

OSPE ENGINEERS' LIABILITY INSURANCE APPLICATION

- A. ALL QUESTIONS MUST BE ANSWERED COMPLETELY. PLEASE TYPE OR PRINT CLEARLY. IF ANY QUESTIONS CONSIDERED "NOT APPLICABLE", PLEASE EXPLAIN WHY.
- B. IF YOU NEED MORE SPACE, CONTINUE ON A SEPARATE SHEET & INDICATE QUESTION NUMBER.
- C. PLEASE COMPLETE SUPPLEMENTS WHERE REQUIRED.
- D. THIS APPLICATION AND ALL SUPPLEMENTS MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.
- E. PLEASE PROVIDE A COPY OF THE PRINCIPAL'S RESUME

1. Name of Applicant/Company (including all Subsidiaries, former firms and holding companies):

Proprietorship

Partnership

Corporation

2. ADDRESS

Mailing Address:

City:

Province/Territory:

Postal Code:

Telephone:

Email:

Website:

3. How did you hear about BMS?

4. Are you a member of OSPE?

Yes No

5. Number of Employees:

6. Do you have a Certificate of Authorization?

Yes No

Please provide the Certificate number:

7. Date Professional Entity First Established:

Day - Month - Year

8. PERSONNEL

Name of staff member	Number of years of experience	Qualifications/Designation

9. Have any of those listed in Question 8 ever been the subject of disciplinary action by authorities as a result of their professional activities?
If yes, please provide details.

Yes No

10. GROSS FEES/REVENUES

Total Gross Billings for professional services (whether collected or not) to include reimbursable expenses and sub-consulting fees.

* *Supplement form to be completed.*

Professional Services	Previous 12 months	Last 12 months	Anticipated next 12 months
	Fiscal Year ____/____	Fiscal Year ____/____	Fiscal Year ____/____
a. Total Gross Fees/Revenues (must =b+c+d+e+f)	\$	\$	\$
b. Fees for services rendered in Canada	\$	\$	\$
c. Fees for services rendered in the USA*	\$	\$	\$
d. Fees for worldwide services excluding US and Canada (specify country(ies)*:	\$	\$	\$
e. Fees paid to sub-consultants	\$	\$	\$
f. Direct reimbursable by contract (travel, per diem, billing for reproduction, etc.) Do not include consultants	\$	\$	\$
g. Fees for separately insured projects	\$	\$	\$
h. Total Construction/ Project Values:	\$	\$	\$
i. Total Gross Revenue for Non- Engineering Services	\$	\$	\$

- j. Do more than 25% of the Applicant's fees emanate from a single client?
If yes, please give full details by attachment.

Yes No

k. Does the applicant engage in any contracts wherein they assume responsibility for actual decommissioning, remediation, cleanup, removal of containment, detoxification or pollutants?

Yes No

l. If you are subcontracting engineering services to another firm, please confirm that you obtain proof of professional liability insurance from the subcontracted engineering firm.

Yes No

m. If you are subcontracting engineering services to another firm, please provide details of the type of engineering services they are providing and include in overall breakdown in question 10:

11. PROFESSIONAL DISCIPLINES

Specify as a percentage of the Applicant's Gross Billings. (Total must equal 100%)

* If yes, Supplement form to be completed.

Architectural	%	Chemical Engineering	%	Civil Engineering (light)	%
Civil Engineering (Heavy)	%	Project Management and Administration (Agency)	%	Demolition	%
Design/Build*	%	Environmental Consultancy /Energy Consultants	%	Environmental Engineering*	%
Health and Safety Consultants / Training Consultants	%	HVAC /Electrical Engineering	%	Hydrology / Geology	%
Geotechnical	%	Interior Design/ Building Design	%	Laboratory / Material Engineering	%
Land Survey	%	Land Use Planning /City Planning	%	Marine / Coastal Engineering	%
Mechanical Engineering	%	Mining Engineering	%	Oil and Gas Engineering	%
Peer Review / Report Writing	%	Pre-start Health & Safety Reviews	%	Project Management (At Risk)	%
Railway Engineering	%	Software Design	%	Structural Engineering (NO Stamping)*	%
Structural Engineering (With Stamping)*	%	Aerospace	%	Nuclear	%
Soil Engineering	%	Other (please provide details):			%

