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|  | TRAVELERS 1ST CHOICE_US |
| Travelers Insurance Company of Canada | **Design Professional Liability**  **Renewal Application** |
|  |  |

**The information requested in this application is for claims-made coverage sections. If issued, the claims made coverage sections of the policy cover only claims made against insureds during the policy period or any applicable extended reporting period. Unless defence outside limits coverage is elected, defence expenses will reduce, and may exhaust, the limit of insurance, except as otherwise required by the law of the province of Québec, and the Insurer will not be liable for defence expenses or the amount of any judgment or settlement after the exhaustion of the limit of insurance. If defence outside limits coverage is elected, payment of defence expenses will not reduce the limit of insurance except as respects claims brought and maintained in the United States of America.**

GENERAL INFORMATION *“Applicant” means all entities, including subsidiaries, for which coverage is requested.*

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| --- | --- |
| Name of Applicant: |  |
| Address: |  |

**DESIGN PROFESSIONAL LIABILITY INFORMATION**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Does the Applicant have any affiliated companies or predecessor firms for which coverage is requested? | | | | | | Yes  No |
|  | *If “Yes”, attach details.* | | | | | | |
| 2. | Has there been **any change** to any branch offices, including locations outside of Canada? | | | | | | Yes  No |
|  | *If “Yes”, indicate locations:* |  | | | | | |
| 3. | Indicate the number of the Applicant’s workforce. | | | | | | |
|  | **Type** | | | **Number with Professional Registration or Licence\*\*** | | **Total Number** | |
|  | Employees\* | | |  | |  | |
|  | Principals/Management | | |  | |  | |
|  | Subconsultants | | |  | |  | |
|  | *\*full time, part time, temporary, interns, volunteers \*\*licensed as Architect, Engineer, etc.* | | | | | | |
| 4. | Has there been **any change** to the Applicant’s ownership (i.e. mergers, acquisitions, departure of principals or partners)? | | | | | | Yes  No |
|  | *If “Yes”, attach details, including resumes for new principals, partners, or key employees since last renewal.* | | | | | | |
| 5. | Does any partner, principal, member, officer, director, shareholder, or immediate family member of the Applicant have ownership interest in any entity for whom the Applicant performs professional services? | | | | | | Yes  No |
|  | *If “Yes”, attach details: name and percentage of ownership interest, entity’s name, a description and a dollar value of the services provided to the entity.* | | | | | | |
| 6. | Describe the Applicant’s 3 largest current or proposed projects. | | | | | | |
|  | **Client Name** | | **Services Performed** | | **Annual Project Revenue** | | |
|  |  | |  | | $ | | |
|  |  | |  | | $ | | |
|  |  | |  | | $ | | |

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| --- | --- | --- |
| 7. | Is the Applicant engaged in any of the following: | |
|  | a. Real estate development? | Yes No |
|  | b. Design, manufacture, sale, lease, or distribution of any product, process, or patented design? | Yes No |
|  | *If part a. or b. is answered “Yes”, attach details of the Applicant’s operations.* | |
|  | c. Actual construction, fabrication, installation, or erection? | Yes No |
|  | d. Single-point responsibility for both the design **and** construction of a project? | Yes No |
|  | *If part c. or d. is answered “Yes”, complete the* ***Detailed Supplemental Application - Design/Build***. | |

**FINANCIAL INFORMATION**

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| --- | --- | --- | --- | --- | --- | --- |
| 8. | Complete the table with the Applicant’s fiscal year end (“FYE”) financial information, as available. | | | | | |
|  | **Financial Information** | **Projected FYE** (     /     ) (MON/yyyy) | **Most Recent FYE** (     /     ) (MON/yyyy) | **1 Year Prior FYE** (     /     ) (MON/yyyy) | **2 Years Prior FYE** (     /     ) (MON/yyyy) | |
|  | Total Gross Revenues | $ | **$** | $ | $ | |
|  | Reimbursable revenues and expenses\* | $ | $ | $ | $ | |
|  | Separately insured project revenues | $ | $ | $ | $ | |
|  | Revenues passed to subconsultants carrying their own professional liability insurance | $ | $ | $ | $ | |
|  | Revenues from services or projects outside of Canada *(Indicate U.S. state or country*      ) | $ | $ | $ | $ | |
|  | *\*includes non-professional services or expenses that are reimbursed under the terms of a client contract (i.e. travel). Does not include sales and service taxes, interest income, rental income on real estate, or revenues that are not part of Applicant’s professional services.* | | | | | |
| 9. | Has the Applicant ever filed for, or been in, receivership or bankruptcy? | | | | | Yes  No |
|  | *If “Yes”, attach details.* | | | | | |

