CATLIN

Application Form

Miscellaneous

Professional Liability Insurance

Important Notice to the Applicant Regarding Completion of this Application Form

1) Disclosure

Any material fact must be disclosed to the Insurer. A material fact is any information which may alter the judgement of an Insurer in assessing the risk.

Any material change must be disclosed to the Insurer. A material change is any information which may alter the judgement of an Insurer that has not previously been disclosed as a material fact.

Failure to provide all material facts and/or notify all material changes may cause the contract of insurance to be void and may result in the Insurer repudiating liability entirely. The duty of disclosure continues after the dispatch of the completed Application form, and any supplementary questionnaire if provided for completion, up until the time and date when a contract of insurance is entered into by the Insured. Accordingly, further or additional information or documentation which may affect anything already stated in or supplied with this Application form, and any supplementary questionnaire if provided for completion, should be notified to the Insurer as soon as possible.

The nature and extent of the questions and requests set out in this Application form, and any supplementary questionnaire if provided for completion, do not in any way limit or restrict the legal obligation of disclosure. All material information must be disclosed whether or not it is the subject of a specific question or request within this Application form or supplementary questionnaire.

The authorised individual completing this Application form, and any supplementary questionnaire provided, should make full and proper enquiry of all relevant parties within the Applicant(s) named overleaf in relation to the answers given and all information and/or documentation supplied with or in relation to any question raised in this Application form or any supplementary questionnaire.

2) Presentation

This Application form must be completed in ink by an authorised individual; a partner, principal, active director or member of the Applicant.

All questions must be answered. If there is insufficient space to provide answers, additional information should be provided on the Applicant's letter-headed paper.

Where available, brochures, standard contract conditions, agreements and letters of appointment should be provided.

Where details of the Applicant's web address have been provided any information contained within or linked to it is deemed not to have been provided unless such information is specifically supplied to the Insurer in written form.

Failure to present the Insurer with information in an appropriate manner may adversely influence the ability of the Insurer to offer terms.

3) Guidance

If in doubt as to the meaning of any question contained within this Application form or the issues raised in 1) Disclosure and/or 2) Presentation, advice should be sought from the Applicant's insurance broker in the first instance.

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Application Form

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Professional Liability Insurance

1 General Details

1.1 Name of Applicant:

1.2 Mailing Address Head Office and any Branch Offices:

Company Structure: ☐ Individual ☐ Corporation ☐ Partnership ☐ Other

Date Established:

1.3 Name of Predecessor Firms and Date Ceased Trading: (If any)

1.4 Total No. of Personnel:

Professional | Technical | Others

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1.5

Name(s) of Principal, Partners, Active Directors and LLP Members	University	Degree	Year of Graduation	Province or State in which Registered to Practice

Please attach resumes of those listed above if less than 5 years trading or where any individual declared has no relevant qualifications.

1.6 Please list any professional association memberships of the Applicant:

2 Insurance Coverage / Previous Insurance

2.1 Insurance required:

Limit			Deductible	
Per Claim	/	Annual Aggregate		
$1,000,000	/	$1,000,000	$10,000	
$2,000,000	/	$2,000,000	$25,000	
$5,000,000	/	$5,000,000	Other	

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2.2 During the last 5 year, has the Applicant carried Professional Liability Insurance?

☐ Yes ☐ No If Yes, please complete the following for all previous policies:

Insurer	Policy Period	Limits	Deductible	Premium	Retroactive Date

2.3 Has any Application for Professional Liability insurance made on behalf of the Applicant or any of the partners, directors, principals or LLP members (former or current) been declined, cancelled or non-renewed?

☐ Yes ☐ No If Yes, please provide details:

3 Applicant's Business

3.1 Please provide a full description of the activities undertaken by the Applicant:

3.2 Please Complete the Following Table. Please note that gross fees must include fees reported at sections (b), (c), (d) and (e) must not include reimbursable (ie travel costs, administrative costs, etc.)

