

Please complete this application in its entirety, as the responses given are material to the provision of terms. There is space for more details in the Additional Information Section at the end of the application. Coverage(s) may be provided on a claims-made basis.

Named Insured: _____
 Street Address: _____
 City: _____ Province: _____ Postal Code: _____
 Contact: _____ Email: _____ Phone: _____

Section 1: About Your Organization

1. What year was your organization established: _____
2. Is your organization incorporated? Yes No
3. Has your organization’s name changed, or have you purchased, merged, or consolidated with any other business in the past 3 years? If Yes, please provide details.* Yes No
4. Are you involved with any Joint Ventures (JV)? If Yes, please provide details.* Yes No
5. Do you expect a material change in your operations in the next 12 months? If Yes, please provide details.* Yes No
6. Please indicate what professional associations or trade associations you belong to: _____

7. Please list any subsidiaries or related entities of your organization that are controlled by or control your organization:

Entity Name	Description of Operations	Relationship to Named Insured

Section 2: Operations

1. Please describe your professional services in detail:

2. Please indicate when your fiscal year begins: _____

3. Please provide the following gross revenue reported and estimated amounts by geographic region:

Gross Revenue	Last Completed Fiscal Year	Current Fiscal Year	Next Fiscal Year
Fees for Service in Canada			
Fees for Service in the U.S.A.			
Fees for Service in Rest of World			
Fees Paid to Sub-contractors			
Fees for Separately Insured Projects			
Total Construction Values			
Total Gross Fees/Revenue			

4. Please list which countries are included in Rest of World: _____

5. Please indicate the percentage (%) of revenue generated from the following:

Construction Review without Design	Design with Construction Review	Other: _____
	Design without Construction Review	Other: _____

*Please provide further details in the space provided under the Additional Information Section.

6. Please indicate in which of the following fields you are engaged in by percentage (%) of revenue:

<input type="text"/>	Acoustical Engineering	<input type="text"/>	Electrical Engineering	<input type="text"/>	Laboratory / Material Testing
<input type="text"/>	Architecture	<input type="text"/>	Environmental Engineering	<input type="text"/>	Landscape Architecture
<input type="text"/>	Building Design	<input type="text"/>	Forensic / Expert Witness	<input type="text"/>	Machine / Equipment Design
<input type="text"/>	Building Envelope Consultation	<input type="text"/>	Geology	<input type="text"/>	Mechanical Engineering
<input type="text"/>	Chemical Engineering	<input type="text"/>	Geotechnical / Soils	<input type="text"/>	Mining Engineering
<input type="text"/>	Civil Engineering	<input type="text"/>	HVAC Engineering	<input type="text"/>	Naval / Marine Engineering
<input type="text"/>	Construction / Project Management	<input type="text"/>	Hydrology / Water & Sewer	<input type="text"/>	Nuclear / Atomic Engineering
<input type="text"/>	Communication Engineering	<input type="text"/>	Industrial Processing	<input type="text"/>	Non-Destructive Testing
<input type="text"/>	Designing / Building	<input type="text"/>	Interior Design	<input type="text"/>	Structural Engineering
		<input type="text"/>	Land Surveying	<input type="text"/>	Other: _____

