

BROKERAGE INFORMATION

Brokerage: _____ Producer: _____

Address: _____

Phone: _____ Email: _____ Fax: _____

APPLICANT INFORMATION

Name of firm, company or individual: _____

Occupation: _____

Principal: _____

Date when first established _____

Full Address (including addresses of branches):

Business Phone: _____ Residence: _____ Fax: _____

Date when first established _____

Names of all Directors/Partners/Principals	Qualifications	Year Obtained	How long a Director/ Partner/Principal of this firm?

PLEASE REMEMBER TO ATTACH RESUMES.

If sole director or principal, please answer the following:

- (a) Is this a part-time occupation? YES NO
- (b) If YES, please give brief details of present full-time occupation.
- (c) Are your full-time employers aware of these activities? YES NO

Are you connected or associated (financially or otherwise) with any other firm, company or organization? YES NO IF YES, please give full details _____

Are you a member of a consortium or group practice or engaged in any single project partnership? YES NO
If YES, give the names of other members/partners and their capacities in the consortium/partnership.
Full information will be required.

Please note: Special arrangements must be made with Underwriters if coverage is required for work done while a member of a consortium. In such cases, a copy of the consortium agreement will be required.

Please give total number of:

- (a) Partners/directors/principals
- (b) Qualified Staff.....
- (c) Other staff (ex Admin.).....
- (d) Administrative Staff (typists etc.).....
- (e) Contract hired staff.....

(a) Please provide a full description of all your activities: _____

(b) Please categorize the activities outlined above, and indicate the approximate percentage of the gross Income / fees this represents:

(c) Do you anticipate any major changes in these activities in the next 12 months? YES NO
Please supply full details

(d) Are you involved in any process of manufacture, construction, alteration, repair, installation or sale or supply of products, other than in a pure consultancy capacity as described above? YES NO
If YES please supply full details

Please give the amount of gross income / fees for the last 3 financial years, and also an estimate for the current financial year:

Year	Canada	U.S.A.	Other (specify)
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Please give date of your financial year end: _____

Please list your 3 largest projects:

Project	Country	Client	Fee	Value	Commenced	Finished

What is the total fee received in the last year from your largest client? _____

Do you undertake any work whatsoever where the "end product" of such work is carried out outside Canada, or for overseas clients? YES NO

If YES, please give the following details:

(a)

Project	Country	Client	Fee	Value	Commenced	Finished

(b) Do you work other than from your Canadian offices? YES NO

(c) Do you accept liability other than under the jurisdiction of the Canadian courts? YES NO

If the answer to (b) or (c) is YES, full details are required (i.e. list the jurisdictions and amount of work from each, etc.)

Do you use a standard form of contract, agreement or letter of appointment? YES NO

If YES, please enclose copies.

Is any work put to sub-contractors? YES NO

If YES, please give full details including:

(a) Do you require sub-contractors to carry insurance and for what limits? YES NO

(b) What percentage of your fees are paid to sub-contractors? _____%

NOTE: Underwriters retain rights of recourse against sub-contractors unless specifically agreed otherwise.

Have you previously been insured or are you currently insured? YES NO

If YES, please give:

- (a) Name of Insurers
- (b) Indemnity Limit Excess \$ Premium \$
- (c) Date of expiry

Have any claims alleging negligent act, error or omission (successful or otherwise) been made against you, your predecessors in business, or any present or past partners, principals, or directors? YES NO

If YES, have such matters been notified to current or previous insurers? YES NO

Please also provide full details.

Are you or any of the partners, directors, principals or staff, after having made full enquiries, aware of any of the following matters?

- (a) Any circumstances which may give rise to a claim against you, your predecessors in business, or any past or present partner, director, principal or employee? YES NO
- (b) The receipt of any complaints, whether oral or in writing, regarding services performed or advise given by you? YES NO

If YES, please give full details:

Have you at any time been refused similar insurance, or quoted increased premiums or had special terms imposed? YES NO

If YES, please give full details .

What limit of indemnity is required? (Note: The limit of indemnity is aggregate during the period of insurance).

\$250,000 \$500,000 \$1,000,000 \$2,000,000 \$

What excess are you prepared to carry uninsured (including costs and expenses)?

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

(21) Do you require any of the following extensions:?

- (a) Libel and slander. YES NO
- (b) Dishonesty of employees. YES NO
- (c) Loss of documents. YES NO
- (d) Unintentional breach of copyright. YES NO
- (e) Unintentional breach of confidentiality. YES NO

- (22) If any of the above extensions are required, please state: are you aware of any past or current claims, or circumstances which may lead to a claim in respect of any extension requested, whether insured or not? YES NO
If YES, please give full details.

I/We declare that the statements and particulars in this proposal are true and that I/we have not mis-stated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us shall form the basis of any contract of insurance effected thereon. I/We undertake to inform insurers of any material alterations to these facts occurring before/during/after completion of the contract of insurance.

Dated this day of 20

FOR AND ON BEHALF OF

(Insert Name of Proposer)

Signature of Partner, Director of Principal

This proposal must be completed in ink by a partner, principal or director of the firm or company. All questions must be answered to enable a quotation to be given. The completion and signature of this proposal does not bind the Proposer or Underwriters to complete a contract of insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form.

IMPORTANT NOTICE

- (1) Answer questions to the best of your knowledge and belief. The form must be signed and dated.
- (2) All material facts must be disclosed, as failure to do so may render any policy or certificate voidable, or severely prejudice your rights in the event of a claim. A material fact is one likely to influence acceptance or assessment of the proposal by Underwriters. If you are in any doubt as to what constitutes a material fact, you should consult your broker.
- (3) Please provide a brochure, if possible, and sight of any standard contract terms, conditions, agreements or letters of appointment which you might have with your clients.
- (4) A copy of the policy/certificate wording is available on request.
- (5) Please provide fully detailed curricula vitae in respect of each partner, principal or director, and all senior staff undertaking "professional" work.