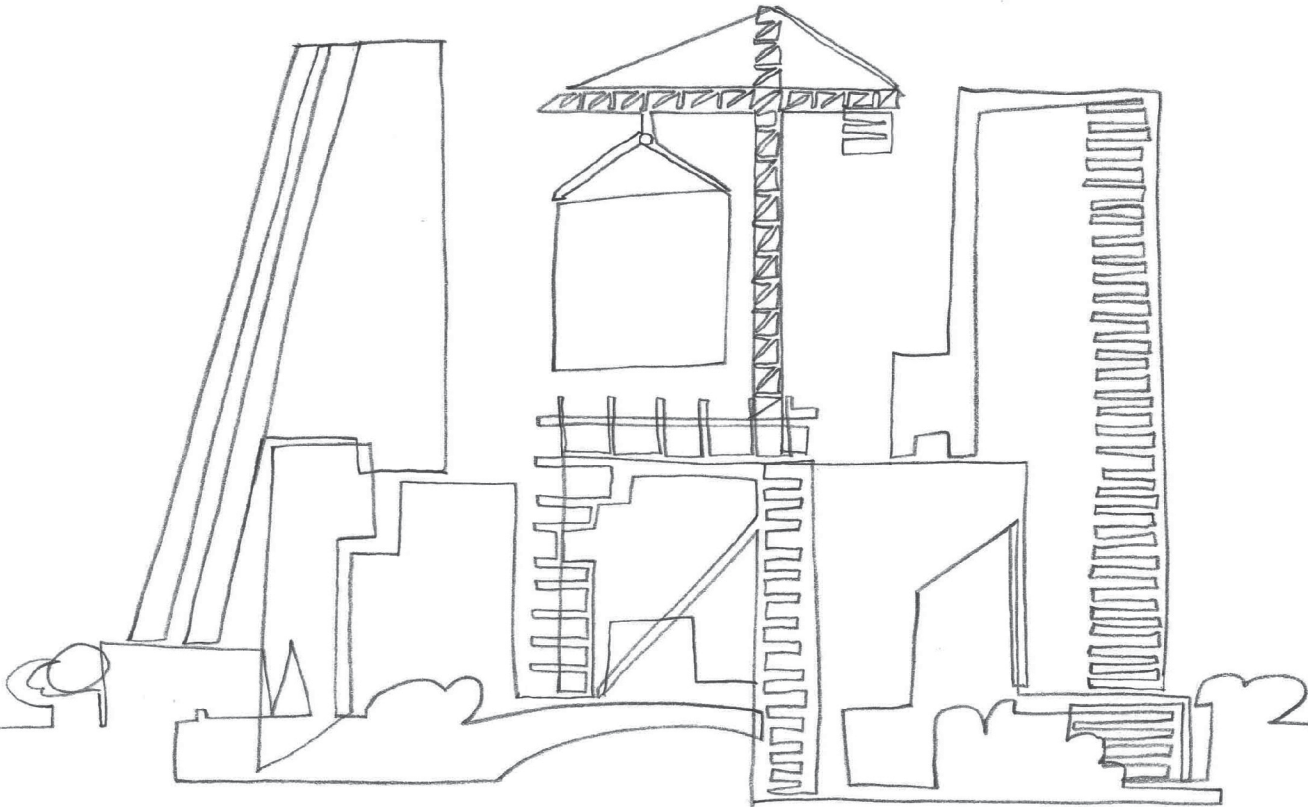


application
form



Beazley Design Build Canada

- All questions must be answered completely; please type or print clearly; if any questions are considered “not applicable”, please explain why.
- If you need more space, continue on a separate sheet and indicate question number.
- Please complete supplements where required.
- This application and all supplement forms must be signed and dated by a principal of the firm.

