CATLIN

Application Form

Contractors Design and Professional Services

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

Contractors Design and Professional Services

Professional Liability Insurance

1 General Details

1.1 Name of Applicant(s) to be covered: **Date Established:**

1.2 Please provide the main address of the Applicant as well as web and e-mail addresses:

E-mail address:

Web address:

1.3 Please provide details of any predecessor practice(s) requiring cover and details of the type of work undertaken:

Name of Predecessor Practice(s) to be Covered	Type of Work	Date Ceased Trading

1.4 Please provide details of the Applicants':

(a) principals and partners:

(b) consultants under a contract of service with the Applicant:

Name	Qualification(s)	Date(s) Qualified	Years in this Position
(a)			
(b)			

Please attach CV's where the Applicant has been established less than 5 years and/or where any individual declared above has no relevant qualifications.

1.5 (a) Does the Applicant undertake work for any partnership, company or organisation in which any principal, partner, director, member or employee holds a position where he or she is able to make major decisions on behalf of such entity?

☐ Yes ☐ No

(b) Is any principal, partner, director or member of the Applicant connected or associated (financially or otherwise) with any other practice, company or organisation?

☐ Yes ☐ No

If Yes to either of these questions and cover is required for such work, then please provide full details including the percentage income derived and nature of the work:

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1.6 Please state the total number of:

Partners, principals, directors	
Qualified architects, engineers and surveyors	
Other technical staff	
Administrative, other staff (specify):	
Total	

1.7 Are all offices supervised by a partner, principal, director, member or senior employee?

☐ Yes ☐ No If No, please provide full details:

1.8 (a) Does the Applicant use sub-contractors/consultants?

☐ Yes ☐ No If Yes, please provide details:

Sub-contractor's Name	Qualification(s)	Fees Paid (Annual)	Nature of Work	Details of Own Professional Liability Cover in Force

(b) What proportion of the Applicant's fee income is paid to sub-contractors/consultants?

%

(c) Is a standard form of contract always used for this sub-contracted work?

☐ Yes ☐ No **If Yes, please provide sample wordings.**

(d) Does the Applicant require all sub-contractors/consultants engaged to carry their own Professional Liability insurance?

☐ Yes ☐ No If No, please provide details/reasons:

(e) **How does the Applicant control and review the work undertaken by sub-contractors/ consultants on their behalf?**

1.9 Has the Applicant's name been changed, has any other business been purchased and/or has any merger or consolidation taken place?

☐ Yes ☐ No If Yes, please provide details:

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	

2.2 During the last 5 years, 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

3 The Applicant's Business

3.1 Please provide a full and clear description of the Applicant's activities and those of all other entities declared in SECTION 1, Question 1.1 (including the types of work normally carried out, whether consisting of well-established techniques or of the same nature, or, of new and original techniques in development, processes and/or designs employed including whether and what licensing or similar agreements are in force, and the degree to which supervision of them is exercised by any associates).

3.2 (a) Please provide full details of the Applicant's financial year end _____ / _____ / _____ and Gross Fees (including fees paid to sub-consultants) as follows:

	Previous Financial Years			Last Financial Year	Coming Financial Year
	Year 20____	Year 20____	Year 20____		
Gross Income*	$	$	$	$	$
Income Breakdown:					
Canada	$	$	$	$	$
USA	$	$	$	$	$
Rest of the World	$	$	$	$	$

* This should represent direct billings to the applicable clients.

(b) If income is derived from clients based outside of North America, please provide details, including territories involved and income derived from each:

(c) What percentage of the Gross Income is derived from work undertaken outside North America for clients who are resident or domiciled in the USA/Canada?

%

If more than 15%, please provide full details:

(d) Does any one client generate more than 20% of the Gross Income declared above?

