SPG Canada

PROFESSIONAL SERVICES

PROJECT SPECIFIC E&O APPLICATION

Reset Form

PART 1 GENERAL INFORMATION

Applicant Name (Prime Consultant):

Mailing Address: Province: Postal Code:

Risk Location Address: Province: Postal Code:

Telephone No.: Email:

Website:

Broker Details

Broker: Broker Phone:

Broker Contact: Broker Email:

Additional documentation to be included with your application

- Copy of Project Contract or RFP
- Full loss run history for all participating firms, going back 10 years (6 minimum)
- Fully completed Financial Resilience Questionnaire

PART 2 PROJECT INFORMATION

Name and address of the owner of the project:

Address: Province: Postal Code:

Name and address of the party responsible for writing or negotiating general conditions of the contract:

Address: Province: Postal Code:

Name and qualifications of the individuals involved in the project:

NAME	DEGREE	PROFESSION	PROVINCE IN WHICH REGISTERED TO PRACTICE

Provide below a brief description of the Applicant's mandate for the project:

Indicate fee to be derived from the project: $

If the contract contains an arbitration or mediation clause, what are its terms? ***(If possible, please attach a copy of the clause)***

Has the contract been awarded? ☐ Yes ☐ No

PART 3 COVERAGE INFORMATION

Commencement date of design:

Commencement date of construction:

Anticipated date of completion:

Total construction value: $

Is coverage required to continue after construction completed? ☐ Yes ☐ No

If Yes, please state the number of years of extension required:

Limits and Deductible

State Limits Desired ☐ $1,000,000 ☐ $2,000,000 ☐ $5,000,000

State Desired Deductible ☐ $25,000 ☐ $50,000 ☐ $100,000 ☐ $250,000

Other Limits:

Other Deductibles:

Extended Reporting Period: ☐ 12 Months ☐ 24 Months ☐ 36 Months

		PROJECT GROSS FEES BY YEAR (including design stage) Show actual for past years and anticipated for future years					
Please list firms participating in the project for which coverage is desired	Present Insurer	Year: $000	Year: $000	Year: $000	Year: $000	Year: $000	Year: $000
	TOTAL GROSS FEES	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

Has the professional team worked together successfully on previous projects? If Yes, please provide details below ☐ Yes ☐ No

Name of individual(s) charged with overall responsibility for the projects:

a) At Design Phase:

Name: Qualification:

Employed by:

b) At Construction Phase:

Name: Qualification:

Employed by:

Percentage of total fees derived from the following categories of services for the project (Total must be equal to 100%)

a) Architectural		%	i) Equipment Evaluation		%
b) Structural		%	j) Failure Investigation		%
c) Civil		%	k) Studies		%
d) Soil Mechanics		%	l) Planning		%
e) Mechanical		%	m) Appraisals		%
f) Electrical		%	n) Project Management/ Construction Management		%
g) Process		%	o) Environmental		%
h) Materials Testing		%	p) Other (specify)		%
Total (a) to (h) incl.	0.00	%	Total (i) to (p) incl.	0.00	%

Indicate if coverage is required for the following categories of work:

a) Dams	☐ Yes	☐ No
b) Bridges over 150 feet in length	☐ Yes	☐ No
c) Tunnels	☐ Yes	☐ No
d) Surveys of Investigations of Subsurface Conditions	☐ Yes	☐ No
e) Boundary Surveys	☐ Yes	☐ No
f) Temporary Fair or Exhibition Structures	☐ Yes	☐ No

PART 4 CLAIMS HISTORY

Has the Applicant or any partner, officer, director or employee of the participants been made aware of any error, omission, negligent act or unresolved dispute which may result in a claim concerning the project?	☐ Yes	☐ No
Has the Applicant been made aware of any error, omission or negligent act or unresolved dispute which has or may result in a claim concerning services provided by the Applicant other than for this project in the past five years?	☐ Yes	☐ No
Has the Applicant or any partner, officer, director or employee of the participants had their licence suspended or been fined or reprimanded during the past five years?	☐ 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 Application 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 for 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.

Signature of Applicant: Position:

Please print name here: Date:

BROKER DECLARATION

How long have you known the Applicant?

Is this account new or renewal to you?

Have you personally viewed the Applicant's operations?

What is the condition of the facilities and equipment?

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

Do you recommend this Applicant?

Broker Signature: Position:

Please print name: Date:

SUBMIT