Firm information

1. a. Name of applicant and business establishment date (please list all entities for which coverage is required):

b. Business establishment date: (dd/mm/yyyy) / /

2. Key contact and/or risk manager:

a. Name:

b. Title:

c. Email:

d. Address:

e. City:

State:

Zip code:

f. Website:

3. Please indicate Limits and Deductible required:

Limit: \$250,000 per Claim / \$500,000 Annual Aggregate
 \$500,000 per Claim / \$1,000,000 Annual Aggregate
 \$1,000,000 per Claim / \$1,000,000 Annual Aggregate

Other Limit: \$

Deductible: \$1,000 \$5,000 \$10,000 \$25,000 Other

4. Company Structure:

Sole Proprietor Corporation Partnership Joint Venture Franchise
 Other

5. Do you have any overseas locations? If ‘Yes’, please provide a list by attachment Yes No



6. During the past five years, has the name of the applicant been changed or has any other business been purchased or any merger or consolidation taken place? Yes No

If Yes, please give full details (including dates):

7. Personnel (please include all staff – professional and non professional):

	Principals	Number
a.	Architects, engineers & other design professionals	
b.	Qualified project managers	
c.	Project/Construction managers	
d.	Others (Construction personnel/Administrative/Clerical)	
e.	Total	

Revenues

8. Please detail your revenues for each of the last 5 financial years and estimates for the current /coming years.

	Last Complete Year – 4	Last Complete Year – 3	Last Complete Year – 2	Last Complete Year – 1	Last Complete Financial Year	Est. for current year	Est. for coming year
Domestic							
Foreign							

9. Please state the countries outside of Canada where you generate revenues and allocate percentage splits to those territories:

10. Please confirm your financial year end date. (dd/mm/yyyy) / /

11. Please provide details of your business activities normally undertaken including any areas of specialty.

12. Of the applicant's gross turnover above, please break down as follows:

		Last financial year	Current financial year
		Construction values	Construction values
a.	Construction contracting only/Design-Bid-Build (No responsibility for professional service inc. design)	\$	\$
b.	Design/Build where you undertake design and other professional services in house.	\$	\$
c.	Design/Build where you subcontract design or other professional services to others whom you are responsible for.	\$	\$
d.	Construction management at risk (turnover)	\$	\$
e.	Construction management agency (Fees)	\$	\$
f.	Fees for stand-alone professional services provided to third parties	\$	\$
g.	Other turnover – Please describe. E.g. Plant hire etc.	\$	\$
h.	Total revenue (Gross) (These figures should equal those in Q6)	\$	\$

Professional services

13. Please detail the split of the applicant's construction activities (as a % of the whole) stating whether the professional services pertaining to such are self-performed or are performed by sub-contractors/consultants.

	%	Professional services Self performed		%	Professional services Self performed
General construction (including architectural work) – new build			Interiors & fit out contracting		
General construction (Including architectural work) – existing structures			Landscape contracting		
Civil engineering contracting			Mechanical contracting (non process)		
Electrical contracting (non process)			Process engineering		
Environmental contracting & remediation			Soil & foundation contracting		
Façade / building envelope systems engineering			Structural contracting		
HVAC Contracting			Other (<i>please state</i>)		

14. Does the applicant provide value engineering, cost reduction and/or constructability review services? Yes No
 If so, please provided details.

15. What percentage (%) of the applicant’s turnover for the last completed year was derived from the following project delivery methods:

Delivery method	% Revenues
Fast track (attach details)	
P3	
Integrated project delivery	

16. a. Is evidence of professional liability insurance required from consultants/contractors undertaking design or other professional services? Yes No
- b. What are the minimum and average limits of professional liability required to be carried by consultants/contractors undertaking design or other professional services?
- | | |
|----------------|----------------|
| Minimum limits | Average limits |
|----------------|----------------|
- c. Do you ensure that written contract terms exist between you and your consultants/contractors undertaking design or other professional services? Yes No
- d. Do you ensure that the contract terms referred to in c. above are ‘back to back’ with the contract you have with your principal? Yes No
- If No to a. c. or d. above, please explain below.

Projects

17. Please indicate types of projects as a percentage of the applicant's gross billings.

Group	Type	%	Group	Type	%
Leisure	Water parks/swimming pools		Commercial	Offices	
	Amusement arcades & casinos			Parking garages	
	Country clubs/Golf courses			Shopping centres & retail	
	Hotels, motels or resort properties		Industrial	Ethanol plants	
	Theatres/museums/cinemas			Mines and quarries	
	Sports facilities, gymnasiums, stadia			Bulk handling/hoppers/silos	
Power & energy generation	Nuclear/atomic facilities			Petrochemical (no ethanol)	
	Energy from waste			Warehouses	
	Biomass			Manufacturing facilities	
	Windfarms		Infrastructure	Airports	
	Solar			Harbours, jetties, docks, piers	
	Oil, gas & coal			Water & sewerage systems	
Residential	Apartments and other multi unit residential			Roads & highways	
	Condominiums (see Q17 below)			Light rail/metro	
	High value homes			Heavy rail	
	Single family residential			Power distribution	
Municipal & institutional	Hospitals/healthcare			Pipelines	
	Schools, colleges & education		Telecommunications		
	Retirement homes or convalescent hospitals		Dams & reservoirs		
	Religious facilities		Bridges & tunnels		
			Other		

18. In the past 5 years has your firm, a predecessor firm or any other insured provided services on residential condominium or townhouse projects? Yes No

If Yes, please provide details and complete the following:

Total number of condominium/townhouse projects?

Approximate total construction values? \$

19. List of five largest projects in the last three years:

Project name/ Client	Nature and type of project	Total construction value	Value of applicant's contract	Start date & completion date	Services provided

Financial and related interests

20. During the past twelve months, has the applicant or any subsidiary, parent or other organization related thereto, been engaged in:
- | | | |
|---|-----|----|
| a. Manufacture, sale, leasing or distribution of any proprietary product, process or patented production process. | Yes | No |
| b. Design of a building, component or system which might be used on more than one project. | Yes | No |
| c. Real estate development. | Yes | No |
21. Has the applicant entered into any joint venture? Yes No
 If Yes, please detail joint ventures in which the applicant participates by attachment.
 Is joint venture coverage required? Yes No
 Does the applicant obtain evidence of their JV partner’s professional liability and/or contractors pollution liability insurance? Yes No
 If No, please explain.
22. Does the applicant or any principal have any financial interest in any projects or clients for which it has provided professional services? Yes No
 If Yes, please provide details by attachment.

Current insurance information

23. Please provide a copy of the applicants’ current policy for which coverage is being requested and provide the following details regarding the applicant’s professional liability, pollution legal and general liability Insurance coverage for the most current year:

Professional liability:

Policy period	Insurer	Limits	Deductible/Retention	Premium	Retro date

Contractors pollution liability:

Policy period	Insurer	Occurrence or claims made	Limits	Deductible/Retention	Premium	Retro date

Commercial general liability:

Policy period	Insurance company	Occurrence or claims made	Limits	Deductible/Retention	Premium



Claim and circumstance information

24. Have any of the applicant's principals, partners, directors or officers ever been subject to disciplinary action by authorities as a result of their professional activities? Yes No

If Yes, please provide details:

25. Has any application for professional liability Insurance made on behalf of the firm, any predecessor(s) in business or present partners in a prior firm ever been declined or has the insurance ever been cancelled or renewal refused? Yes No

If Yes, please give details:

26. Has any claim or legal action been brought against the applicant, its predecessor(s) or any past principal, partner, director, or officer in the past ten (10) years? Yes No

If Yes, please provide details by attachment.

27. After inquiry, is the applicant, its predecessor(s) or any other person or entity for which coverage is requested aware of any act, error, omission or circumstance (including, but not limited to any unresolved job dispute, fee disputes or accident) which may possibly result in a claim being made against them? Yes No

If Yes, please provide details by attachment.

28. Please provide details of any open claims under your CGL policy (including products completed operations) and or any closed claims with a total incurred exceeding \$100,000 (including expenses, indemnity and your deductible)

If none, please tick None

29. Do you have any pending dispute concerning the payment of fee's to the firm for services rendered? Yes No

Notice Concerning Personal Information

By purchasing insurance from Beazley Canada Limited, a customer provides Beazley with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law.

For the purposes identified above, personal information may be disclosed to Beazley's related or affiliated companies and service providers.