12. PROJECTS

Please indicate types of projects as a percentage of the Applicant's Gross Billings. (Total must equal 100%)

Schools, college or public buildings	%	Water Systems	%
Hospitals, clinics or retirement homes	%	Bridges, trestles, or tunnels	%
Hotels, motels or resort properties	%	Land reclamation design	%
Condominiums and other multi-unit residential	%	Earth dams/reservoirs	%
Garages, theatres or grandstands	%	Pipelines	%
Shopping centers	%	Railway Buildings	%
Office/mercantile/commercial building	%	Railway Other	%
Public utilities or industrial buildings	%	Cladding/Fenestration	%
Single family residential subdivisions	%	Foundations/underpinning	%
Custom single family residential	%	Flooring	%
Rental Apartments	%	Fire Protection	%
Sewage or waste disposal systems	%	Modular Building (Prefab)	%
Other (please specify):	%		

- a. If you have indicated that your gross billings are derived from Structural Engineering please provide a description of your Structural Engineering activities and the values of your three largest Structural Engineering projects.

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- b. Do you perform any Structural Engineering work related to geotechnical, metallurgical and foundations? Yes No

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- c. If you have indicated that your gross billings are derived from Civil Engineering, please confirm if there is any geotechnical component to your services and provide details below:
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13. List your 5 most recent projects:

Type of Client	Description of work	Total Project Value	Project fees (revenues)

14. FINANCIAL AND RELATED INTERESTS

15. During the past twelve months, has the Applicant or any subsidiary, parent or other organization related thereto, been engaged in:

a. Actual construction, fabrication, or erection. Yes No

b. Development, sale or leasing of computer software. Yes No

c. Real Estate development. Yes No

d. Manufacture, sale, leasing or distribution of any product, process or patented production process. Yes No

e. Design of a building, component or systems which might be used on more than one project. Yes No

16. Does the Applicant or any principal have any financial interest in any projects for which it has provided professional services? Yes No

Is coverage for Equity interest required?
If yes, Supplement 5 must be submitted. Yes No

17. Does the Applicant have any abandoned projects?
If yes, please give full details by attachment. Yes No

18. MANAGEMENT

19. Does the Applicant have an in-house quality control procedure? Yes No
- a. Is it in written form? Yes No
- b. Are all appropriate staff members familiar with these procedures? Yes No
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20. Has the name of the Applicant changed, or has any other firm been merged, or organization amalgamated with or into the Applicant, or is any such change pending? Yes No
If yes, please give full details by attachment.
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21. Is the Applicant controlled, owned by or associated with, or does the Applicant control or own any other entity? Yes No
If yes, please give full details by attachment.
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22. LOSS HISTORY

It is important to advise the insurance company and BMS of any claims or incidents that could give rise to a claim, including any disciplinary complaints, immediately upon being notified and within 30 days. **If a claim has already been reported, it is important to still disclose it in this section.** Any previously reported, filed or ongoing claims prior to policy inception, will not be covered under this policy and should be reported to your current provider.

23. After enquiry, have any claims or suits been made against the Applicant in the last 10 years? Yes No
(Please include those claims arising from separately insured projects).
If yes, Supplement 2 must be submitted.
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24. After enquiry, are any member(s) of the Applicant aware of any circumstances, allegations or contentions as to any incident, which may result in a claim being made against the Applicant in the last 10 years? Yes No
If yes, Supplement 2 must be submitted.
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25. Has the Applicant or any principal been the subject of disciplinary action by authorities as a result of their professional activities? Yes No
If yes, please give details by attachment.
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26. INSURANCE

27. Has insurance of the type for which the Applicant is now applying for ever been declined, cancelled or had the renewal thereof refused? Yes No
If yes, please give details by attachment.