☐ Yes ☐ No If Yes, please provide details:

3.3 Please provide a breakdown of your Gross Income as follows:

	Last Completed Financial Year ____ / ____ / ____			Estimate for Next Financial Year ____ / ____ / ____		
	Canada $	USA $	Other $	Canada $	USA $	Other $
(a) TURNOVER - where the Applicant constructs from own design and provides full technical supervision						
(b) TURNOVER - where the Applicant constructs from the design of others performed on the Applicant's behalf						
(c) TURNOVER - where the Applicant constructs from the designs and technical supervision of others performed on the Applicant's behalf						

(continued)	Last Completed Financial Year _____ / _____ / _____			Estimate for Next Financial Year _____ / _____ / _____		
	Canada $	USA $	Other $	Canada $	USA $	Other $
(d) TURNOVER - where the Applicant constructs from designs supplied by the client						
(e) FEES - where the Applicant provides design and technical supervision services only - i.e. Applicant does not undertake any construction						
(f) FEES - where the Applicant provides project management or technical supervision services only - i.e. Applicant does not undertake any design services or construction						
(g) Other TURNOVER - brief details please:						
TOTAL						

3.4 For the last complete financial year please provide the % income for the following activities: this should be as accurate as possible (for newly established companies please provide an estimate):

Business Activity	% INCOME			
	Canada	USA	Other	TOTAL
Architectural design and planning				
Building surveying				
Civil Engineering				
Project Management				
Construction Management				
Drafting				
Electrical/Electronic Engineering				
Environmental Engineering				
Expert Witness				
Feasibility Studies – no design work				
Interior Design – structural work				
Interior Design/Refurbishment – non-structural work				

Business Activity (continued)	% INCOME			
	Canada	USA	Other	TOTAL
Landscape Architects – structural work				
Landscape Architects – non-structural work				
Planning Supervision				
Project Co-ordination/Clients Agent – where the Applicant's employer is responsible for appointing other firms necessary to the contract, whether or not on the Applicant's recommendation				
Project Management – where the Applicant is responsible for appointing other firms necessary to the contract				
Quantity Surveying				
Soil / Geotechnical Engineering				
Structural Engineering				
Structural Surveying (pre-property purchase)				
Town Planning				
Asbestos handling/control/disposal/survey				
All other work (please specify):				
TOTAL				**100%**

3.5 For the last complete financial year please provide the % income for the following contract types; this should be as accurate as possible (for newly established companies please provide an estimate):

Business Activity	% INCOME			
	Canada	USA	Other	TOTAL
Airports – safety related; runways etc				
Airports – non-safety related				
Amusement park/ride				
Bridges/tunnels				
Car parks – multi-storey				
Chemical/petrochemical/refineries				
Churches/cathedrals/ecclesiastical				
Cladding/glazing/curtain-walling/facade				
Cold Storage				

Business Activity (continued)	% INCOME			
	Canada	USA	Other	TOTAL
Commercial offices				
Convention centres				
Dams/harbours/piers/ports/jetties				
Demolition/non-destructive testing				
Fire protection/security systems				
Apartments/Condominiums – low-rise (up to 4 storeys)				
Apartment/Condominiums – high-rise (over 4 storeys)				
Flooring				
Foundations/underpinning/piling				
Hospitals/healthcare centres				
Hotels/motels				
Housing schemes/developments/modular buildings/Housing Associations				
Hydro-Electric facilities/ transmission lines				
Individual dwellings				
Industrial systems/manufacturing buildings				
Industrial waste treatment systems				
Landfill sites				
Elevators/bulk-handling equipment				
Military/Defence Dept./Government departments				
Mines				
Nuclear/atomic projects				
Off-shore installations				
Prisons/Correctional centres				
Railways – track, signalling				
Railways – non-safety related				
Recreation/sports/playgrounds				
Research and development				
Retail/business parks				
Roads/highways/freeways				
Roofing				

Business Activity (continued)	% INCOME			
	Canada	USA	Other	TOTAL
Schools/colleges/municipal buildings/ libraries/local authorities				
Sewerage treatment systems				
Shopping centres				
Site development				
Sports/leisure centres (excluding swimming pools)				
Swimming pools				
Warehouses				
Water systems				
Aborted work				
All other projects (please specify):				
TOTAL				**100%**

3.6 (a) Has there been more than a 20% variation in the percentage of each business activity stated in Question 3.4 above?