Further information about Beazley's personal information protection policy may be obtained by contacting their privacy officer at 416-601-2155.

Warranty Statement

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. The undersigned also warrants that they have not suppressed or misstated any material facts.

If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants he or she will immediately report such changes to the Insurer.

Signing of this Application does not bind the undersigned to purchase this insurance, nor does it bind the Insurer to complete this insurance. However, should the Insurer bind and issue a policy, this Application shall serve as the basis of such contract and will be attached to and form part of the policy.

Signature

I understand the information submitted herein becomes part of the application for professional liability insurance and is subject to the same representations and conditions.

Signature:

Print name:

Position held (Owner, partner, authorized officer):

Title:

Date: / /



Addendum

Risk management

1. Does the applicant have a written in house quality control procedure? Yes No

2. Do client deliverables undergo an internal peer review? Yes No
 If Yes, please describe:

3. Does the applicant perform project file audits on a routine basis? Yes No
 If Yes, please describe:

4. Has the applicant participated in a peer review program? Yes No
 If Yes, please describe and provide the date(s) of the review:

5. What percentage (%) of the applicants' professional services are performed under the following contract types:

Professional association contract		%
Firm's standard agreement		%
Firm's letter agreement		%
Client drafted agreement		%
Purchase orders		%
Verbal agreements		%

6. Are all non-standard agreements reviewed by applicant's legal counsel or insurance broker before they are executed? Yes No
 Please explain:

7. What percentage (%) of the applicant’s contracts include a waiver of consequential damages? %
8. What percentage (%) of applicant’s contracts use limitation of liability provisions, where the firm’s liability is limited to: %
- a. A specific dollar amount which is less than the applicants’ insurance limit? %
 - b. A specific dollar amount equal to the applicants’ insurance limit? %
 - c. Other, please explain:
9. Does the applicant have:
- | | | |
|--|-----|----|
| An in house continuing education program for professional employees? | Yes | No |
| Procedures to evaluate and screen potential new clients? | Yes | No |
| Procedures for monitoring and collecting outstanding fees? | Yes | No |

Environmental liability information

10. Does applicant want their quote to include the following environmental liability enhancements?
- | | | |
|--|-----|----|
| a. Contractors microbial condition liability | Yes | No |
|--|-----|----|
- If Yes, please answer the following:
- | | | |
|---|-----|----|
| i. Does your firm have written protocols/procedures that specifically address water intrusion events? If ‘yes’, please provide a copy. | Yes | No |
| ii. Does your firm have written protocols/procedures that specifically address discovery of microbial conditions? If ‘Yes’, please provide a copy. | Yes | No |
| iii. Are water intrusion and microbial condition protocols/procedures communicated to subcontractors? | Yes | No |
| iv. Are training programs in place to address water intrusion and microbial conditions. | Yes | No |
| v. Are subcontractors required to carry microbial condition/mold coverage? If ‘Yes’, please provide identify limits and trade. | Yes | No |
| vi. Percentage of services that are involved in new construction, if applicable: | | % |
| vii. Percentage of services that are involved in restoration services, if applicable: | | % |
| viii. Are hand over protocols/communication procedures in place that address prevention of microbial conditions (regarding the proper operation of heating, ventilation and air-conditioning (HVAC) systems and what to do in the event of leaks or other water intrusion events and the importance of maintaining internal conditions that do not favor microbial conditions)? | Yes | No |
| ix. Details of any past or potential water intrusion/microbial condition/mold claims/incidents including lessons learned (if appropriate). | | |

- | | | | |
|----|--|-----|----|
| b. | Transportation pollution liability | Yes | No |
| | If Yes, please answer the following: | | |
| i. | Do you transport or subcontract the transportation of any Hazmats that require a license or DOT placarding/liquids in bulk? | Yes | No |
| | If Yes, please provide additional details. | | |
| | | | |
| c. | Non owned disposal site pollution liability)? | Yes | No |
| | If Yes, please answer the following: | | |
| i. | Does the applicant dispose or subcontract the disposal of any waste other than construction/demolition/municipal type waste? | Yes | No |
| | If Yes, please provide additional details. | | |