28. Please give details of previous insurance (past five years):

		LIMITS			EFFECTIVE	
Carrier	Policy No.	Each Claim / Aggregate	Deductible	Paid Premiums	From	To
		\$	\$	\$		
		\$	\$	\$		

Retroactive Date of current policy: _____

29. COVERAGE

Please indicate the coverage limits and deductibles required:

COVERAGE	LIMIT	DEDUCTIBLE
Professional Liability/Errors & Omissions <i>Claims Made Form</i>	<input type="checkbox"/> \$250,000/\$500,000 agg <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$ _____
Commercial General Liability <i>Occurrence Form</i>	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
If required, please indicate the Property of Every Description limit to be quoted, including furniture, equipment, stock and Improvements:		

In addition to providing all basic information necessary to enable us to place the risk, you must ensure that you are complying with your legal duty of disclosure of all material matters relating to the risk. In particular, you must satisfy yourself as to the accuracy and completeness of the information you provide to insurers. In this respect, you must provide all information relating to the risk, whether favorable or not, which would influence the judgement of a prudent insurer in determining whether he will take the risk, and, if so, for what premium and on what terms. If all such information is not disclosed by you, insurers have the right to void the policy from its inception which may lead to claims not being paid.

The Applicant declares that, after enquiry, to the best knowledge of all persons to be insured the statements set forth herein and in any attachments made hereto are true, and no material facts have been suppressed, omitted, or mis-stated.

Underwriters reserve the right to amend the terms, conditions and limitations of any policy issued as a result of this application, if subsequent to the date of this application, but prior to the inception of such policy, there are any material alterations to the information contained herein.

Completion of this application does not bind the Underwriter to provide coverage, but it is agreed that the statements and particulars contained herein will be relied upon by Underwriters in the event a policy is issued.

Applicant's Name:

Position Held:

Applicant's Signature:

Date:

The OSPE Insurance Program provides members with exclusive access to other comprehensive insurance products that are tailored to meet the needs of engineering firms across Ontario including:

- Office and equipment Insurance
- Cyber Security and Privacy Liability
- Employment Practices Liability
- Directors' and Officers' Liability
- Commercial Automobile Insurance
- Pollution Liability

**Please email your signed and dated application to ospe.insurance@bmsgroup.com
If you have any questions, please call BMS at 1-844-294-2717.**

Commercial General Liability - If Required

Are you or your firm involved in any, or assume responsibility for actual decommissioning, remediation, cleanup, removal, containment, detoxification or neutralization of any property, pollutants or contaminants? Yes No

Are you or your firm involved in any residential property inspections for the purpose of sale or purchase? Yes No

Are you or your firm involved in any At-Risk project management or oversight of sub-trades? Yes No

Are you or your firm involved in any financial management of the project? Yes No

Any Manual Work Performed? Yes No
If so please provide details:

Have there been any material changes to your business activities or any of the information supplied in your last application? (example professional disciplines, type of projects, sub consultants) Yes No

Is the Insured or any member of the insured aware of any circumstances, allegations or contentions as to any incident, which may result in a claim being made against the Insured? Yes No

Do you sell or manufacture any products? Yes No

Property and Contents – If Required

Please provide the updated replacement cost value for the following:

Building or Condominium	\$
Office Contents and Leasehold Improvements	\$
Field Equipment	\$
Portable Computers Equipment and Laptops	\$
Loss of Income	\$

What is the age of the building?

Type of Construction:

Frame Masonry Masonry-veneer Non-combustible

Number of stories:

Distance between your building and the nearest municipal hydrant:

Within 500 ft Between 500 and 1000 ft Over 1000 ft

Cyber Security & Privacy Liability (for your business) – If Required

Cyber liability continues to be an ever-evolving area of risk. You have access to a comprehensive Cyber Security and Privacy Liability policy to protect against claims arising out of theft, loss, or unauthorized disclosure of a third party's personally identifiable information.

Coverage is designed to manage the risk of holding increasingly large quantities of personally identifiable data of clients, employees, and others, and to mitigate the reputational damage resulting from a data security breach.

Breach Response

Legal, Forensic & Public Relations/Crisis Management \$250,000
Notified Individuals 5,000 (Individual), 100,000 (Business)

Policy Aggregate Limit \$1,000,000

First Party Loss

Business Interruption	\$25,000
Cyber Extortion Loss	\$100,000
Data Recovery Costs	\$100,000

Liability

Data & Network Liability	\$1,000,000
Regulatory Defense & Penalties	\$250,000
Payment Card Liabilities & Costs	\$1,000,000
Media Liability	\$1,000,000

eCrime*

Fraudulent Instruction*	Available for additional premium
Funds Transfer Fraud	Available for additional premium
Telecommunications Fraud	\$100,000

Criminal Reward Cover

Criminal Reward Cover	\$25,000
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Deductibles

Each Incident	\$1,000
Notified Individuals	100

Would you like a quote for Cyber Security & Privacy Liability coverage? Yes No
 If Yes, please complete the fields below.

Has any Cyber claim or lawsuit been made against you/your business, or is any such claim now pending against you/your business? Please only select yes if not already reported to BMS/the insurer. Yes No
 If yes, please provide details.

Are you aware of any facts, circumstances or situations, which may reasonably give rise to a claim against you/your business? Please only select yes if not already reported to BMS/the insurer. Yes No
 If yes, please provide details.

Have you/your business ever had a cyber security / privacy breach and/or network security incident in the past or has such a claim been made against you/your business? Yes No
 If yes, please provide details.

Statement of Facts including condition precedent requirements

The following items are important risk mitigation strategies and are required by the insurer for coverage to be secured.

IT IS A CONDITION PRECEDENT FOR COVERAGE UNDER THIS POLICY THAT ALL THE BELOW ITEMS ARE SATISFIED. IF ANY OF THE BELOW STATEMENTS ARE NOT MET THEN NO COVERAGE SHALL BE PROVIDED UNDER THIS POLICY

FOR ANY DAMAGES, CLAIMS EXPENSES, PENALTIES, PRIVACY BREACH RESPONSE SERVICES, PCI FINES EXPENSES AND COSTS, CYBER EXTORTION LOSS, DATA PROTECTION LOSS, BUSINESS INTERRUPTION LOSS.

If you are RENEWING this insurance policy: You have 30 days from the inception of the policy to implement any of the below items that are not currently in place. Please note, in the event of a claim, coverage will be contingent on complete implementation within 30 days of the policy inception.

Please confirm the following is accurate:

I/my business implements loss control measures such as: Antivirus software, a firewall, and/or regular software patch installations.

I/my business regularly back-up critical data to a "offline" location (e.g., a USB or hard drive) that would be unaffected by an issue with your live environment, and you test to ensure that back-ups are recoverable.

I/my business use multi-factor authentication (MFA) for cloud based services (Such as cloud based email account access) and for all remote access to your network;

For those systems which have an on-premises network only: I/my business only allow(s) remote access into our environment with a virtual private network (VPN). Note: This does not apply if your systems are entirely cloud based.

I confirm the above statements are true and accurate.

I also confirm the following:

I/my business take and/or provide cyber security awareness training **at least once annually**, including anti-phishing. For businesses, this includes training for all individuals who have access to your organization's network or confidential/personal data.

Please note, a link to a free resource that can be utilized to satisfy this requirement will be included on your email with your Certificate of Insurance. Once completed, please keep a personal record. You are not required to provide proof of cyber security awareness training to BMS.

I confirm the above statement is true and accurate.

*If your business transfers funds, BMS recommends you consider adding Fraudulent Instruction coverage - \$25,000 limit for \$210/year or \$100,000 limit starting from \$305/year.

Would you like BMS to contact you regarding a quote for Fraudulent instruction coverage?

Yes No