Application for Registered Person Errors and Omissions Insurance for Breach of the *Ontario Building Code*

This insurance is offered to unaffiliated designers that need the minimum insurance required by the regulations to the **Ontario Building Code Act, 1992**.

This insurance does not constitute full errors and omissions insurance, but is limited to required coverage for breaches of the **Ontario Building Code** Act, 1992 or the **Ontario Building Code** arising from Design Activity(ies)*.

*Design Activity(ies) are defined as:

- a) the submission to a Chief Building Official of a building design (including plans, specifications, sketches, drawings or graphic representations respecting the construction of a building);
- b) the provision of information or opinions to a Chief Building Official required under the *Ontario Building Code Act*, 1992, or the Regulations thereunder, providing such is in connection with:
 - i) an application for a permit;
 - a request for authorization referred to in subsection 8(12) or (13) of the *Ontario Building Code Act*, 1992; or
 - iii) the creation of a report if a general review of the construction of a building or part of a building is required by the *Ontario Building Code*

(Where space provided is insufficient for complete answers, add answers by way of schedules to this application, clearly labelling them as such).

| | pplicant: | | |
|---------------------------|-------------------------|----------------------|---------------------------------|
| Indicate wh | nether: 🗆 Corporation | □ Partnership □ | ☐ Sole Practitione |
| Trade Nam | e (if any): | | |
| Business A | ddress: | Street | |
| | | Sueet | |
| | Town/City | Province | Postal Code |
| | () Telephone No. | ()Facsimile No. | Email Address |
| Name of Ro <u>Name</u> | egistered Entity and Re | gistered Person(s) a | and BCIN #(s): <u>BCIN #</u> |
| | | | |

| indicate if the Applicant is a m | nember of any Profe | essionai <i>P</i> | Association: |
|---|---|--|---|
| | | Yes □ | l No □ |
| If "Yes", please identify: | | | |
| Indicate the nature of the busin | ness of the Applicar | nt: | |
| ☐ Building d | esign for Part 9 bui | ldings | |
| ☐ Landscape | e Architect | | |
| ☐ Interior De | esigner | | |
| ☐ Other, spe | cify: | | |
| 1 1 | 0 0 | | as a Registered Person: |
| Change" to a plan, spe basis of which a permi- with sufficient detail to authorised such Materia "Material change" sha any product, material o | ecification, docume t was issued unless the Chief Building al Change. Il include but not b r a change in the mo | nt or oth notificated of the limited of the notificated of the notification actual of the notification | ner information on the tion has been provided who has subsequently d to the substitution of construction. |
| provided below: | | | the Design Activity as |
| Financial year ended: | | | |
| | | | Anticipated for next 12 months |
| Fees | | \$ | |
| Construction Values | | \$ | |
| | If "Yes", please identify: Building d Landscape Interior De Other, spe Indicate whether the Applicator part of a building for which a part of a building for which a permit with sufficient detail to authorised such Materia "Material change" sha any product, material of the errors or omissions that Indicate the fees and construction provided below: Financial year ended: Fees | If "Yes", please identify: Building design for Part 9 bui Landscape Architect Interior Designer Other, specify: Indicate whether the Applicant engages in the actor part of a building for which it performs design for part of a building for which it performs design authorised such Material Change. "Material change" shall include but not be any product, material or a change in the many product, material or a change in the many product, material or a change in the many product and construction values attributed below: Financial year ended: /dd /mm / Actual fees for the past 12 month fees | If "Yes", please identify: |

NOTE: The coverage applies to a breach of the *Ontario Building Code* following the date of registration of the Applicant as a Registered Person.

