



[Professional Services]

CONTRACTORS E&O RENEWAL APPLICATION

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Broker:	Broker Phone:
Broker Contact:	Broker Email:
Insured Name:	
Mailing Address:	Postal Code:
Telephone No.:	Email:
Website:	

PART 2 COMPANY OPERATIONS

Number of Employees:	Principles/ Directors:	Professionally Qualified Architects/ Engineers:
Construction Personnel:	Administrative/ Clerical/ Other:	Other Technical or Qualified Staff:

Description of Operations:

Financial Year End Date: (DD/MM/YYYY)	PAST 12 MONTHS: (DD/MM/YYYY) TO (DD/MM/YYYY)		ESTIMATED FOR NEXT 12 MONTHS (DD/MM/YYYY) TO (DD/MM/YYYY)	
DESIGN WORK	Construction Revenue	Professional Fees	Construction Revenue	Professional Fees
In-house design work only	\$	\$	\$	\$
In-house Design work with Construction responsibility	\$	\$	\$	\$
Sub-contracted Design work with Construction responsibility	\$	\$	\$	\$
Fees for stand-alone Professional services provided through third parties	\$	\$	\$	\$
CONSTRUCTION MANAGEMENT	\$	\$	\$	\$
Construction Management with Construction responsibility	\$	\$	\$	\$
Construction Management with NO Construction responsibility	\$	\$	\$	\$
Construction Only	\$	\$	\$	\$
Other: (Please specify)	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

What percentage of your revenue is derived from: (**% must equal 100**)

New Construction: % Tenant Improvements & Betterments: % Renovations: %

What percentage of your revenue is derived from projects in (**% must equal 100**)

Canada: % USA: % Other: %

Please provide a breakdown of Professional Fees performed by the applicant or by **others under the subcontract** in the past year:

Architectural:	%	Forensic Engineering:	%	Marine Engineering:	%
Building Envelope Engineering:	%	Geotechnical Engineering:	%	Mining Engineering:	%
Chemical Engineering:	%	HVAC Engineering:	%	Nuclear:	%
Civil Engineering:	%	Interior Designer:	%	Process Engineering:	%
Drafting Engineer:	%	Laboratory Testing:	%	Project/ Construction Management:	%
Electrical Engineering:	%	Landscape Architect:	%	Structural Engineering:	%
Environmental Remediation:	%	Land Surveyor:	%	Other:	%

Please indicate the breakdown of total construction values for the past 12 months by project type:

Airports:	%	Mass Transit:	%	Schools/ Colleges:	%
Bridges:	%	Material Handling Systems:	%	Sewer Projects:	%
Dams:	%	Multi-Unit Residential:	%	Shopping Centers/ Retail:	%
Harbours/ Piers/ Ports:	%	Nuclear/ Atomic:	%	Single Family Residential:	%
Hazardous/ Toxic Waste:	%	Office Buildings:	%	Sports/ Convention Centers:	%
Hotels/ Motels:	%	Pipelines:	%	Utilities:	%
Jails/ Justice:	%	Refineries/ Petrochemical:	%	Warehouses:	%
Landfills:	%	Religious:	%	Wastewater Systems/ Plants:	%
Manufacturing/ Industrial:	%	Roads/ Highways:	%	Other:	%

Please provide details of any substantial changes in your activities and major new projects being undertaken during the next 12 months:

PART 4 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 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 5 CLAIMS HISTORY

previous business of the partners or directors of any Companies to be insured) within the last 5 (five) years, or: ☐ Yes ☐ No

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: