

APPLICATION FOR
ENGINEERS PROFESSIONAL LIABILITY INSURANCE

“WITH CERTAIN UNDERWRITERS AT LLOYD’S”
THIS APPLICATION IS FOR A
“CLAIMS MADE” INSURANCE POLICY

APPLICANT’S INSTRUCTIONS

1. ALL QUESTIONS MUST BE ANSWERED COMPLETELY. PLEASE TYPE OR PRINT CLEARLY. IF ANY QUESTIONS CONSIDERED “NOT APPLICABLE”, PLEASE EXPLAIN WHY.
2. IF YOU NEED MORE SPACE, CONTINUE ON A SEPARATE SHEET & INDICATE QUESTION NUMBER.
3. PLEASE COMPLETE SUPPLEMENTS WHERE REQUIRED.
4. THIS APPLICATION AND ALL SUPPLEMENTS MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.

1. Name of Applicant: _____
 Proprietorship Partnership Corporation

Former Firms _____

Additional Insureds/
Holding Companies _____

2. Address: _____

City: _____ Country: _____

Prov.: _____ Postal Code: _____

** Branch Office Address(es) – use a separate addendum if applicable.

3. Telephone Number: () _____ Fax Number: () _____

Email Address: _____ Website: _____

4. Are you members of OSPE? _____ What is your OSPE number? _____

5. Do you have a Certificate of Authorization? _____ What is the Certificate number? _____

6. Date First Professional Entity Established _____
Day | Month | Year

PERSONNEL

7. Number of Engineers on Staff _____

GROSS BILLINGS

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

Professional Services	Total Gross Billings Last 12 months or fiscal year	Total Gross Billings Anticipated next 12 months or fiscal year
8. Gross Fees:	\$	\$
a. Joint Venture projects (Your portion of JV billings):	\$	\$
b. Projects Insured under separate Project Policies:	\$	\$
c. Fees Paid to sub consultants (see Q23.):	\$	\$
d. Projects which have been permanently abandoned:	\$	\$
e. Feasibility studies, master plans, reports, opinion or interior design, Note: Interior design refers to interior non-structural services such as space planning and the selection of furniture, fixtures and finishes, it does not include services associated with renovations (other than space planning):	\$	\$
f. US Projects (See Supplementary 1):	\$	\$
g. Projects outside of North America (See Supplementary 1):	\$	\$
h. Direct reimbursable by contract (i.e., travel, per diem, Billings for reproduction, etc.). <u>Do not</u> include consultants:	\$	\$
i. Total Construction Value:	\$	\$

PROFESSIONAL DISCIPLINES

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

Architectural	%	Soil Engineering	%	Environmental Engineering *	%
Civil Engineering	%	Laboratory/Material Testing	%	Marine/Coastal Engineering	%
Structural Engineering	%	Demolition	%	Design/Build **	%
HVAC/Electrical Engineering	%	Landscape Architecture	%	Interior Design	%
Mechanical Engineering	%	Land Surveying	%	Land Use Planning	%
Nuclear Engineering	%	Construction Management/Project Management (Agency)	%	Software Design	%
Mining Engineering	%	Project Management (At Risk)	%	Other (please specify):	%
Chemical/Petrochemical and Process Engineering	%	Hydrogeology/Geology	%		
Railway Engineering	%	Environmental Consultancy	%		

* If yes, Supplement 7 must be submitted.

** If yes, Supplement 6 must be submitted

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.

Do you perform any Structural Engineering work related to geotechnical, metallurgical and foundations?

PROJECTS

10. Please indicate types of projects as a percentage of the Applicant's Gross Billings.

1.	Schools, college or public buildings	%	13.	Water Systems	%
2.	Hospitals, clinics or retirement homes	%	14.	Bridges, trestles, or tunnels	%
3.	Hotels, motels or resort properties	%	15.	Land reclamation design	%
4.	Condominiums and other multi-unit residential	%	16.	Earth dams/reservoirs	%
5.	Garages, theatres or grandstands	%	17.	Pipelines	%
6.	Shopping centres	%	18.	Railway Buildings	%
7.	Office/mercantile/commercial building	%	19.	Railway Other	%
8.	Public utilities or industrial buildings	%	20.	Cladding/Fenestration	%
9.	Single family residential subdivisions	%	21.	Foundations/underpinning	%
10.	Custom single family residential	%	22.	Flooring	%
11.	Rental Apartments	%	23.	Fire Protection	%
12.	Sewage or waste disposal systems	%	24.	Modular Building (Prefab)	%
			25.	Other (please specify)	%

FINANCIAL AND RELATED INTERESTS

16. 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

17. 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

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

MANAGEMENT

20. a. Does the Applicant have an in-house quality control procedure? Yes No
- b. Is it in written form? Yes No
- c. Are all appropriate staff members familiar with these procedures? Yes No
21. 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
22. 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.

LOSS HISTORY

23. a. After enquiry, have any claims or suits been made against the Applicant in the last 10 years? (Please include those claims arising from separately insured projects). Yes No
If yes, Supplement 2 must be submitted.
- b. 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.
- c. 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.

INSURANCE

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

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

	Carrier	Policy No.	Limits Each Claim/ Aggregate	Deductible	Paid Premiums	Effective	
						From	To
1.	_____	_____	\$ _____	\$ _____	\$ _____	_____	_____
2.	_____	_____	\$ _____	\$ _____	\$ _____	_____	_____
	Retroactive Date of current policy:		_____				

COVERAGE

26. Please state coverage Limits and Deductibles required:

A. Coverage Limits of Liability		B. Self Insured Retention	
Per Claim/Aggregate			
\$250,000	<input type="checkbox"/>	\$1,000	<input type="checkbox"/>
\$500,000	<input type="checkbox"/>	\$2,500	<input type="checkbox"/>
\$1,000,000	<input type="checkbox"/>	\$5,000	<input type="checkbox"/>
\$2,000,000	<input type="checkbox"/>	\$10,000	<input type="checkbox"/>
\$5,000,000	<input type="checkbox"/>	\$25,000	<input type="checkbox"/>

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.

Must be signed by Owner, Partner or Officer:

AUTHORIZED SIGNATURE OF APPLICANT

TITLE

DATE