SPECIAL RISK
INSURANCE MANAGERS

Send applications to submissions@srim.ca
Toll Free 800 993 6388 | Fax 604 888 1008 | WWW.SRIM.CA

ARCHITECTS AND ENGINEERS LIABILITY APPLICATION

1. Name of applicant: _____ Address: _____

   Phone: _____ Website: _____

2. Year Established: _____

3. Applicant is: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Other

4. Please provide details of all Key Professionals, Directors, Officers or Partners:

Name	Years in position	Years Experience	Qualifications

   Total number of Employees: _____ Professional: _____ Clerical: _____ Other: _____

   Are all employees covered by WCB?: ☐ Yes ☐ No

5. Has the applicant ever been investigated by or suspended from practice by a governing body of your profession? ☐ Yes ☐ No

6. Please provide revenues for operations for the following years:

	Prior Year MM/YY	Last Completed Year MM/YY	Estimate for Next Year MM/YY
Total Gross Fees + Revenues	$	$	$
Fees for services in Canada	$	$	$
Fees for services in USA	$	$	$
Fees for services for other countries	$	$	$
Fees paid to sub-consultants	$	$	$
Fees for separately insured projects	$	$	$
Total Gross Fees and Revenues	$	$	$
Total Construction/Project Values	$	$	$

7. Date of company financial year end: _____

8. Annual payroll amount: _____

9. Indicate the percentage of total revenue/fees represented by each item, ensuring the combined total equals 100%:

Architect:	_____ %	Drafting Engineer:	_____ %
Architectural Technologist:	_____ %	Electrical Engineer:	_____ %
Building Designer:	_____ %	Forensic/Expert Witness:	_____ %
Building Envelope Consultant:	_____ %	Geologist:	_____ %
Chemical Engineer:	_____ %	Geotechnical Soils:	_____ %
Civil Engineering:	_____ %	HVAC:	_____ %
Design/Build Contracting:	_____ %	Hydrologist - Water & Sewer:	_____ %

Industrial Process: _____ %
Interior Designer: _____ %
Laboratory Material Testing: _____ %
Land Surveyor: _____ %
Landscape Architect: _____ %
Mechanical Engineer: _____ %
Mining Engineer: _____ %
Naval/Marine Engineering: _____ %
Non-Destructive Testing: _____ %
Nuclear Engineering: _____ %
Process Engineering: _____ %
Project Construction Management: _____ %
Structural Engineer: _____ %
Other: *(Please describe below)*: _____ %

Description of other work: _____

10. If the Applicant/ Company is involved in any of the following, indicate the percentage of total revenue/fees represented by each item:

Residential Buildings: _____ %
Industrial Buildings: _____ %
Institutional: _____ %
Commercial Buildings: _____ %
Municipal (Water/ Sewage): _____ %
Other: _____ %

Description of other work: _____

What is the applicant's Average Contract Value? $_____ Largest Contract Value? $_____

11. Please select any work that the applicant/company is involved in and state the percentage of the overall fees it represents.

- ☐ Work connected with mines: _____ %
- ☐ Work related to aerospace/aviation/airports: _____ %
- ☐ Work on bridges/tunnels: _____ %
- ☐ Work on car parks: _____ %
- ☐ Work connected with standalone foundation or shoring design not part of designing the entire structure: _____ %
- ☐ Work connected with design of sewers/water/drainage systems: _____ %
- ☐ Work connected with dams: _____ %
- ☐ Asbestos related work: _____ %
- ☐ Environmental work: _____ %
- ☐ Work not resulting in construction (i.e. reports/surveys/feasibility studies): _____ %
- ☐ Seismic work: _____ %
- ☐ Work connected to petro chemical or oil and gas: _____ %
  If yes, any pipeline work?: ☐ Yes ☐ No
- ☐ Work on multi-unit residential buildings: _____ % If yes, please complete:
  - ☐ Duplexes: _____ % ☐ Townhouses/Rowhomes: _____ % ☐ Low-Rise Condos (Max. 6 storeys): _____ %
  - ☐ High-rise Condos (Min. 6 storeys): _____ % Average # of storeys: _____ Greatest # of storeys: _____
- ☐ Work on amusement park rides: _____ %
- ☐ Work on public transit/stadiums/theatres/auditoriums/military installations: _____ %
- ☐ Home inspections related to homes for sale or purchase only: _____ %
- ☐ Playgrounds: _____ %
- ☐ Other: _____ % Please explain: _____

If any of the above is selected, please provide further details:

