



ENCON Group Inc.
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Application

Errors and Omissions Insurance for Engineering and Architectural Technicians and Technologists

Submitting Broker, please complete the following to assist us in processing this submission:

Name of Brokerage: _____

Name of Broker Contact: _____

Brokerage Address: _____ City: _____ Postal Code: _____

For renewal purposes only: Policy Number: _____ ISN (Client's Number): _____

THE APPLICANT

1. Name of Firm: _____

If more than one legal entity, please indicate the relationship between each: _____

(Please note that an insurance policy cannot be shared unless there is a financial interest.)

2. Website Address (if applicable): _____

3. Address: _____

4. Location of Branch Offices: _____

5. Date operations began: _____

PLEASE PROVIDE A COPY OF COMPANY BROCHURE.

6. FOR ARCHITECTURAL TECHNOLOGISTS OR TECHNICIANS

Please indicate the percentage of gross consulting fees:

Services	Percentage	Services	Percentage
Services not resulting in construction	_____	Recreational projects	_____
Residential projects (private)	_____	Institutional projects	_____
Residential projects (multi-unit)	_____	Commercial projects	_____
Industrial projects	_____	Other (specify)	_____

TOTAL 100%

Please provide details regarding the above services: _____

7. FOR **ENGINEERING TECHNOLOGISTS OR TECHNICIANS**

Please indicate the percentage of gross consulting fees:

Services	Percentage	Services	Percentage
DISCIPLINES			
Mining/Metallurgical	_____	Civil	_____
Forest Resources	_____	Industrial Process	_____
Mechanical	_____	Electrical	_____
Structural	_____	Material Testing	_____
Soils	_____	Surveying	_____
Electronics	_____	Other (specify)	_____
TOTAL 100%			

Services	Percentage	Services	Percentage
PROJECTS			
Buildings (excluding industrial)	_____	Light civil (roads)	_____
Industrial, oil and gas	_____	Marine	_____
Municipal (water, sewage, etc.)	_____	Heavy Civil (bridges, dams, tunnels)	_____
Other (specify)	_____		
TOTAL 100%			

Please provide details regarding the above services: _____

8. Please complete the following for each individual in your firm:

Name	(a) Partner (b) Sole Practitioner (c) Employee (d) Other	% of Ownership in firm	Degree	Institution	Year of Graduation	Province in which registered to practice
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

PLEASE PROVIDE RESUMÉS OF THOSE INDIVIDUALS LISTED ABOVE.

9. Are there any engineers or architects on staff? Please note that the coverage applied for does not extend to services rendered in the professional capacity of these individuals. YES NO

10. Please indicate the Applicant's gross annual revenue: \$ _____

11. Revenue Breakdown:

	Last 12 Months/ Fiscal Year	Anticipated Next 12 Months/ Fiscal Year
Gross revenue	_____	_____
Fees paid to subconsultants	_____	_____
Fees emanating from projects and joint ventures separately insured (provide details)	_____	_____
Revenues derived from "construction activities" mentioned in question 16	_____	_____
TOTAL	_____	_____

12. Does the Applicant belong to any related association? YES NO

If yes, please list such associations: _____

13. Does the Applicant provide services or perform activities outside Canada or for clients who are located outside Canada? YES NO

If yes, please provide full details for our review and acceptance, and indicate the services provided as well as the location and the gross annual fees or income from the past year and anticipated for the next year.

14. Does the Applicant or any related company engage in or enter into contracts wherein they assume responsibility for actual decommissioning, remediation, cleanup, removal, containment, detoxification or neutralization of any property, pollutants or contaminants? YES NO

15. Does the Applicant wholly or partly own, manage or otherwise control any other firm or organization (whether directly or indirectly) or is the Applicant wholly or partly owned, operated, managed or otherwise controlled by any other person, firm or organization (whether directly or indirectly)? YES NO

If yes, please describe any interrelationship.

16. Does the Applicant or any related company engage in any actual construction, installation, erection, manufacture, fabrication or assembly? YES NO

If yes, please provide details.

17. Does the Applicant or any related company perform any residential property inspections? YES NO

If yes, please provide the percentage of gross annual revenues derived from these services: _____%

INSURANCE COVERAGE - If you are renewing your policy with ENCON, do not complete this section.

18. (a) Has the Applicant ever previously purchased professional liability or errors and omissions insurance? YES NO

(b) If yes, please provide the following details for the last three years:

Insurer	Policy Period	Expiring Premium	Limit	Deductible
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

(c) With respect to (b) above, please indicate if such coverage was offered on an occurrence basis or claims-made basis: _____

If claims-made, what was the retroactive date of the policy (dd/mm/yyyy)? _____

19. Has insurance coverage ever been declined or cancelled or the renewal thereof been refused? YES NO

If yes, please provide details.

LOSS EXPERIENCE - If you are renewing your policy with ENCON, do not complete this section.

20. (a) With respect to the coverage applied for by this application, has the Applicant or any of their employees ever been the recipient of any allegations/claims? YES NO

(b) Is the Applicant or any of their employees aware of any facts, circumstances or situations which may reasonably give rise to a claim, other than as advised above? YES NO

If yes, please provide details.

WITHOUT LIMITATION OF ANY OTHER REMEDY AVAILABLE TO THE INSURERS, IT IS AGREED THAT, IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

LIMITS REQUESTED

21. Per claim: \$ _____ Per policy period: \$ _____ Deductible: \$ _____

Please note that the proposed insurance will be effective at a date determined by the insurers.

APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to ENCON Group Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize ENCON Group Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on ENCON's privacy policy, please contact privacy-officer@encon.ca.

DECLARATIONS AND SIGNATURE

The undersigned Applicant for this insurance declares that, to the best of their knowledge and belief, the statements set forth herein are true and correct, and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The undersigned agrees that, if any significant change in the condition of the Applicant is discovered between the date of this Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to the Insurance Manager.

Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant further agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will become part of the policy.

Name of Applicant (please print)

Signature of Applicant

Date (dd/mm/yyyy)



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Addendum

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DECLARATION AND SIGNATURE

The undersigned Applicant for this insurance declares that the Design-build exclusion, contained in the policy wording and as printed below, has been explained and confirms it is understood.

Name of Applicant (please print)

Signature of Applicant

Applicant's Position

Date (dd/mm/yyyy)

Design-build

CLAIMS resulting from services rendered by the INSURED where actual construction, erection, fabrication, installation, assembly, manufacture thereof, is also performed by or on behalf of the INSURED or by or on behalf of an associated business enterprise in which the INSURED either directly or indirectly has an interest, or that directly or indirectly has an interest in the INSURED.