

PROFESSIONAL LIABILITY INSURANCE FOR DESIGN AND BUILT

Is a policy is issued, the insurance coverage will apply to claims first presented to the insured and reported to the insurer during the policy period and extended reporting period.

APPLICANT INFORMATION

1. Applicant's name: (Including any subsidiaries for whom cover is required.)

Applicant's name	Date of Establishment

2. Name of all predecessors of the Firm for whom cover is required.

Name of all predecessors of the Firm	Date de constitution / Date of Establishment	Cessation

3. Principal Address and location of all other offices.

4. Telephone:

5. Website:

PARTNERS, DIRECTORS AND CONSULTANTS

Names in full of all Partners, Directors, Consultants	Status: (Partner, Director, Consultant)	Qualifications	Associé, Directeur, Consultant de l'assuré depuis

STAFF DETAILS

Partners, Directors	Professionals	Other staff	TOTAL

REVENUE, FEE INCOME

6. Please state for the whole Firm the total revenue for each of the past four years including an estimate for the current financial year.

Year ending		(day)		(month)
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	Year:	Year:	Year:	Year:	Current Year:
Canada					
USA					
Elsewhere					
Total					

7. Please provide details of the Insured's revenues as follows:

		Last Year				Current Year (estimated)		
		CAN %	USA %	Other %		CAN %	USA %	Other %
<u>Internal Design & Construction work</u> Revenue where the Insured constructs from their own design and provides full technical supervision	Revenue:				Revenue:			
	Construction Value:				Construction Value:			

<u>Internal Design (No construction work)</u> Fees where the Insured provides design and technical services only (no construction is performed by or on behalf of the Insured)	Revenue:				Revenue:			
	Construction Value:				Construction Value:			
<u>Other Professional Services (No construction work)</u> Fees where the Insured provides project management, agency construction management or supervision of construction services only. (no construction is performed by or on behalf of the Insured)	Revenue:				Revenue:			
	Construction Value:				Construction Value:			
<u>External Design & Construction work</u> Revenue where the Insured constructs from other's design and other's technical supervision performed <u>on behalf of</u> the Insured	Revenue:				Revenue:			
	Construction Value:				Construction Value:			

<u>Construction - Project Management & Construction work /</u> Revenue where the Insured provides construction/project management services and constructs (no design responsibility)	Revenue:				Revenue:			
	Construction Value:				Construction Value:			
<u>Construction work only (No Professional Services)</u> (no design or construction/project management responsibility)	Revenue:				Revenue:			
	Construction Value:				Construction Value:			
<u>Other</u> Revenue not mentioned above (please provide details)	Revenue:				Revenue:			
	Construction Value:				Construction Value:			

BUSINESS ACTIVITIES

8. Please give an approximate percentage split of the following disciplines in which the Insured has a design or other professional responsibility, contractually or otherwise. (Total Must Equal 100%)

Architectural		Chemical Engineering	
Civil Engineering		Soil Engineering	
Structural Engineering		Nuclear, Aerospace Engineering	
Mechanical Engineering		Surveying	
Electrical Engineering		Naval, Marine Engineering	
HVAC Engineering		Product Design	
Automotive, Railway Engineering		Environmental Engineering*	
Project, Construction Management		Others (please specify):	

*Environmental questionnaire must be completed.

9. Please give the approximate percentages to these specified projects as a percentage of the total work which you have carried out in the past 12 months. (Total Must Equal 100%)

Airport Runways, Taxiways		Mass Transit	
Amusement Rides		Nuclear Facilities	
Residential buildings		Offshore Platforms	
Bridges		Office Buildings	
Clean Rooms, Labs		Parking Structures	
Convention Centers		Petrochemical, Refineries	
Communication Towers		Power Plants	
Condominiums		Process Plants	
Dams		Roads, Highways	
Environmental Impact Statements		Sewage, Water Systems	
Projets de fondation ou d'étiayage Foundation or Shoring Projects		Sewage Treatment Plants	
Gas Pipelines		Shopping Centers, Retail	
Harbors, Piers, Ports		Site Development	
Hospital, Healthcare		Stadiums, Arenas	
Hotels, Motels		Superfund, Pollution	
Industrial Waste Treatment		Tunnels	
Sites Landfills		Warehouses	
Manufacturing, Industrial		Other (please specify):	

10. Do you engage in, or are you responsible for the manufacture or fabrication of any product other than construction work?