7. Please indicate what percentage (%) of revenue comes from work related to or connected with the following:

<input type="text"/>	Aerospace / Aviation	<input type="text"/>	Hazardous / Toxic Waste	<input type="text"/>	Pyrite Inspection / Abatement
<input type="text"/>	Airports – non-safety related	<input type="text"/>	Hospitals / Healthcare	<input type="text"/>	Oil & Gas / Petrochemical
<input type="text"/>	Airports – safety related	<input type="text"/>	Hotels/Motels/Convention Centres	<input type="text"/>	Railway – non-safety related
<input type="text"/>	Amusement Parks / Rides	<input type="text"/>	Jails / Penitentiaries	<input type="text"/>	Railway – safety related
<input type="text"/>	Asbestos Abatement	<input type="text"/>	Landfills	<input type="text"/>	Religious Structures
<input type="text"/>	Automotive	<input type="text"/>	Manufacturing / Industrial	<input type="text"/>	Residential Construction < 3 flrs
<input type="text"/>	Bridges	<input type="text"/>	Marine	<input type="text"/>	Residential Construction > 3 flrs
<input type="text"/>	Bulk Handling Equipment	<input type="text"/>	Mass Transit	<input type="text"/>	Roads / Highways
<input type="text"/>	Cladding/Glazing/Building Envelope	<input type="text"/>	Material Handling Systems	<input type="text"/>	Schools / Colleges / Universities
<input type="text"/>	Clean Rooms / Laboratories	<input type="text"/>	Mechanical Plant	<input type="text"/>	Seismic
<input type="text"/>	Commercial Buildings < 3 flrs	<input type="text"/>	Mines / Mining (including open pit)	<input type="text"/>	Sewer Projects
<input type="text"/>	Commercial Buildings > 3 flrs	<input type="text"/>	Military / Department of Defence	<input type="text"/>	Shopping Centres / Retail
<input type="text"/>	Condominiums/Apartments < 3 flrs	<input type="text"/>	Municipal Buildings	<input type="text"/>	Site Development
<input type="text"/>	Condominiums/Apartments > 3 flrs	<input type="text"/>	Not Resulting in Construction (e.g., surveys, reports, feasibility studies)	<input type="text"/>	Stadiums / Theatres / Auditoriums
<input type="text"/>	Custom Single-Family Home	<input type="text"/>	Nuclear / Atomic	<input type="text"/>	Storm Water Systems
<input type="text"/>	Dams / Hydroelectric	<input type="text"/>	Office Buildings	<input type="text"/>	Tunnels
<input type="text"/>	Environmental Remediation	<input type="text"/>	Parking Structures	<input type="text"/>	Utilities
<input type="text"/>	Fire Protection / Security Systems	<input type="text"/>	Passenger Elevators / Escalators	<input type="text"/>	Warehouses
<input type="text"/>	Foundations / Shoring / Piling	<input type="text"/>	Pipelines	<input type="text"/>	Wastewater Systems and Plants
<input type="text"/>	Golf Courses	<input type="text"/>	Pools / Spas	<input type="text"/>	Other: _____
<input type="text"/>	Harbours / Piers / Ports / Jetties				

8. Do you or any of your related companies engage in actual construction, erection, installation, manufacturing, or fabrication? Yes No
9. Do you have quality-control and/or peer-review procedures in place? Yes No
10. Do you own any properties that are not related to your professional services? If Yes, please provide details.* Yes No
11. Do you provide services to any organisation that is owned in part or full, by any of your partners, principals, officers, directors, or shareholders, or immediate family member thereof? If Yes, please provide details.* Yes No
12. Do your employees drive their own vehicles on your business? Yes No
13. If Yes to 12., do they report this activity to their automobile insurer? Yes No
14. If Yes to 12., are they required to carry a minimum of \$1m Automobile Third Party Liability on their policy? Yes No
15. If Yes to 12., do you require them to provide proof of their automobile insurance? Yes No

*Please provide further details in the space provided under the Additional Information Section.

Section 3: Staffing

1. Please provide the following information for all directors, partners, and/or principals (use Additional Information Section if necessary):

Name	Position/Title	Qualifications	Years of Relevant Experience

2. Please indicate the full time equivalent (FTE) number of employees by the following:

_____ Administrative Directors / Partners / Principals	_____ Engineers, Architects, Surveyors Technical Personnel	_____ Other: _____ Other: _____
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3. Please indicate the number of independent contracted professionals and/or sub-contractors and their professions:

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4. What services are contracted out to the independent contractors and/or sub-contractors? _____

- 5. Do you assume liability for the individuals noted in 4. above through their contracts? Yes No
- 6. Do you require all independent contractors and/or sub-contractors to carry their own professional liability? Yes No
- 7. Do you conduct employment reference checks on all employees and independent contractors? Yes No
- 8. Do you have a written procedural manual for employees to follow? Yes No
- 9. Do you have a formal training and onboarding program for new hires? Yes No
- 10. Are all your employees covered by Provincial Workers' Compensation Plans? If No, please provide details.* Yes No
- 11. Do you provide written warnings to employees to create a record of performance issues? Yes No
- 12. Do you consult a lawyer prior to dismissing any employee? Yes No
- 13. Do you have a current copy of the Employment Standards Act accessible for staff? Yes No

