**APPLICATION FOR ENGINEERIGN/TECHNOLOGY/DESIGN-BUILD PROFESSIONAL – ERRORS & OMISSIONS INSURANCE
Pro-Form Insurance Services (B.C.) Inc.**

**APPLICANT:**

1. Name of Firm(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Business Entity Structure: [ ] Individual [ ] Partnership [ ] Corporation [ ] Trust Date Established: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Number of Office Locations (Additional Location addresses, please list on separate sheet of paper): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Number of Staff: Construction Personnel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Design Personnel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seasonal Personnel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Number of Licensed Professionals: | Architects | Engineers | Land Surveyors | Landscape Architects | All Others | Total |
| Principals, Partners, Officers and Directors |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |

5. a) Does your firm utilize written in-house quality control procedures: [ ]  YES [ ]  NO
 b) How frequently are these procedures reviewed with staff? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. a) Does your firm use written contracts on every project? [ ]  YES [ ]  NO
 If no, please provide us with the percentage of your past 12 months’ **professional fees** where oral agreements were used: \_\_\_\_\_\_\_\_\_\_\_%
**Please provide a typical contract sample.**

7. Please indicate professional society memberships: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8.

|  |  |  |
| --- | --- | --- |
| Dates of Financial Reporting Periods | Past 12 Months/ / To / / | Estimated for Next 12 Months/ / To / / |
| Estimated Construction Values for Reporting Period | Professional Fees | Estimated Construction Values for Reporting Period | Professional Fees |
| A. | In-house Design with Construction Responsibility | $ | $ | $ | $ |
| B. | In-house Design without Construction Responsibility | $ | $ | $ |  |
| C. | Construction Only – No Design | $ | N/A | $ | N/A |
| D. | Construction Management  |
| Agency | $ | $ | $ | $ |
| At Risk | $ | $ | $ | $ |
| E. | Subcontracted Design with Construction Responsibility  | $ | $ | $ | $ |
| F. | Other – Describe in Attachment | $ | $ | $ | $ |

**BUSINESS OPERATIONS:**

7. What percentage of your revenue is derived from projects in:
Canada: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% US: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%

8. If you subcontract design services, please indicate the names of your design consultants and their professional liability insurer and limits:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Does your firm perform constructability reviews/value engineering on project others than those listed in
question 6A? [ ]  YES [ ]  NO

10. Please provide a breakdown of professional fees for design services performed by you or by others under subcontract to you in the past year:

|  |  |  |  |
| --- | --- | --- | --- |
| Architecture | % | Civil Engineering | % |
| Mechanical Engineering | % | Electrical Engineering | % |
| HVAC Engineering | % | Soils Engineering | % |
| Structural Engineering | % | Landscape Architects | % |
| Laboratory Testing | % | Chemical Engineering | % |
| Land Surveying | % | Marine Engineering | % |
| Process Engineering | % | Mining Engineering | % |
| Environmental Remediation | % | Oil/Gas Well Engineering | % |
| Nuclear Engineering | % | Forensic Engineering | % |
| Machinery/Engineering Design | % | Other (please specify) | % |
| **Total must equal 100%** |

11. Indicate the approximate percentage of total construction values for past 12 months by project type:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Airports | % | Manufacturing/Industrial | % | Roads/Highways | % |
| Bridges | % | Mass Transit | % | Schools/Colleges | % |
| Condominiums | % | Material Handling Systems | % | Sewer Projects | % |
| Dams | % | Nuclear/Atomic | % | Shopping Centres/Retail | % |
| Harbours/Piers/Ports | % | Office Buildings | % | Sports/Convention Centres | % |
| Hazardous/Toxic Waste | % | Parking Structures | % | Storm Water Systems | % |
| Hospital/Health Care | % | Pipelines | % | Utilities | % |
| Hotels/Motels | % | Refineries/Petrochemical | % | Warehouses | % |
| Jails/Justice | % | Religious | % | Wastewater Systems/Plants | % |
| Landfills | % | Residential Construction | % | Other (specify) | % |

12. Indicate the number of joint ventures your firm has participated in during the past fiscal year:
 a) If any, please provide details of projects including description of co-venturer services and project type and size. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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b) Do you require evidence of professional liability insurance from all joint ventures/partners? [ ]  YES [ ]  NO

13. Describe the nature of your operations on an attached sheet. Please attach brochure describing your firm and financial statements.