Fee Income	Last Twelve (12) Months or Fiscal Year	Anticipated Next Twelve(12) Months or Next Fiscal Year
(a) Gross Fees:		
(b) Fees paid to sub-consultants:		
(c) Fees emanating from projects separately insured:		

Fee Income	Last Twelve (12) Months or Fiscal Year	Anticipated Next Twelve(12) Months or Next Fiscal Year
(d) Fees emanating from services performed in the USA or for USA projects ($Cdn):		
(e) Fees emanating from services performed on overseas projects ($Cdn) (please specify territories):		

3.3 Please list the Applicants:

(a) five largest contract assignments undertaken in the last three years, and

(b) three largest anticipated in the next year

Client Name, Service Provided and Country	Total Contract Value	Total Fee Income	Date Commenced/ to Commence	Date Completed/ to Complete
(a)1				
2				
3				
4				
5				
(b)1				
2				
3				

3.4 Do more than 25% of the Applicant's fees emanate from one Client?

☐ Yes ☐ No If Yes, please provide details:

3.5 Is the Applicant controlled or owned by, or associated with any other firm, corporation or company?

☐ Yes ☐ No If Yes, please provide details:

3.6 Do any of the partners or officers of the Applicant hold an interest in any other corporation with whom the Applicant carries on business?

☐ Yes ☐ No If Yes, please provide details:

3.7 Does the Applicant engage in the actual work of construction or manufacturing other than supervision?

☐ Yes ☐ No If Yes, please provide details:

4 Risk Management

4.1 Does the Applicant require proof of Professional Liability insurance from sub-consultants?

☐ Yes ☐ No

If Yes, please provide an approximate percentage of contracts undertaken with sub-consultants for which proof of insurance was obtained?

%

4.2 Does the Applicant have an in-house quality control procedure and review of other's files?

☐ Yes ☐ No If Yes, please provide details:

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4.3 What percentage of your professional services is performed under written contracts?

%

Type of Contract Used:

(a) Firm's Standard Form (Please attach copy to this application)

%

(b) Non Standard Contracts

%

Are all contracts or agreements reviewed by your legal counsel before they are executed?

☐ Yes ☐ No If No, please provide details of method of review:

4.4 Does the Applicant have written procedures or checklists of the services performed?

☐ Yes ☐ No If Yes, please provide details:

4.5 Does the Applicant subscribe to any form of continuing professional development?

☐ Yes ☐ No If Yes, please provide details:

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5 Claims Information

5.1 After full enquiry has any claim been made against the Applicant or any principal, partner, director, employee or LLP member whilst in this or any other business?

☐ Yes ☐ No If Yes, please provide details on the separate sheet provided.

5.2 After full enquiry is the Applicant or any principal, partner, director, employee or LLP member aware of any circumstance, incident or job dispute which may result in any claim being made against them including a client's refusal to settle fees for services?

☐ Yes ☐ No If Yes, please provide details:

5.3 Has the Applicant and any party to be insured under this proposed coverage sustained any loss due to fraud or dishonesty by any person or has the proposer any reason to suspect any person of such activity?

☐ Yes ☐ No If Yes, please provide details:

5.4 Has the Applicant and any party to be insured under this proposed coverage been subject to any disciplinary or regulatory enquiry or proceeding or incurred any fines, penalties or other sanctions by a governmental, regulatory or professional body?

☐ Yes ☐ No If Yes, please provide details:

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6 Declaration

The undersigned declares on behalf of all parties applying for insurance that to the best of his/her knowledge and belief the statements provided herein are true and complete and all material facts or circumstances have been fully disclosed. The undersigned declares and agrees that the Application together with any other information supplied shall form the basis of any subsequent contract of insurance and undertakes to inform the Insurer of any material alteration to those facts occurring before completion of the contract of insurance.

Signed by the Applicant:

Position held:

Date:

For and on behalf of:

Signing this Application does not bind the Applicant to enter into this insurance.

It is hereby agreed that the Insurer is authorized to make any investigation and inquiry in connection with this Application that it deems necessary.

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5 Claims Information

5.1 Claimant:

Date of Claim:

Suit: ☐ Yes ☐ No

Amount Claimed: $

Estimated Liability: $

Indemnity Paid: $

Expenses Paid: $

Closed: ☐ Yes ☐ No

Description of Claim:

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5.2 Claimant:

Date of Claim:

Suit: ☐ Yes ☐ No

Amount Claimed: $

Estimated Liability: $

Indemnity Paid: $

Expenses Paid: $

Closed: ☐ Yes ☐ No

Description of Claim:

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