



ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY INSURANCE

SINGLE PROJECT POLICY APPLICATION

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. Name of Applicant
(Prime Consultant): _____

2. Address (Head Office) _____

Date Established: Day _____ Month _____ Year _____

Telephone: _____ Website: _____

3. Name and address of the project owner:

4. Please provide a description of the project including the full name, contract number (if applicable) and project location.

5. Is coverage required for suits brought outside Canada? Yes No
If Yes, please advise the jurisdiction in which coverage is required:

6. Does the contract contain a clause which allows for mediation or arbitration? Yes No
If Yes, please provide a copy of the clause.

7. Please provide the following details with respect to the project:

- a) Commencement date of design: _____
- b) Commencement date of construction: _____
- c) Total constructive value: _____
- d) Anticipated date of completion: _____
- e) Maintenance period required after completion: _____

8. Name the individual(s) charged with overall responsibility for the project:

- | | |
|---|---|
| <p>a) At Design Phase:</p> <p>Name: _____</p> <p>Employed by: _____</p> | <p>b) At Construction Phase:</p> <p>Name: _____</p> <p>Employed by: _____</p> |
|---|---|

9. Please indicate percentage of fees derived from the following categories for the project.

- | | |
|---|--|
| <p>a) Architectural _____</p> <p>b) Structural _____</p> <p>c) Civil _____</p> <p>d) Geotechnical Engineering / Geology _____</p> <p>e) Software Design _____</p> <p>f) Materials Testing _____</p> <p>g) Mechanical /Electrical _____</p> <p>h) HVAC _____</p> <p>i) Environmental _____</p> <p>j) Hydrology _____</p> <p>k) Project / Construction Management _____</p> | <p>l) Construction Surveys _____</p> <p>m) Cadastral Surveys _____</p> <p>n) Interior Design _____</p> <p>o) Landscape Architecture _____</p> <p>p) Marine _____</p> <p>q) Land Use Planning _____</p> <p>r) Process (incl Bulk Handling) _____</p> <p>s) Quantity Surveying _____</p> <p>t) Drafting _____</p> <p>u) Vibration / Acoustics _____</p> <p>v) Other (describe) _____</p> |
|---|--|

Totals = %
 (Should equal 100%)

10. Does the project involve the applicant in any of the following?

- a) Dams Yes No
- b) Bridges over 50 ft Yes No
- c) Tunnels Yes No
- d) Temporary Structures Yes No
- e) Arenas Yes No
- f) Roofing Yes No

11. Is the applicant or any participant to be insured under the policy controlled by, owned by, or related to any other firm, corporation or company who has involvement in the project that is the subject of this insurance application? Yes No

If Yes, **attach details.**

12.

		PROJECT GROSS FEES BY YEAR(including design stage) Show actual for past years and anticipated for future years					
Please list firms participating in the project for which coverage is desired	Present Insurer	(Please fill in Year)					TOTAL
		Year:	Year:	Year:	Year:	Year:	
TOTAL GROSS FEES							

NOTE: If the applicant or any participant to be insured under the policy are not insured with Markel, please complete the attached Claims Questionnaire.

13. Do any of the partners or officers of the Applicant or any participant to be insured under the policy, hold an interest in the project that is the subject of this insurance application? Yes No

If Yes, **attach details.**

14. Does the Applicant or any participant to be insured under the policy, have any partner, officer or related company engage in the actual work of construction or fabrication other than supervision that will be part of this project? Yes No

If Yes, **attach details.**

15. Is or any partner, director, officer or employee the Applicant or any participant aware of any fact which could give rise to a claim against the Applicant or any participant with respect to the project that is the subject of this insurance application? Yes No
If Yes, **attach details.**

16. Has any Partner, Executive Officer, Director or Professional Employee of the Applicant or any participant in the project, had their licence suspended, been fined or reprimanded during the past five years? Yes No
If Yes, **attach details.**

17. To the Applicant's or any participant's knowledge, has any company declined or terminated the insurance for this project? Yes No
If Yes, **attach details.**

18. Insurance required:

LIMITS:	\$1,000,000 / 1,000,000	<input type="checkbox"/>	DEDUCTIBLES:	\$ 2,500	<input type="checkbox"/>
	\$2,000,000 / 2,000,000	<input type="checkbox"/>		\$ 5,000	<input type="checkbox"/>
	\$3,000,000 / 3,000,000	<input type="checkbox"/>		\$10,000	<input type="checkbox"/>
	\$4,000,000 / 4,000,000	<input type="checkbox"/>		\$25,000	<input type="checkbox"/>
	\$5,000,000 / 5,000,000	<input type="checkbox"/>		Other	_____
	Other	_____			

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Name of Applicant

Authorized Signature

Name and Title

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**

CLAIMS HISTORY PAST 5 YEARS

Name of Firm: _____

Date Established: _____

Partners/Professional Staff involved in Project (Attach Resume)	University attended	Degree	Year	Prov. Licenced to practice in
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Claimant: _____

Date of Loss: _____ Suit: Yes No

Amount Claimed: _____ Estimated Liability: _____

Indemnity Paid: _____ Expenses Paid: _____

Closed: Yes No

Description of Claim: _____

Claimant: _____

Date of Loss: _____ Suit: Yes No

Amount Claimed: _____ Estimated Liability: _____

Indemnity Paid: _____ Expenses Paid: _____

Closed: Yes No

Description of Claim: _____

If more claims to be reported, please attach details on separate sheet.