| Yes □ No □ If "Yes", please provide details for each claim/circumstance as follows (separate schedule if necessary): Date of claim/circumstance: Description of claim/circumstance: Amount claimed: Amount of damages paid: Indicate if any insurer has: (i) declined an application or renewal of an errors & omissions insurance Yes □ No □ (ii) cancelled an errors & omissions insurance? Yes □ No □ | After enquiry, has any would have been cov Applicant or any direct | vered by this ir | nsurance (| ever beer | n made aga |
|--|---|-----------------------------------|-----------------------------|------------|--------------------------------------|
| separate schedule if necessary): Date of claim/circumstance: Description of claim/circumstance: Amount claimed: Amount of damages paid: Indicate if any insurer has: (i) declined an application or renewal of an errors & omissions insurance Yes □ No □ (ii) cancelled an errors & omissions insurance? Yes □ No □ | | | | | - |
| Description of claim/circumstance: Amount claimed: Amount of damages paid: Indicate if any insurer has: (i) declined an application or renewal of an errors & omissions insurance Yes No [No [| | | claim/circ | umstance | as follows (u |
| Amount claimed: Amount of damages paid: Indicate if any insurer has: (i) declined an application or renewal of an errors & omissions insurance Yes □ No [(ii) cancelled an errors & omissions insurance? Yes □ No [| Date of claim/circumsta | ance: | | | |
| Amount of damages paid: | Description of claim/ci | rcumstance: | | | |
| Indicate if any insurer has: (i) declined an application or renewal of an errors & omissions insurance Yes □ No □ (ii) cancelled an errors & omissions insurance? Yes □ No □ | Amount claimed: | | | | |
| (i) declined an application or renewal of an errors & omissions insurance $Yes \square$ No [(ii) cancelled an errors & omissions insurance? $Yes \square$ No [| Amount of damages pa | id: | | | |
| Yes \square No \square (ii) cancelled an errors & omissions insurance? Yes \square No \square | Indicate if any insurer h | nas: | | | |
| (ii) cancelled an errors & omissions insurance? Yes □ No [| (i) declined an applicati | on or renewal of | an errors & | & omissio | ns insurance |
| | | | | Yes □ | No 🗆 |
| | (ii) cancelled an errors & | k omissions insur | ance? | Yes □ | No 🗆 |
| If "Yes", please explain: | | | | | |
| Limit each clain | Limits and Deductible a this Application: Fees | available based or Claim Limit | n the fees s | shown in (| question 9 of Deductibl |
| \$0 to \$50 000 \$250 000 \$500 000 \$1 000 | this Application: Fees | Claim Limit | Aggreg | shown in o | question 9 of Deductible each claim |
| \$0 to \$50,000 \$250,000 \$500,000 \$1,000 Between \$50,001 and | Fees \$0 to \$50,000 | Claim Limit | Aggreg | shown in o | question 9 of Deductible each claim |
| \$0 to \$50,000 \$250,000 \$500,000 \$1,000 Between \$50,001 and under \$100,000 \$500,000 \$1,000,000 \$2,500 | Fees \$0 to \$50,000 Between \$50,001 and | Claim Limit \$250,000 | Aggreg Limit \$500,00 | shown in o | Deductible each claim |

DECLARATION

For and on behalf of _____

I/We declare and warrant that after enquiry all statements and particulars contained in this Application and addenda are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Application and should the above particulars alter in any way I/We will advise Underwriters as soon as practicable. I/We understand that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the Application may result in the Underwriters refusing to provide indemnity or voiding the policy in every respect. I/We hereby agree and accept that this Declaration shall be the basis of the contract between both parties if entered into.

| For and on behalf of | |
|--|--|
| | (Name of Applicant) |
| Signature | |
| Name of Signatory | Position: |
| DECLARATION OF UNDERST | ANDING |
| applied for in this application is s | it is understood and agreed that the insurance solely for the a breach of the <i>Ontario Building Code de Act</i> , 1992 in respect of Design Activity(ies). |
| which the <i>Ontario Building Code</i> apply notwithstanding that such information or opinions described | nsurance for any negligent act, error or omission to and/or the <i>Ontario Building Code Act</i> , 1992 do not error or omission may result from the design, d above. No coverage is provided for the submission on for other design consultants, persons or entities. |
| Signature | Name of Signatory |
| Signed at, this | day of, AD 20 |
| Form No. APP1.9.08(OBC) 9/08 | |

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