14.  **a)** Has your firm ever built using a stock set of plans and specifications or built more than one unit using the same set of plans and specifications? If yes, please provide full details: ? [ ]  YES [ ]  NO
**b)** Has your firm every held or do you now hold a franchise from a metal building manufacturer? [ ]  YES [ ]  NO
If yes, please provide full particulars and indicate your approximate volume of work relative to pre-engineered structures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**c)** Has your firm ever held or do you now hold a patent for any product or process? [ ]  YES [ ]  NO
If yes, please provide full particulars:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**d)** Was more than 50% of your total design/build volume derived from a single client or contract? [ ]  YES [ ]  NO
If yes, please specify client, project, contract form (s), describe all services rendered and indicate how long you expect this relationship to continue:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**e)** Approximately what percentage of your total design/build volume is derived from repeat clients? \_\_\_\_\_\_\_\_\_%

14.  **a)** Does your firm or any principal, partner, officer, director or shareholder of your firm or an immediate family
 member of any such person has more than 15% combined ownership interest or act as the managing partner in any
 entity or project for which professional services have been or are to be rendered: ? [ ]  YES [ ]  NO
 **b)** Does your firm render services on behalf of any other entity in which any principal, partner, officer, director or
 shareholder of your firm or an immediate family member of such person is a partner, officer, director, shareholder
 or employee? [ ]  YES [ ]  NO
 **c)** Is your firm controlled, owned by or associated with or does your firm control or own any other entity?
 [ ]  YES [ ]  NO
 If yes, please provide full details on a separate sheet.

16. Has your firm or any predecessor or subsidiary firm ever filed, or been in receivership or bankruptcy? [ ]  YES [ ]  NOIf yes, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. Is your firm bondable? [ ]  YES [ ]  NO
If yes, please provide name of surety company. If no, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. A) Does your firm carry comprehensive general liability and umbrella liability insurance? [ ]  YES [ ]  NO
If yes, provide details relative to current policies:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Particulars** | **General Liability** | **Umbrella Liability** | **Particulars** | **General Liability** | **Umbrella Liability** |
| 1. | Insurer |  |  | D. | Inception Date:(Month/Day/Year)  |  / / -  / /  |  / / -  / /  |
| 2. | Policy Number |  |  | E. | Expiration Date: (Month/Day/Year) |  / / -  / /  |  / / -  / /  |
| 3. | Limits:- Bodily Injury- Property Damage |  |  | F. | Is there an exclusion for your professional services? | [ ]  YES | [ ]  NO |

B) Please provide the following information on your general liability and workers compensation coverages:
1. Loss Ratio for past 5 years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ General Liability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Total payments and reserves for past 5 years for each coverage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 General Liability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19. Please provide full name and professional qualifications (registrations and degrees, date and plate acquired) of all principals, partners, directors or officers of current firm(s) and dates of employment on a separate sheet.

20. Have any professional liability claims been made or legal action been brought in the past five years against your firm, its predecessors(s) or any past or present principal, partner, officer, director, shareholder or employee? [ ]  YES [ ]  NO
If yes, on a separate sheet, provide the following information for each claim:
**A)** Date of Claim:
**B)** Allegations:
**C)** Amount of Claim:
**D)** Evaluation of exposure/potential liability:
**E)** If closed, total amount paid:

21. After inquiry, do any of the principals, partners, officers, directors, shareholders or employees have knowledge of any omission, error, unresolved job dispute (including owner-contractor disputes), accident or any other circumstance that is or could be the basis for a claim under the proposed insurance policy? [ ]  YES [ ]  NO
If yes, on a separate sheet, please provide details of this situation, including name of project and claimant, dates, nature of situation and amount of damages. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

22. Please provide total construction values for each of the past five years.
$\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

23. Please list below (or on a separate sheet) your **ten** largest projects in terms of construction values during the past **five** years. Provide name, location, type, client, nature of services rendered and status.
1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

24. **A)** Has any insurer declined, cancelled or refused to renew insurance for your firm or any predecessor firm?
 [ ] YES [ ]  NO
 **B)** Has professional liability insurance been issued previously to any of the firms named in question1?
 [ ] YES [ ]  NO
If yes, please complete the following:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Company | Policy # | Limit | Deductible | Dates | Premium |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |

 **C)** Retroactive coverage date in current policy:

**DECLARATIONS AND SIGNATURE:**

The Applicant declares that the above statements and particulars are true and that the Applicant has not omitted or suppressed or misstated any material facts and that, at the present time the Applicant has no reason to anticipate any claim being brought against them for any act, errors or omission on the part of them of any Insured (other than as described herein). The Applicant certifies that this declaration is made after full enquiry and on behalf of all licensed entities listed in this Application. The Applicant agrees that this Application shall be the basis of any policy of Insurance which may be issued by the Company and shall be deemed a part thereof.

**IMPORTANT INSTRUCTIONS:** Pleaseanswer all questions completely. If there is any insufficient space to complete an answer, continue on a separate sheet of your firms’ letterhead. This form must be completed, signed, and dated by a principal, partner or officer.

**NOTE:** The insurance coverage for which you are applying is written on a CLAIMS-MADE policy. Only claims which are first made against you during the policy period are covered, subject to the policy provisions.

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_