**TYPE OF SERVICES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10. | Provide the percentage of Most Recent FYE Total Gross Revenues **by client type**: *(Percentages should add to 100%.)* | | | | |
|  | **Client Type** | **Percentage of Total Gross Revenues** | **Client Type** | **Percentage of Total Gross Revenues** | |
|  | Contractors | % | Private sector (commercial) | % | |
|  | Design professionals | % | Public sector (government) | % | |
|  | Developers | % | Other *(specify)* | % | |
|  | Private owners (residential) | % |
| 11. | Provide the percentage of Most Recent FYE Total Gross Revenues **by discipline**: *(Percentages should add to 100%.)* | | | | |
|  | **Discipline** | **Percentage of Total Gross Revenues** | **Discipline** | **Percentage of Total Gross Revenues** | |
|  | Architect | % | Interior Designer | % | |
|  | Civil Engineer | % | Landscape Architect | % | |
|  | Construction/Project Manager | % | Land Surveyor\*\* | % | |
|  | Draftsperson | % | Marine Engineer | % | |
|  | Electrical Engineer | % | Mechanical Engineer | % | |
|  | Environmental Consultant\* | % | Structural Engineer | % | |
|  | Environmental Engineer\* | % |  |  | |
|  | Geotechnical Engineer (soil materials & mechanics) | % | Other\*\*\* *(specify)* | % | |
|  | *\*Complete the* ***Detailed Supplemental Application - Environmental****.*  *\*\*Complete the* ***Detailed Supplemental Application - Land Surveyor*** *if Total Gross Revenues > $200,000.*  *\*\*\*For example, unlicensed construction and design consultants, such as acoustical consultants* | | | | |
| 12. | Provide the percentage of Most Recent FYE Total Gross Revenues **by project type**: (*Percentages should add to 100%.)* | | | | |
|  | **Project Type** | **Percentage of Total Gross Revenues** | **Project Type** | **Percentage of Total Gross Revenues** | |
|  | Airports | % | Hotels, motels | % | |
|  | Apartment buildings | % | Landfills, toxic or hazardous waste sites | % | |
|  | Arenas, sports complexes, stadiums, theatres | % | Manufacturing process systems | % | |
|  | Asbestos, lead, mould, & radon abatement | % | Mines, quarries | % | |
|  | Bridges, trestles\* | % | Nuclear facilities | % | |
|  | Civil or site development – non-residential | % | Office buildings, warehouses, retail stores, malls, banks | % | |
|  | Civil or site development – residential | % | Oil and gas well locations | % | |
|  | Commercial high rise > 15 stories | % | Parks, playgrounds | % | |
|  | Condominiums – Commercial | % | Refineries (oil & gas), pipelines, storage tanks, chemical plants | % | |
|  | Condominiums – Mixed Use | % | Roads, highways, transit | % | |
|  | Condominiums – Residential | % | Single family homes | % | |
|  | Cooperatives | % | Swimming pools | % | |
|  | Custom homes | % | Townhomes | % | |
|  | Docks, harbours, piers, ports | % | Tunnels, dams, levees | % | |
|  | Educational – schools, colleges, universities | % | Utilities (sewer, water, power generation or distribution) | % | |
|  | Feasibility studies | % |  |  | |
|  | Hospitals, healthcare, assisted living facilities | % | Other *(specify)* | % | |
|  | \*Complete the ***Detailed Supplemental Application - Bridges****.* | | | | |
| 13. | Has the Applicant performed services for a condominium project (residential or mixed-use), cooperative, or custom home in the past 3 years, or is expected to in the next 12 months? | | | | Yes  No |
|  | *If “Yes”, complete the* ***Detailed Supplemental Application - Residential****.* | | | | |

