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# Application

## Errors and Omissions Insurance and Commercial General Liability Insurance for Design Services, Interior Designers, Design Project Managers and Design Builders

**THIS APPLICATION IS NOT INTENDED FOR USE BY PERSONS PROFESSIONALLY LICENSED OR QUALIFIED AS PROFESSIONAL ENGINEERS OR ARCHITECTS.**

**THIS APPLICATION IS INTENDED FOR COMPLETION BY PERSONS/FIRMS WHO ARE QUALIFIED AS ARCHITECTURAL OR ENGINEERING TECHNICIANS/TECHNOLOGISTS, BY INTERIOR DESIGN FIRMS WHOSE PRIMARY BUSINESS IS DESIGN AND BY PROJECT MANAGERS (PMP).**

**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): \_\_\_\_\_

Please provide:

- (a) detailed résumés for all principals, partners and professionals who perform professional services (this should include education/qualifications and professional experience);
- (b) a copy of a standard contract;
- (c) promotional literature/brochures.

### THE APPLICANT

1. Name of Applicant/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. Address: \_\_\_\_\_

3. Website Address (if applicable): \_\_\_\_\_

4. Location of branch offices (if any): \_\_\_\_\_

5. Date operations began: \_\_\_\_\_

6. Describe all operations and services: \_\_\_\_\_

7. Does the Applicant provide services or perform activities outside Canada or for clients who are 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.

8. Please complete the following for each individual in the Applicant's firm and provide résumés for the persons providing professional services:

Name	(a) Partner (b) Sole Practitioner (c) Employee (d) Other	% of Ownership in Firm	Degree	Year of Graduation	Province in Which Licensed to Practice
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If additional space is required, please provide a separate page with the above information.

9. Are there any engineers or architects on staff? YES  NO

Please note that coverage applied for does not extend to services rendered in the professional capacity of these individuals.

10. Does the Applicant or any related company purchase and resell products? YES  NO

If yes, what is the percentage of the Applicant's overall revenues: \_\_\_\_\_%

11. Is the Applicant a member in good standing with the Canadian Construction Association (CCA)? YES  NO

12. Please provide the professional associations to which the Applicant belongs: \_\_\_\_\_  
\_\_\_\_\_

13. (a) When undertaking design-build activities, the design is performed:

- In-house  
 By a professional architectural/engineering subconsultant  
 By an affiliated company in direct contract with the owner/client  
 Other (please specify): \_\_\_\_\_

- (b) The construction is performed:

- In-house  
 By subcontract to a contracting firm which is a member in good standing with the CCA  
 By an affiliated company in direct contract with the owner/client  
 Other (please specify): \_\_\_\_\_

14. (a) Annual gross revenues (this must be completed): \$ \_\_\_\_\_

- (b) Fees where the Applicant designs and constructs from their own design and provides full technical support:  
\$ \_\_\_\_\_

- (c) Fees where the Applicant constructs and provides full technical supervision:  
\$ \_\_\_\_\_

(d) Fees where the Applicant provides only design services and/or technical supervision:

\$ \_\_\_\_\_

15. Please indicate the percentage of total construction values derived from the following project types:

	Design Only	Design and Construction
(a) Water and sewage systems	_____ %	_____ %
(b) Bridges, tunnels and dams (describe length and use on a separate sheet)	_____ %	_____ %
(c) Petrochemicals, refineries, fertilizer, ammonia, urea plants (describe type of work done on a separate sheet)	_____ %	_____ %
(d) Hospitals, schools, municipal buildings or nursing homes	_____ %	_____ %
(e) Churches, religious or other eleemosynary buildings	_____ %	_____ %
(f) Industrial buildings	_____ %	_____ %
(g) Commercial buildings	_____ %	_____ %
(h) Private dwellings, apartments, condominiums	_____ %	_____ %
(i) Parking	_____ %	_____ %
(j) Other (please specify)	_____ %	_____ %
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>

16. 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

17. 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.

**18. FOR PROJECT MANAGERS**

**If the Applicant is providing services as a Project Manager for guidance/supervision to implement a project, please complete the following section.**

**If the Applicant is acting as a Project Manager procuring labour and/or materials and/or directing hands-on construction work, do not complete this application but refer to ENCON.**

(a) Does the Applicant retain the services of a design firm? YES  NO

(b) If a new Applicant, please provide a list of the three largest projects completed in the Applicant's capacity as a project manager during the past five years using the following format and provide a company brochure.

Name of Project	Brief Description
_____	_____
_____	_____
_____	_____

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

19. (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)? \_\_\_\_\_

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

If yes, please provide details.

### KNOWLEDGE OF PRIOR ERRORS AND OMISSIONS CLAIMS

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

21. (a) In the past, has the Applicant or any of their employees ever had a claim or been the recipient of any allegations of professional negligence in writing or verbally? 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.