☐ Yes ☐ No

(b) Does the Applicant carry out any business where no fees are charged (i.e. pro-bono work)?

☐ Yes ☐ No If Yes to either of these questions, please provide full details:

3.7 (a) Has the Applicant ever failed to complete a project?

☐ Yes ☐ No If Yes, please provide full details:

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(b) Can the Applicant confirm that all outstanding contracts are progressing to budget and timescale and that there are no significant issues unresolved?

☐ Yes ☐ No If No, please provide full details:

3.8 Please provide full details of any significant changes to the current work split anticipated over the coming financial year:

3.9 Does the Applicant's work currently involve or has it in the past involved:

(a) Repetitive construction units?

☐ Yes ☐ No

(b) The manufacture or fabrication of any pre-engineered units?

☐ Yes ☐ No

(c) Cladding/Curtain-walling and/or glazing activities?

☐ Yes ☐ No

(d) The installation of site-assembled built-up walls or roofs, either of glass or other materials, which include insulation?

☐ Yes ☐ No

(e) The manufacture or installation of factory produced insulated systems?

☐ Yes ☐ No

If Yes to any of the above questions, please provide details, including any performance guarantees supplied to or by the Applicant:

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3.10 Has the Applicant currently or in the past undertaken any contract involving responsibility for:

(a) Manufacture, construction, erection, installation?

☐ Yes ☐ No

(b) The sale, leasing, or supply of any products, materials, plant, goods, equipment?

☐ Yes ☐ No

(c) The development, provision, sale, leasing of computer software?

☐ Yes ☐ No

If Yes to any of the above, please provide full details:

3.11 Has the Applicant ever provided services in connection with identification, evaluation, treatment or removal of asbestos, chemicals or other hazardous materials?

☐ Yes ☐ No

If Yes, please provide full details of services rendered including dates of engagement, gross fees and client and project name:

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3.12 Please list the Applicants':

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

(b) three largest anticipated in the next year

Client Name, Type of Service and Country	Total Contract Value ($)	Total Fee Income Retained ($)	Date Commenced/ to Commence	Date Completed/ to Complete
(a)				
(b)				

3.13 Is the Applicant a member of any consortium or has the Applicant entered into a joint venture agreement?

☐ Yes ☐ No If Yes, please provide details:

3.14 (a) Has the Applicant now or in the past entered into any contracts in the form of PPP?

☐ Yes ☐ No

If Yes what has been the average contract value?

$

(b) Does the Applicant intend to enter into any contracts in the form of PPP in the future?

☐ Yes ☐ No

If the Applicant has answered "No" to questions (a) and (b) please move on to Section 4.

If "Yes" please continue from Question 3.14 (c).

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(c) **Please provide full details of the three largest Public- Private Partnerships:**

Date	Client	Total Contract Value ($)	Fee ($)	Applicant's Role, as set out in the PPP Agreement (e.g. Client Representative)

(d) **On average, how many PPP Contracts has the Applicant been involved in annually over the last 3 years?**

(e) **Please provide details of the person(s) responsible for negotiating the Applicant's participation in PPP Contracts?**

Name	Qualifications	Position Held

(f) **Does the Applicant generally enter into PPP Contracts with the same, regular partners?**

☐ Yes ☐ No

(g) **Does the Applicant always use the same standard form of contract?**

☐ Yes ☐ No

(h) **Does the Applicant always take legal advice from its own lawyer before entering into a PPP Contract?**

☐ Yes ☐ No

If No to Questions 3.14 (f), (g) and/or (h) please give detailed reasons:

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4 The Business: Risk Management

4.1 Does the Applicant, or is it any party to be insured under this proposed coverage, conform to a professional code or practice or a member of any association relating to this business?

