



ENCON Group Inc.  
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# Application

## Errors & Omissions Insurance for Engineering and Architectural Technicians and Technologists

### THE APPLICANT

1. Name of Firm: \_\_\_\_\_  
 \_\_\_\_\_
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 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%

Provide details regarding above services: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. FOR **ENGINEERING** TECHNOLOGISTS OR TECHNICIANS

Please indicate percentage of gross consulting fees:

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

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

Provide details regarding 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 ATTACH RÉSUMÉ 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. Fee Income:

Income	Last 12 Months	Anticipated Next 12 Months
Gross fees	_____	_____
Fees paid to subconsultants	_____	_____
Fees emanating from services performed outside of Canada (in Canadian dollars)	_____	_____
Fees emanating from projects and joint ventures separately insured (provide details)	_____	_____
TOTAL Fee Income	_____	_____

11. Does the Applicant belong to any related association? \_\_\_\_\_

12. 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) including the services provided, the location and the gross annual fees or income from the past year and anticipated for the next year.

13. Does the Applicant or any related company engage in actual decommissioning, remediation, cleanup, removal, containment, detoxification or neutralization of any property, pollutants or contaminants? YES  NO

14. Does the Applicant or any related company enter into contracts wherein they assume responsibility for any of the activities mentioned in 12. above? 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, describe any interrelationship.

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

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

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

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

Insurer	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/yy)? \_\_\_\_\_

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

If yes, please attach details.

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

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

(b) Is the Applicant or any of his/her 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 attach details.

WITHOUT LIMITATION OF ANY OTHER REMEDY AVAILABLE TO THE INSURER, 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**

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20. 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**

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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).

## **DECLARATIONS AND SIGNATURE**

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The undersigned Applicant for this insurance declares that, to the best of his/her 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.

\_\_\_\_\_  
Name of Applicant (please print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date