### ERRORS AND OMISSIONS COVERAGE REQUESTED

22. Please indicate the limits for which quotes are required:

- \$500,000 per claim/\$1,000,000 aggregate
- \$1,000,000 per claim/\$1,000,000 aggregate
- \$2,000,000 per claim/\$2,000,000 aggregate
- \$5,000,000 per claim/\$5,000,000 aggregate
- Other (please specify) \$ \_\_\_\_\_

### COMMERCIAL GENERAL LIABILITY – Complete this section only if you require a CGL quotation.

23. What is your current policy renewal date? \_\_\_\_\_

24. Please list your present insurer and policy number: \_\_\_\_\_

25. (a) Location of premises:

- (i) \_\_\_\_\_
- (ii) \_\_\_\_\_
- (iii) \_\_\_\_\_

(b) Fully describe operations at each location and if rented/leased to others:

- (i) \_\_\_\_\_
- (ii) \_\_\_\_\_
- (iii) \_\_\_\_\_

26. What type of work is sublet? \_\_\_\_\_

27. Are subcontractors required to carry liability insurance and submit liability certificates? YES  NO

28. Are all employees covered by Workers' Compensation? YES  NO

29. Watercraft Exposure

Do you own, charter or lease any watercraft? YES  NO

If yes, please provide details on the ownership, use and type of watercraft: \_\_\_\_\_

\_\_\_\_\_

30. Do you charter, rent or lease any aircraft? YES  NO

31. Do you engage in any of the following operations?

- |   |  |
|---|--|
| <input type="checkbox"/> demolition or wrecking | <input type="checkbox"/> use of explosives                                   |
| <input type="checkbox"/> shoring                | <input type="checkbox"/> raising or moving                                   |
| <input type="checkbox"/> underpinning           | <input type="checkbox"/> tunnelling  |
| <input type="checkbox"/> caisson work           | <input type="checkbox"/> welding or torch cutting (on premises/off premises) |
| <input type="checkbox"/> excavation             |  |

If yes, please provide details of work undertaken: \_\_\_\_\_

32. (a) Check coverage if required:

- |   |                 |
|---|-----------------|
| <input type="checkbox"/> Tenants' Legal Liability       | Limit: \$ _____ |
| <input type="checkbox"/> Non-owned Automobile Liability | Limit: \$ _____ |
| <input type="checkbox"/> Employee Benefits Liability    | Limit: \$ _____ |
| <input type="checkbox"/> Forest Fire Fighting Expenses  | Limit: \$ _____ |

(b) Non-owned Automobile Liability

If non-owned automobile liability is required, please respond to the following questions:

(i) Please indicate the number of employees who regularly drive their own vehicle on company business:

\_\_\_\_\_

(ii) Please indicate the approximate number of "rental days" in the next 12 months that your employees will rent a vehicle (short term) for the purpose of conducting company business in:

Canada: \_\_\_\_\_ United States: \_\_\_\_\_

(iii) Please indicate the typical type of vehicle rented: \_\_\_\_\_

and the typical value per rented vehicle: \_\_\_\_\_

33. Please indicate the limits for which quotes are required:

- \$1,000,000 per occurrence/\$1,000,000 aggregate
- \$2,000,000 per occurrence/\$2,000,000 aggregate
- \$5,000,000 per occurrence/\$5,000,000 aggregate
- Other (please specify) \$ \_\_\_\_\_

34. Please provide claims experience for the last three years showing date, bodily injury, property damage and amount paid or outstanding (use back of form or separate sheet).

35. Has any insurer cancelled, declined or refused to renew or issue insurance of the type applied for? YES  NO

If yes, please provide details: \_\_\_\_\_

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## **EMPLOYMENT PRACTICES**

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ENCON offers optional coverage for Employment Practices Wrongful Act Liability, subject to a sublimit of \$250,000 per claim and in the aggregate. Please indicate if you wish to receive more details and a quotation for this coverage. YES  NO

Answer the questions in 36 only if this is the first time you are applying for the Employment Practices Wrongful Act Liability coverage extension endorsement.

36. (a) In the past three years, has the Applicant had or does the Applicant presently have any employment-related disputes including but not limited to: complaints, charges, arbitrations, litigation, human rights complaints or other administrative proceedings or negotiated settlements, concerning issues related to hiring, termination, promotion, negligent evaluation, misrepresentation, discrimination, harassment, defamation, discipline or retaliation? YES  NO

(b) Is the Applicant aware of any facts or circumstances that may result in an employment-related claim being made against the Applicant? YES  NO

If the answer to any of the questions in 36 is yes, please provide details below, including dates, names, amount claimed, nature of claim, total amounts paid, reserves and insurer(s) involved.

Without limitation of any other remedy of the insurers, it is agreed that, if the answer yes is given to either of the questions in 36, any claim arising from the facts or circumstances reported therein are excluded from coverage.

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

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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](mailto:privacy-officer@encon.ca).

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## **DECLARATIONS AND SIGNATURE**

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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 further 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 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.

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Name of Applicant (please print)

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Signature of Applicant

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Date (dd/mm/yyyy)