contact:

Broker Email:

Insured Name:

Mailing Address:

Postal Code:

Telephone No.:

Email:

Website:

PART 2 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	\$	\$	\$
e) Fees paid to sub consultants	\$	\$	\$
f) Fees for separately insured projects	\$	\$	\$
g) Total Construction Values	\$	\$	\$

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

Annual Payroll: \$

Number of Employees:

Professional:

Clerical:

Other:

PART 3 COMPANY OPERATIONS

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

Architect:	%	Hydrologist – Water & Sewer:	%
Architectural Technologist:	%	Industrial Process:	%
Building Designer:	%	Interior Designer:	%
Building Envelope Consultant:	%	Laboratory Material Testing:	%
Chemical Engineer:	%	Land Surveyor:	%
Civil Engineering:	%	Landscape Architect:	%
Design/ Build Contracting:	%	Mechanical Engineer:	%

Drafting Engineer:	%	Mining Engineer:	%
Electrical Engineer:	%	Naval/ Marine Engineering:	%
Engineering:	%	Non-Destructive Testing:	%
Forensic/ Expert Witness:	%	Nuclear Engineering:	%
Geologist:	%	Process Engineering:	%
Geotechnical Soils:	%	Project Construction Management:	%
HVAC:	%	Structural Engineer:	%
Other: (Please describe below)	%		

Description of Other Work:

PART 4 PROJECT TYPE BREAKDOWN

Project Type Breakdown (total must equal 100%)

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

What is the applicant's Average Contract Value? \$

Largest Contract Value? \$

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

If yes, please explain:

PART 5 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

PART 6 CLAIMS HISTORY

Regarding all of the types of insurance to which this application form relates, AFTER INQUIRY:

- 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
- 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
- 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
- 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: _____