



[Construction Application]

PROSURE PROJECT SPECIFIC E&O APPLICATION



canSURE

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PROSURE PROJECT SPECIFIC E&O APPLICATION

PART 1 GENERAL & PROJECT INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Applicant (Prime Consultant): _____

Address of Head Office: _____ Postal Code: _____

Telephone: _____ Facsimile: _____

Name and address of the owner of the project: _____

Name and address of party responsible for writing or negotiating general conditions of the contract: _____

Name and qualifications of individuals involved in the project:

NAME	DEGREE	PROFESSION	PROVINCE IN WHICH REGISTERED TO PRACTICE

Provide below a brief description of the Applicant's mandate for the project: _____

Indicate fee to be derived from the project: \$ _____

If the contract contains an arbitration or mediation clause, what are its terms? (If possible, please attach a copy of the clause) _____

PART 2 COVERAGE INFORMATION

Commencement date of design: _____

Commencement date of construction: _____

Anticipated date of completion: _____

Total construction value: \$ _____

Is coverage required to continue after construction completed? Yes No
 If yes, please state the number of years extension required: _____

Limits and Deductible

State Limits Desired \$250,000 \$500,000 \$1,000,000

State Deductible Desired \$5,000 \$10,000 \$25,000

Other Limits: _____

Other Deductibles: _____

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	Year: \$000	Year: \$000	Year: \$000	Year: \$000	Year: \$000	Year: \$000
	TOTAL GROSS FEES						

Name of individual(s) charged with overall responsibility for the projects:

a) At Design Phase:

Name: _____ Qualification: _____

Employed by: _____

b) At Construction Phase:

Name: _____ Qualification: _____

Employed by: _____

Percentage of total fees derived from the following categories of services for the project. (Total must be equal to 100%)

a) Architectural	_____ %	i) Equipment Evaluation	_____ %
b) Structural	_____ %	j) Failure Investigation	_____ %
c) Civil	_____ %	k) Studies	_____ %
d) Soil Mechanics	_____ %	l) Planning	_____ %
e) Mechanical	_____ %	m) Appraisals	_____ %
f) Electrical	_____ %	n) Project Management/ Construction Management	_____ %
g) Process	_____ %	o) Environmental	_____ %
h) Materials Testing	_____ %	p) Other (specify) _____	_____ %
Total (a) to (h) incl.	_____ %	Total (i) to (p) incl.	_____ %

Indicate if coverage is required for the following categories of work:

- a) Dams Yes No
- b) Bridges over 150 feet in length Yes No
- c) Tunnels Yes No
- d) Surveys of Investigations of Subsurface Conditions Yes No
- e) Boundary Surveys Yes No
- f) Temporary Fair of Exhibition Structures Yes No

CLAIMS OR POTENTIAL CLAIMS

Has the Applicant or any partner, officer, director or employee of the participants been made aware of any error, omission, negligent act or unresolved dispute which may result in a claim concerning the project? Yes No

Has the Applicant been made aware of any error, omission or negligent act or unresolved dispute which has or may result in a claim concerning services provided by the Applicant other than for this project in the past five years? Yes No

LICENSING

Has the Applicant or any partner, officer, director or employee of the participants had their licence suspended or been fined or reprimanded during the past five years? Yes No

Indicate here any clarification required by questions 18 or 19.

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicants Signature:

Position:

Please Print Name:

Date: