

# Application

## Single Project

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### Professional Liability Insurance

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Name of Brokerage:

Name of Broker Contact:

1. Name of Applicant (prime consultant):

2. Address of head office:

Telephone:

Facsimile:

3. Name and address of the owner of the project:

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

5. Project (please provide a brief description, location and project name):

6. Territory: If the project is outside Canada, what is the jurisdiction under which disputes are to be settled?

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

8. Commencement date of design:

9. Commencement date of construction:

10. Anticipated date of completion:

11. Total construction value: \$

12. Is coverage required to continue after construction completed? YES NO

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

13. Limits and Deductible

State Limits desired	\$250,000	\$500,000	\$1,000,000
State Deductible desired	\$5,000	\$10,000	\$25,000
Other Limits:			
Other Deductibles:			



15. Name of individual(s) charged with overall responsibility for the project:

(a) At Design Phase:

Name:

Qualification:

Employed by:

(b) At Construction Phase:

Name:

Qualification:

Employed by:

16. 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.	%	Total	(i) to (p) incl.	%

17. 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 or Investigations of Subsurface Conditions YES NO

(e) Boundary Surveys YES NO

(f) Temporary Fair or Exhibition Structures YES NO

**18. Claims or Potential Claims**

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

**19. Licensing**

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

20. Indicate here any amplification required by questions 18 or 19.

## **APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM**

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I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to Coleman Ambris. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Coleman Ambris, its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

## **DECLARATIONS AND SIGNATURE**

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I/we hereby declare that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this proposal form shall be the basis of the contract with the Insurers.

It is understood and agreed that the completion of this Application does not bind the Insurers to sell, nor does it obligate the Applicants to purchase this insurance.

Name of Applicant:

Authorized Signature:

Name and Title:

Date:

The proposed insurance does not apply to claims made against the insured (a) by a business enterprise (or its assignees) that is wholly or partly owned, operated or managed by the insured, or which has directly or indirectly any interest in the ownership or management of the named insured; (b) by an employee (or his or her assignees) of said business enterprise except for bodily injury or death.

The proposed insurance does not cover the insured's liability arising out of projects where the actual construction, installation, erection, fabrication, assembly or manufacture thereof is performed by or on behalf of the insured, or by or on behalf of an associated business enterprise as defined in the policy.

Except to such extent as may be provided therein, the proposed insurance is limited to liability for those claims that are first made against the insured while the policy is in force. Please review the policy carefully and discuss the coverage thereunder with your insurance agent or broker.