☐ Oui / Yes ☐ Non / No

If Yes, please provide full details (i.e. whether consisting of well established techniques or new and original processes or designs) and explain where the relevant revenue has been declared.

11. If applicable, what percentage of your projects involves the use of the same design (“repeat plans”)?

Please provide full details:

12. Do you ensure that any consultants for whom you are responsible have a professional indemnity policy in force (eg. Architects, surveyors & engineers etc)?

☐ Yes ☐ No

Minimum limit of indemnity:

CONTRACTS

13. Please state the 5 largest contracts awarded to the Insured, where construction has commenced or been completed within the past 5 years:

Date started	Estimated completion date	Name and type of contract	Total contract value	Services provided

14. Please state the 3 largest contracts awarded to the Insured where construction is expected to commence shortly.

Estimated starting date	Approximate completion date	Name and type of contract	Estimated contract value	Services provided

15. Please provide the average and maximum value of your contract:

Average value:

Maximum value:

16. Does any contract or client represent more than 50% of your annual work? ☐ Yes ☐ No

17. Have you ever failed to complete a project? ☐ Yes ☐ No

If Yes, please provide details.

ASSOCIATED COMPANIES

18. Does the Insured or any Partner have any association with, or financial interest in any other firm or organisation (other than a share or stockholder in a publicly quoted company)?

☐ Yes ☐ No

If Yes, please give full details of the nature of the association or interest together with the name and business of the firm or organisation.

CONSORTIUM, JOINT VENTURE

19. Is the Insured or any Partner, a member of a consortium, joint venture or engaged with any other firm or person, in a single project partnership? ☐ Yes ☐ No

20. Has the Insured or any Partner previously been a member of a consortium or joint venture or engaged with any other firm/person in a Single Project Partnership? ☐ Yes ☐ No

If Yes, please give the names of other members/partners and their capacities in the consortium, joint venture.

**N.B. Special arrangements must be made with underwriters if coverage is required for work done whilst as a member of a consortium or joint venture.*

CURRENT INSURANCE ARRANGEMENTS

21. If the Insured currently has Professional Indemnity Insurance please provide the following details.

**This information is not required where the policy is currently arranged by Revau.*

Name of Insurers	
Limit of Indemnity	
Excess of, Deductible	
Retroactive Date	
Policy Expiry date	
Premium	

NEW INSURANCE REQUIREMENTS

22. What limit of indemnity do you require a quotation for?

23. What deductible options do you require?

24. If you have any other specific requirements with regard to your Professional Indemnity Insurance please state these in the space provided below.

CLAIMS

25. Have any claims alleging professional negligence, error or omission (successful or otherwise) been made against the Insured or its present or former Partners/Directors and/or predecessors in business during the past 10 years? ☐ Yes ☐ No

If Yes, please give full details including amounts:

Date of Claim	Details	Amount claimed	Amount Paid	Defence costs (if known)	Insurers' Reserve (if known)

26. Are any of the Partners/Directors AFTER ENQUIRY of all staff and consultants aware of any circumstances or events which may give rise to a claim against the Insured or its present or former Partners/Directors and/or predecessors in business? ☐ Yes ☐ No

If Yes, explain:

IMPORTANT NOTICE CONCERNAING DISCLORE OF MATERIAL INFORMATION

It is essential that every proposer or insured, when seeking a quotation, taking out or renewing an insurance, discloses all material facts to Insurers. A material fact is one that is likely to influence the judgement of an Insurer in fixing the premium or in determining whether to accept the risk. If your application is a renewal it should include any changes in facts previously advised to insurers. If you have any doubt about facts considered material you should disclose them.

Failure to disclose could prejudice your rights to indemnity in the event of a claim or cause Insurers to void your policy.

DECLARATION

I/We declare that the statements made and particulars given in the application are true and I/We have not mis-stated or suppressed any material fact.

I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the contract of insurance.

Signature: _____

Date: _____

Please send the completed, signed and dated application to underwriting@revau.com