☐ Yes ☐ No If Yes, please provide full details:

4.2 If the Applicant is a sole practitioner, please provide details of arrangements to maintain service and standards in the event of sickness or holiday:

4.3 What vetting procedures are undertaken when engaging new or existing clients?

4.4 Does the Applicant have written procedures or checklists for the service performed?

☐ Yes ☐ No If Yes, please provide details:

4.5 What measures are taken to ensure detailed records (i.e. original contract, subsequent amendments, verbal agreements, faxes, telephone calls, etc) are kept of all transactions and meetings?

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4.6 Does the Applicant conduct business on its standard form, terms and conditions for every client?

☐ Yes ☐ No If Yes, **please provide samples**, if No, please provide details:

4.7 What are the Applicant's procedures to ensure to ensure that a client's requirements are clearly identified and can be met?

4.8 What are the Applicant's diary procedures to ensure key dates and deadlines are met?

4.9 How often does the Applicant undertake a review of working procedures?

4.10 (a) What procedures does the Applicant have in force to ensure valuations reflect market conditions?

(b) Are all surveys and valuations undertaken by staff discussed with a partner?

☐ Yes ☐ No

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(c) Is the information regarding comparable evidence recorded on each file?

☐ Yes ☐ No

(d) What on-going training is undertaken by staff responsible for surveys and valuations?

4.11 What are the Applicant's procedures in reviewing the work undertaken by employees and the principals, partners, directors and members?

4.12 (a) Does the Applicant always obtain satisfactory written references when engaging employees?

☐ Yes ☐ No If No, please provide details:

(b) What checks are undertaken regarding the claims experience of any new principal, partner or director?

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(c) Is the conduct and procedural compliance of persons handling cash, bank currency notes or other negotiable instruments in the course of their duties subject to monthly independent checks?

☐ Yes ☐ No If No, please provide details:

4.13 (a) If the Applicant owns a website, is business transacted over the internet?

☐ Yes ☐ No

(b) Are disclaimers of liability always used on the website?

☐ Yes ☐ No If No, please provide full details of how the proposer's liability is managed:

(c) Does the website have any bulletin boards, chat rooms or discussion sites for third parties?

☐ Yes ☐ No If Yes, please provide details:

4.14 What due diligence is undertaken prior to appointment of any outside consultant/contractor?

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4.15 How does the Applicant ensure that all principals, partners, directors, members and employees keep up-to-date with changes in legislation and other legal developments which could affect the work carried out and services provided?

5 Claims Information

5.1 Has any insurer declined, cancelled or refused renewal on any prior policy or application for professional liability insurance (or similar insurance) by the Applicant's business or any party to be insured under this proposed coverage, or imposed any special terms, other than general market increases?

☐ Yes ☐ No If Yes, please provide details:

5.2 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 Applicant any reason to suspect any person of such activity?

☐ Yes ☐ No If Yes, please provide details:

5.3 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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5.4 (a) After full enquiry, is any person aware of any claim (whether insured or not) ever having been made against the Applicant or any party to be insured under this proposed coverage?

☐ Yes ☐ No

(b) After full enquiry, is any person aware of any facts or circumstances which may give rise to a claim against the Applicant or any party to be insured under this proposed coverage?

☐ Yes ☐ No

If Yes to either of these questions, please provide full details under the following headings:

Date of Claim/ Circumstance	Details of Each Claim/Circumstance	Amount Paid or Reserved ($)	Status of Claim/ Circumstance (Open or Closed)	Actions to Prevent Recurrence

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6 Declaration

The undersigned declares on behalf of all parties proposing 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 form 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's authorised individual:

Position held:

Date:

For and on behalf of: (Insert Applicant's name)

Signing this proposal does not bind the proposer to enter into this insurance.

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

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