**RISK MANAGEMENT AND INSURANCE INFORMATION**

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| --- | --- | --- | --- | --- | --- |
| 14. | For the most recently completed fiscal year, what percentage of projects was performed using some form of written contract or agreement? | | | | % |
| 15. | Is a limitation of liability provision incorporated into all of the Applicant’s contracts and agreements? | | | | Yes  No |
|  | *If “No”, describe what steps the Applicant takes to protect itself against unfavourable contract language.* | | | | |
|  |  | | | | |
| 16. | a. Does the Applicant use a written contract with all subconsultants? | | | | Yes  No |
|  | b. Does the Applicant require all subconsultants to carry professional liability insurance? | | | | Yes  No |
|  | *If part a. or b. is answered “No”, attach an explanation.* | | | | |
| 17. | What percentage of projects have been subject to fee disputes resulting in a lawsuit brought against any client in the past 5 years? | | | | % |
| 18. | | **Coverage Requested** | **Requested Limit** | **Requested Retention** | |
|  | | Design Professional Liability | $      per Claim  $      aggregate | $      per Claim | |

**WARRANTY AND loss information**

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| 19. | Solely as respects any higher limits requested or that may ultimately be issued for the proposed insurance, is the Applicant or any person proposed for this insurance aware of any fact, circumstance, situation, event, or act that reasonably could give rise to a claim against them under the Liability Coverage for which the Applicant is applying? | Yes  No |
|  | *If “Yes”, attach an explanation.* | |
|  | *As respects the information required to be disclosed in response to the questions above, the proposed insurance will not afford coverage for any claim arising from any fact, circumstance, situation, event or act about which any executive officer of t*he Applicant *had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event or act prior to the issuance of the proposed policy*. | |
| 20. | Has the Applicant or any person or entity proposed for this insurance been: (i) a party to any professional liability claims; (ii) a party to any disciplinary actions; or (iii) cited by any regulatory agency or professional association; during the past 5 years? | Yes  No |
|  | *If “Yes”, attach a description of the details including date, nature of claim, amount paid for defence, amount sought or paid for damages, whether covered by insurance, corrective procedures implemented, and current status.* | |

**REQUIRED ATTACHMENTS**

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| --- | --- |
| 21. | As part of this Application, submit the following information: |
|  | a. Updates on any new claim developments for all professional liability claims previously reported to another insurance carrier. |
|  | b. Copy of any revised standard contracts and services agreement letters used with clients. |
|  | c. Details of any new project specific or joint venture insurance policies currently in force with another insurance carrier. |
|  | *These documents, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to Travelers by the Applicant or are obtained by Travelers from any public source, including the Internet.* |

SIGNATURE AND PRIVACY CONSENT

1. The undersigned Authorized Representative represents that to the best of their knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application and all attached Coverage Section Applications, including Supplemental Applications (collectively, “the Application”), are true and complete, and may be relied upon by Travelers Insurance Company of Canada as the basis for providing insurance. The Applicant will notify Travelers Insurance Company of Canada of any material changes to the information provided. This Application, including any requested or submitted information, will be deemed attached to and form a part of any policy issued.

2. The undersigned Authorized Representative hereby consents to the collection, use, and disclosure of:

a. the undersigned’s personal information; or

b. the personal information of a third party (such as a family member, director, officer, or employee); and the undersigned represents they have obtained that person’s consent to such collection, use, and disclosure in accordance with Travelers Insurance Company of Canada’s Privacy Policy\*;

in the ordinary course of business:

(1) for the purposes of underwriting bonds, policies of insurance, and all other related insurance products offered by Travelers Insurance Company of Canada and all related documentation, bond, or policy management (which includes: handling customer complaints; any activities associated with extensions, renewals, substitutions, and modifications of such bond or policy of insurance; and claims administration); or

(2) by and to its affiliates, reinsurers, legal advisors, other financial institutions, regulatory bodies, and any third party deemed necessary by Travelers Insurance Company of Canada.

*\*Travelers Insurance Company of Canada’s Privacy Policy is available online at* [*www.travelerscanada.ca*](http://www.travelerscanada.ca/privacy.aspx)*. If you have any questions about our Privacy Policy, contact our Privacy Officer at 1.800.268.8447 or 416.362.7231.*

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| Authorized Representative Signature\*:  (Principal, Officer, or Shareholder)  X | Authorized Representative Name and Title | Date: (dd/MON/yyyy) |

\*If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

Electronic Signature and Acceptance – Authorized Representative