

Professional Liability Application for Architects and Engineers



THE APPLICANT

1. Name of Applicant: _____
2. Head Office Address: _____
3. Website Address: _____ Telephone No.: _____ Facsimile No.: _____
4. Location of Branch Offices: _____
5. Predecessor Firms: _____ Date Current Firm Established: _____
6. Total Number of: Professional Personnel: _____ Technical Personnel: _____ Others: _____

7.	Names of Partners & Active Directors (including Sole Practitioner)	University	Degree	Year of Graduation	% Ownership	Province/State Registered to Practice

8. Please list any Association Memberships of the Firm: _____

FEE BREAKDOWN

9. Fee income (excluding disbursements):	Last 12 Months or Last Fiscal Year	Anticipated Next 12 Months or Next Fiscal Year
a) Gross fees [include all amounts in 9 (b) to 9 (e)]	\$ _____	\$ _____
b) Fees paid to sub consultants	\$ _____	\$ _____
c) Fees emanating from projects and joint ventures separately insured	\$ _____	\$ _____
d) Fees emanating from services performed in USA or for USA projects (C\$)	\$ _____	\$ _____
e) Fees emanating from services performed overseas or for overseas projects (C\$)	\$ _____	\$ _____

Total Construction Values \$ _____

INSURANCE

10. Has the Applicant or the predecessor firm previously carried professional liability insurance? YES NO

	Company	Limits	Deductibles	Expiry Date	Premium
Previous Insurer					
Present Insurer					

11. Previous Insurance - Has any application for insurance been made on behalf of the Applicant or any of the present partners, officers, directors or employees, or to the firm's predecessors in business, been declined or cancelled by an insurer, or has renewal been refused in the past five years? YES NO

If yes, please explain: _____

12. Does the Applicant require proof of professional liability insurance from sub-consultants? YES NO

If so, please advise the approximate percentage of contracts or mandates undertaken during the last twelve months for which proof of insurance was obtained from all sub-consultants _____ %

13. Do you or have you provided building envelope services on multi-unit residential projects? YES NO

If yes, please provide full details, including locations of projects. Please include the percentage of your practice and fees relating to existing multi-unit residential projects and new multi-residential projects.

14. Please indicate limit of liability required:

- Limit
- \$250,000 per claim/\$500,000 annual aggregate
 - \$500,000 per claim/ \$1,000,000 annual aggregate
 - \$1,000,000 per claim/ \$1,000,000 annual aggregate
 - \$2,000,000 per claim/ \$2,000,000 annual aggregate
 - \$5,000,000 per claim/ \$5,000,000 annual aggregate

Deductible \$1,000 \$2,500 \$5,000,000 \$10,000 \$25,000

Other Limit _____

Other Deductible _____



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ENGINEERS ONLY

15. (a) Please indicate % of gross fees derived from the following:

Disciplines	%	Projects	%
Services not resulting in construction		Buildings (excluding industrial)	
Structural		Industrial Buildings	
Soils		Industrial Process	
Civil Engineering		Municipal (water, sewage, etc.)	
Mechanical		Heavy Civil (bridges, dams, tunnels)	
Electrical		Light Civil, Roads	
Industrial Process		Marine Engineering	
Materials Testing		Environmental	
Environmental		Automotive, Aircraft or Railway Industries	
Software Design		Other (Specify _____)	
Nuclear			100%
Home Inspections			
Other (Specify _____)	100%		

(b) Do more than 25% of the Applicant's fees emanate from a single client? YES NO

If yes, please state the client's name: _____

ARCHITECTS ONLY

16. (a) Please indicate % of gross fees derived from the following:

	%		%
Services not resulting in construction		Recreational Projects	
Residential Projects (private)		Industrial Projects	
Residential Projects (multi-unit)		Commercial Projects	
Industrial Projects		Interior Design	
		Landscape Architecture	
		Other (Specify _____)	

(b) Do more than 25% of Applicant's fees emanate from a single client? YES NO

If yes, please state the client's name: _____

OTHER ACTIVITIES

17. Please indicate the approximate percentage of mandates or contracts undertaken during the last twelve months for which the Applicant used standard contract documents ____%. Under what percentage of these was the Applicant successful in including the standard limitation of liability clause? ____%.
18. Does the Applicant or any related company engage in actual construction, installation, or erection? YES NO
19. Does the Applicant or any related company engage in actual manufacture, fabrication, or assembly? YES NO
20. Does the Applicant or any related company assume responsibility for any of the activities mentioned in questions 18 and 19 above? YES NO

If the answer is “yes” to any of the questions 18, 19, or 20, full details of the operations must be provided.

DECLARATIONS

21. Does the Applicant or any of its partners, officers, directors or employees have any knowledge / information of:
- a) any error, omission or negligent act in the performance of professional services for others? YES NO
- b) any written or oral demand for money or any written or oral allegation of breach in the rendering or failure to render professional services (in the last five years)? YES NO
- c) any unresolved job dispute or circumstances which might reasonably result in a claim? YES NO
- d) having been called upon to make any payment or to forego any claim for fees as a result of any job dispute during the past five years? YES NO
- e) their license having been suspended or their having been fired or reprimanded during the last five years?
YES NO

In the event that the answer “yes” is given to any of the above questions, please provide full details of the circumstances.

Without limitation it is agreed that, if the answer “yes” is given to any of the questions in 21, any claim arising from the facts or circumstances reported therein are excluded from coverage.



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ADDITIONAL INFORMATION

PLEASE LIST DETAILS OF PROJECTS OR JOINT VENTURES INSURED SEPARATELY:

Name of Project/Joint Ventures	Location	Insurer	Policy Term

IF NEW APPLICANT, PLEASE LIST THE LARGEST PROJECTS COMPLETED IN THE PAST FIVE YEARS:

Name of Project/Joint Ventures	Location	Insurer	Policy Term

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

I hereby acknowledge that the information collected in the Application form is acquired by HUB International Insurance Brokers to be transmitted to insurance companies and underwriters for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize HUB International Insurance Brokers, its Insurance Partners 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.

For more information on HUB International's privacy policy, please contact InformationCompliance@hubinternational.com.

DECLARATIONS AND SIGNATURE

The Applicant has read the foregoing and understands that completion of this Application does not bind the insurer or broker to complete the insurance on the terms requested or at all. Terms and conditions of coverage are as set out in the policy without reference to the terms and conditions requested in the Application herein or otherwise.

The Applicant declares and warrants that he/she has made reasonable efforts to obtain sufficient information from each prospective insured under the policy to fully and accurately complete this Application, that this Application is complete and correct to the best of his/her knowledge and belief, and that all particulars which may have a bearing upon the Applicant's acceptability as a professional liability insurance risk have been revealed. It is further agreed that the answers to the questions herein shall be binding on all insureds under the policy. It is understood that this Application shall form the basis of the contract should the Insurer approve the coverage and should the Applicant be satisfied with the Insurer's quotation.

It is further agreed that if, in the time between submission of this Application and the requested date for coverage to be effective, the Applicant becomes aware of any information which would change the answers provided in this Application, such information shall be revealed immediately in writing to the insurer or broker.

Signature of Application (authorized representative)

Date

Please Provide the Following if Available:

- Standard Company Contracts
- Resumes of Principals
- Marketing Material
- Company Profile (if not found on website)

Please forward your completed application and any additional materials to:

HUB International Insurance Brokers

E: hub.ae@hubinternational.com

F: 604.269.1001

T: 604.269.1000