_____

12. Is the applicant anticipating any changes in business operations in the next 12 months? ☐ Yes ☐ No If yes, please explain:

_____

13. Is all surveying and measuring equipment maintained and calibrated to manufacturers specifications? ☐ Yes ☐ No

14. Does the applicant/company utilize drones/UAVs in conjunction with any of the operations? ☐ Yes ☐ No
    If yes, does the insured carry standalone drone/UIAV coverage? ☐ Yes ☐ No

15. Does the applicant/company or any related company engage in actual hands-on (manual) work such as construction, erection, installation, repairs, manufacturing, or fabricating etc. or sub-contract any of that type of work out? ☐ Yes ☐ No If yes, please explain:

    _____

16. Does the applicant have any locations, employees, perform any activities or provide any services outside of Canada? ☐ Yes ☐ No
    If yes, please provide the following information:
    Forthcoming Year (projected): _____
    Prior Year 1: _____
    Prior Year 2: _____
    Prior Year 3: _____

17. In the event the applicant's product or service failed or delivery was delayed, please describe the worst-case scenario:

    _____

18. Does the applicant engage in any business or professional activities other than what is described above? ☐ Yes ☐ No
    If yes, please explain: _____

19. Is the applicant controlled, owned or associated with any other company, firm or corporation? ☐ Yes ☐ No

20. Please complete the following on the applicant's 5 largest projects:

Client Name	Client's Business	Name of Contract	Revenue	Total Construction Value	Start Date	Completion Date
			$	$		
			$	$		
			$	$		
			$	$		
			$	$		

21. How many clients does the applicant have?: _____

22. Does more than 25% of the applicant's fees emanate from a single client?: ☐ Yes ☐ No

23. What percentage of work is subcontracted to a third party?: _____ %
    If work is subcontracted, is proof of insurance required?: ☐ Yes ☐ No
    Provide details of what work is subcontracted: _____
    Are the subcontractors/subconsultants hired under a written, standard subcontractor agreement? ☐ Yes ☐ No

24. Does the applicant have a written Quality Assurance or Quality Control Program?: ☐ Yes ☐ No

25. Are written contracts used for all professional services performed by the applicant?: ☐ Yes ☐ No
    If No, approximately what percentage of professional services are performed without a written contract?: _____ %

26. Are all non-standard agreements reviewed by applicant's legal counsel or insurance broker before they are executed?: ☐ Yes ☐ No

27. What percentage of the applicant's contracts use a limitation of liability provisions, where the firm's liability is limited to?

    a. A specific dollar amount which is less that the applicant's insurance limit: _____ %

    b. A specific dollar amounts equal to the applicant's insurance limit: _____ %

    c. A specific dollar amount that limits the applicant's liability to the amount of fees paid by the client for their services: _____ %

30. Complete the details of your current Errors & Omissions policy:

    Effective Date: _____ Retroactive Date: _____ Limit: $ _____
    Deductible: $ _____ Premium: $ _____ Insurer: $ _____

    Complete the details of your required Commercial General Liability policy:

    Effective Date: _____ Retroactive Date: _____ Limit: $ _____
    Deductible: $ _____ Premium: $ _____ Insurer: $ _____

31. Are you aware of any loss or damage, whether insured or not, that has occurred to any of the companies to be insured (or to any existing or previous business of the partners or directors of any companies to be insured) within the last 5 years?: ☐ Yes ☐ No

32. Are you aware of any circumstances which may give rise to a claim against any of the companies to be insured or any partners or directors thereof?: ☐ Yes ☐ No

33. Have any claims or cease and desist orders been made against any of the companies to be insured or any partners or directors thereof?: ☐ Yes ☐ No

34. Have any partners or directors of the companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body? ☐ Yes ☐ No
    If the answer is yes to any of the above, please complete:

Type of Loss	Date of Loss	Description of Loss	Reserve or Loss Paid by Insurer	Retained Loss or Deductible Paid by Applicant
				$
				$
				$
				$

*Please attach details outlining the background of the events, the maximum amount involved or claimed, the current status of the claim(s) or circumstance(s), any insurer reserves or payments made, and the dates of all relevant developments and payments.

Signing this form, and tendering any payment, does not bind the Company or the applicant to complete the insurance. The insurance application must be signed to be considered for quotation. By signing below, you certify that all information you have provided is correct. You herewith authorize the Company or its representatives to gather any additional information they may deem necessary in order to process this application for quotation or to issue a policy.

Applicants Signature: _____ Dated: _____