Section 4: Contracts

1. Please provide the following details for your 5 largest customer contracts:

Client Name	Services Provided	Construction Value	Gross Revenue

- 2. Is more than 50% of your revenue derived from a single client or contract? If Yes, please provide details.*
- 3. Do you use a standard written contract, approved by legal counsel, detailing the services you are providing? Yes No
- 4. When you are required to use your client's contracts, do you have them reviewed by legal counsel? Yes No
- 5. When you are required to use your client's contracts, do you ever accept liability for consequential damages or for a loss of profits? Yes No
- 6. What percentage (%) of your contracts do not use your standard written contract or ACEC, CCA, RAIC standard forms of agreement between owned and architect or engineer? _____
- 7. Does your standard written contract include:
 - a. A hold harmless or indemnity agreement in your favour? Yes No
 - b. A hold harmless or indemnity agreement in your customer's favour? Yes No

*Please provide further details in the space provided under the Additional Information Section.

- c. Any limitation of liability clause(s)? Yes No
- d. Any guarantees or warranties? Yes No
- e. Any acceptance for consequential damages? Yes No
- 8. Do you obtain client acceptance and sign-off at the completion of project stages and final completion? Yes No
- 9. Do you obtain all change orders and mid-term changes in writing from your clients? Yes No

Section 5: Products

- 1. Do you sell, manufacture, or produce any products as part of your operations? Yes No
- 2. Please indicate how much revenue comes from the sale of these products:
- 3. Are any of these products sold outside of Canada? Yes No
- 4. Are any of these products sold under your organization’s name or brand(s)? Yes No
- 5. Please indicate what type of products you sell?*

Section 6: Claims History

- 1. Have you ever had a claim against your organisation’s insurance policies? If Yes, please provide details including date of loss, amount paid or held in reserve, and description of allegation.* Yes No
- 2. Have you or any of your employees ever been investigated or suspended from practice by any governing body of your or their profession? If Yes, please provide details.* Yes No
- 3. Are you aware of any incidents or circumstances that could potentially give rise to a claim? If Yes, please provide details.* Yes No
- 4. Are you aware of any job disputes or fee disputes in the last 5 years? If Yes, please provide details.* Yes No
- 5. Has your organisation ever brought claim or suit against another party? If Yes, please provide details.* Yes No

Section 7: Prior Insurance

- 1. Have you ever been declined coverage, cancelled or non-renewed for insurance requested in this application? Yes No

2. Please provide details of your expiring insurance policy:

Coverage	Insurer	Limit	Aggregate	Deductible	Retroactive Date	Premium
General Liability						
Errors & Omissions						

Section 8: Requested Insurance Coverage

1. Please indicate the coverage limit, aggregate, retroactive date, and deductible are requested:

Coverage	Limit	Aggregate	Deductible	Retroactive Date
General Liability				
Errors & Omissions				

Privacy Policy

By signing this form, you are consenting to the collection, use, disclosure, and retention of your personal information for the purposes of underwriting and rating, policy issuance, processing and remitting premium, reporting claims, complying with applicable laws and governing bodies, reporting and monitoring results and fraud and criminal prevention. Please see www.signalunderwriting.com/privacy-statement for our External Privacy Policy.

*Please provide further details in the space provided under the Additional Information Section.



Declarations

I/We, the undersigned, do declare and warrant that all statements and responses provided in this application and the attached addenda are to the best of my/our knowledge are true. Further, I/we warrant that no information has been withheld, suppressed or misstated any material facts that the underwriters may come to rely upon. I/We will notify the underwriters as soon as practicable if anything material is to change. I/We hereby agree and accept that this Declaration shall be the basis of such contract and will form part of the policy. Signing this application does not bind the underwriters or insurers to complete the insurance, nor does it bind the me/us to purchase the quoted coverage.

For British Columbia residents: Signal Underwriting Inc. operates as Signal Underwriting Services in British Columbia.

For Quebec and New Brunswick residents: Signing this Declaration confirms your request that all documentation and correspondence pertaining to the insurance coverage be in the English language.

Name (please print)	Title	Date
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Signature

Additonal Information Section

Please use this space to provide any additional information from the questions above, from the addenda or anything you feel is material to your operations:
