



PLEASE NOTE: THIS APPLICATION IS PART OF THE POLICY THAT THE INSURER WILL ISSUE.

- ✓ Answer all of the questions.
- ✓ If any do not apply to your situation, indicate this by writing "Not Applicable".
- ✓ Attach any document that pertains to the review of your file.

SECTION 1: APPLICANT INFORMATION

Name of Applicant: _____

(If Partnership or Corporation, show complete firm name)

Business Type (Partnership, Corporation, etc): _____

Contact Name: _____

Phone Number: _____

Fax Number: _____

Email: _____

In Business Since: _____

Full Mailing Address: _____

SECTION 2: DESCRIPTION OF YOUR PROFESSIONAL ACTIVITIES

2.1 Indicate Applicant's Technician and Technology Activities by Discipline (TOTAL MUST EQUAL 100%):

Discipline	Percentage (TOTAL MUST EQUAL 100%)
Bioscience:	%
Building (except Pre-purchase building inspections, estimations and evaluation):	%
Pre-purchase Building inspections, estimations and evaluation:	%
Chemical:	%
Civil:	%
Electrical and Electronics:	%
Forestry:	%
Geomatics:	%
Instrumentation:	%
Industrial:	%
Information Technology:	%
Mechanical:	%
Mineral Resources:	%
Petroleum/Geosciences:	%
Construction Surveying (including Quantity Surveying):	%
Other:	%
If there are additional activities please describe: _____	
Total:	100 %

2.2 Please describe your professional practice: _____

2.3 Is the applicant controlled by, associated with, operated by, managed by or a member of another firm? YES NO

If "YES", explain: _____

2.4 Does the Applicant or subsidiary, parent or otherwise related entity engage in any type of Aircraft, Nuclear or Marine Technology? YES NO

2.5 Information on any individual (including yourself) working for the Applicant (ATTACH ADDITIONAL PAGES IF NECESSARY):

Surname and Given Name	Job Title for Insured Party	Provincial Member #	Designation Held

2.6 Please describe the five (5) most significant projects carried out during the last ten (10) years. Include an explanatory brochure if one is available (ATTACH ADDITIONAL PAGES IF NECESSARY):

1: _____

2: _____

3: _____

4: _____

5: _____

2.7 Indicate your income for each of the following categories:

Category	Actual Income (LAST 12 MONTHS)	Projected Income (NEXT 12 MONTHS)
Technical Consulting:	\$ _____	\$ _____
Plans and Estimates:	\$ _____	\$ _____
Appraisals, Analyses:	\$ _____	\$ _____
Training, Instruction:	\$ _____	\$ _____
Pre-purchase Building Inspections:	\$ _____	\$ _____
Project Management:	\$ _____	\$ _____
Site Surveillance:	\$ _____	\$ _____
Equipment Inspections:	\$ _____	\$ _____
Design:	\$ _____	\$ _____
Sale or Distribution of Products:	\$ _____	\$ _____
Construction and/or Quantity Surveying :	\$ _____	\$ _____
Information Technology Services:	\$ _____	\$ _____
Others (<i>Explain</i>): _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____
Income derived from assigning work to Subcontractors:	\$ _____	\$ _____
Income Earned Outside of Canada (<i>Specify Country</i>):	\$ _____	\$ _____

2.8. Please answer the following question if you sell or distribute products:

- A. Are you manufacturing the products being sold / distributed? YES NO
- B. Are the products manufactured in Canada or the US? YES NO
- C. If "NO", where are they manufactured? _____
- D. Are you modifying, or installing the products in any way? YES NO

2.9 Please answer the following questions if you assign work to subcontractors:

- A. Who is signing off on the work assigned to your subcontractors? APPLICANT SUBCONTRACTOR
- B. If subcontractors sign-off on their work, do you confirm that they maintain E&O insurance? YES NO

2.10 Does the Applicant or subsidiary parent or otherwise related entity engage in manufacturing, building, construction, assembly or installation of any products? YES NO

2.11 Are you involved in any of the following:

- A. Environmental Studies & Reports? YES NO
- B. Environmental Testing, Sampling or Monitoring Environmental Remediation? YES NO

If "YES" please provide details: _____

2.12 Is the applicant involved with environmental site assessments and site remediation? YES NO

2.13 Is the applicant providing professional services to the Oil & Gas Industry? YES NO

If "YES", please provide a description of services: _____

PLEASE NOTE: This policy does not cover the manufacturing, building, assembly or installation of any product. No coverage is provided for the acts that are outside the scope of professional designation - CET, AscT, Ctech and P.Tech(Eng.). Contact PROLINK at 1 800 663 6828 or email CCTT@PROLINK.insure if you are engaged in any of these activities. We can assist you in obtaining coverage for your business outside of this program.

SECTION 3: PREVIOUS INSURANCE AND CLAIMS

3.1 Details about your previous commercial general liability or professional liability insurance policies:

Insurer	Policy No.	Period (From YY/MM/DD to YY/MM/DD)		Limit	Deductible
		From	To		
		From	To		
		From	To		

3.2 To the Applicant's knowledge, has an insurance company ever refused to insure or renew his/her general civil liability or professional liability insurance or that of his/her partners, current officers, or any business predecessors or past partners or officers? YES NO

If "YES", explain: _____

3.3 To the Applicant's knowledge, have any claims been filed against him/her, his/her predecessors, partners or current or past officers? YES NO

If "YES", explain: _____

3.4 Is the Applicant aware of any act, error, fault, omission or circumstance that could result in a claim against him/her, his/her business predecessors or against any past or present partner or officer? YES NO

If "YES", explain: _____

IMPORTANT: The policy to be issued excludes claims or incidents declared under 3.3 and 3.4 above, or any claim or act, error, fault, omission or circumstance that could result in a claim and of which the Applicant is aware prior to the effective date of the policy.

SECTION 4: COVERAGE AND DEDUCTIBLES

Class of Insurance	Deductibles	Required Individual Limits
Commercial General Liability	\$2,500 per claim for property damages and bodily injury, including defense and adjustment costs	The base limit per event is \$2,000,000. Additional limits per claim are also available. Required limit: <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000
Professional Liability (also known as Errors & Omissions)	\$2,500 per claim	<input type="checkbox"/> \$250,000 per claim/\$500,000 aggregate <input type="checkbox"/> \$500,000 per claim/\$1,000,000 aggregate <input type="checkbox"/> \$1,000,000 per claim/\$1,000,000 aggregate <input type="checkbox"/> \$2,000,000 per claim/\$2,000,000 aggregate <input type="checkbox"/> \$3,000,000 per claim/\$3,000,000 aggregate <input type="checkbox"/> \$5,000,000 per claim/\$5,000,000 aggregate

Privacy & Data Breach Liability (Optional)	\$0 deductible	Coverage Options:	Privacy Breach Expense Limit	Privacy Breach Liability Limit	Premium
			<input type="checkbox"/> \$25,000	\$250,000	\$81
<input type="checkbox"/> \$25,000	\$500,000	\$123			
<input type="checkbox"/> \$50,000	\$250,000	\$145			
<input type="checkbox"/> \$50,000	\$500,000	\$221			

Higher limits available upon request

IMPORTANT NOTICE TO APPLICANT:

This is an application for insurance and the insurer is not obligated to accept the applicant for coverage. If a policy is issued, one signed copy of the application will be attached to the policy or certificate. Signature on the application form and submission of a premium payment does not bind the insurer to complete an insurance transaction with the applicant. This policy provides Errors and Omissions insurance that applies on a claims-made basis. The following provides a general description of this coverage and is subject to the terms and provisions of the actual policy.

- A. The policy will not cover any losses from incidents which take place before the Retroactive Date, if any, or after the expiration of the policy period (subject to the Extended Reporting Period provision).
- B. The policy will provide coverage for losses from incidents which take place on or after the Retroactive Date, if any, but before the beginning of the policy period only if the insured did not know of the incident before the beginning of the policy period.
- C. The policy will not cover any loss for which a claim is first made after:
 1. The expiration of the policy period or its earlier termination date, if any; or
 2. The Extended Reporting Period if any and then only in accordance with the terms described in the policy.
- D. The policy will only cover claims which are first made:
 1. During the policy period; or
 2. During an Extended Reporting Period if any and then only in accordance with the terms and conditions described in the Extended Reporting Period Section of the policy.
- E. Please request a copy of the Policy and review the terms and conditions to obtain more information.
- F. The limits for Defence Costs are over and above the liability and will not reduce the limit of liability.

Disclosure and Consent:

As part of my application for insurance I consent to the collection and use of personal information required for the purposes of considering my application for insurance by the insurer and the authorized insurance broker for Ontario Applicants, PROLINK Insurance Inc., and/or the authorized insurance broker for applicants outside of Ontario, The PROLINK Insurance Group Inc. The insurer and the broker are authorized to collect, use, and disclose personal information and provide such personal information to third parties, as required for the purpose of underwriting this application for insurance, as permitted by the relevant provincial and federal privacy laws or other applicable laws, and as required by the applicant's association and/or governing body. I understand that at any time I may ask to review the personal information pertaining to my application for insurance and the insurer and broker will be obligated to provide me with any information I am entitled to receive under the relevant provincial and federal privacy laws or other applicable laws. I have reviewed the information in this Application, gathered information from all partners/directors/ officers/ employees/agents under this entity whether present or prior regarding their knowledge or awareness of any claims or situations which may give rise to any claims

The Claim Information Forms, if any, that are attached to this Application include the details of:

- A. All facts, situations, and incidents which have occurred in the past and which may reasonably be expected to result in a claim, suit or arbitration against us (the Applicant);
- B. All facts, situations, and incidents which have occurred in the past and which may reasonably be expected to result in a claim, suit or arbitration against us (the applicant) in the future. All such claims, suits and incidents have been reported to our (Applicants) current or prior insurer(s). It is understood and agreed that all such claims, suits, arbitrations, fact situations and incidents will be excluded from coverage under any policy issued by the insurer.

It is understood and agreed that failure to provide true and complete response to any of the questions, statements or request for information in this Application or to provide any other information material to this Application may, at the sole option of the insurer, result in the voiding of the insurance policy issued in reliance on this Application and /or denial of coverage for specific claims asserted against us (the Applicant) or any other insured under the policy. The undersigned on behalf of the Applicant and all other insureds under this policy issued by the insurer, hereby waives any defense to an action by the insurer for voiding or revoking of the policy based upon misrepresentation of fact or failure to disclose material information in connection with this Application. The Applicant agrees to hold the insurer harmless from all loss as a result of any such misrepresentation or failure to disclose, including, without limitation, all costs and attorney fees incurred by the insurer in connection with said action for voiding or revoking the policy.

I HEREBY DECLARE that the above statements and particulars are true to the best of my knowledge, that I have not suppressed or misstated any facts and I agree that this application shall form part of the insurance policy. I also acknowledge that I am obligated to report any changes that could affect the disclosures in this application that occur after the date of signature, but prior to the effective date of coverage.

Applicant's Signature: _____ Name (please print): _____ Date: _____

PLEASE COMPLETE AND RETURN THE APPLICATION THROUGH ONE OF THE FOLLOWING METHODS:

- ✓ Via EMAIL please send to: **CCTT@PROLINK.insure**
- ✓ Via FAX please send to: **416 595 1649 attn. CCTT PROGRAM MANAGER**
- ✓ Via MAIL please send to: **PROLINK 150 King Street West. Suite 2401- P.O. Box 16 Toronto, ON. M5H 1J9**