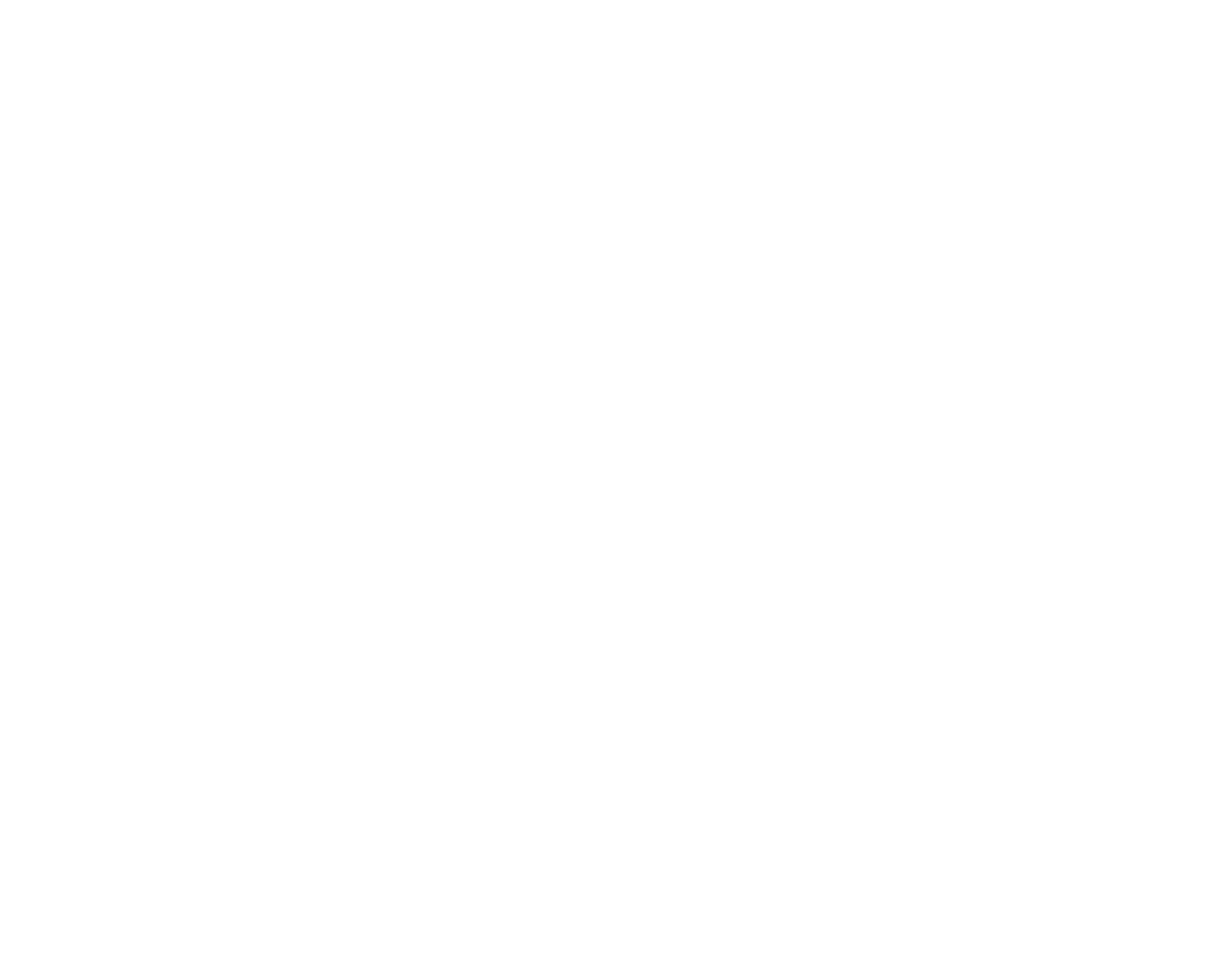
## ENGINEERS ERRORS & OMISSIONS INSURANCE APPLICATION



**TSW Management Services Inc.**

International Insurance Wholesalers

1177 West Hastings Street, Suite 1730

Vancouver, BC V6E 2K3

T. 604-678-9833 F. 604-678-6882

Toll Free: 1-866-904-8146

**Toll Free: 1 866 904-8146**

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| --- |
| IMPORTANT NOTICE REGARDING COMPLETION OF THIS PROPOSAL FORM |
| 1. Disclosure   * Any “material fact” must be disclosed to Insurers. * A “material fact” is any information which may alter the judgement of an Insurer in assessing a risk. * Any “material change” must be disclosed to Insurers. * A “material change” is any information which may alter the judgement of an Insurer or their perception of risk and exposure that has not previously been disclosed as a material fact   (If you are unsure whether a fact or change is material or not, you should disclose it.)  **Failure to provide all “material facts” and/or notify all “material changes” may cause the contract of insurance to be void and may result in Insurers repudiating liability entirely.** |
| 2. Presentation   * This Proposal Form must be completed in ink by an authorised individual, a partner, principal or director of the proposer. * All questions must be answered. If not applicable, state N/A. * If there is insufficient space to provide answers additional information should be provided on the proposer’s letter-headed paper. * Where available brochures, standard contract conditions, conditions, agreements and letters of appointment should be provided.   **Failure to present Insurers with information in an appropriate manner may adversely influence the ability of Insurers to offer terms.** |
| 3. Guidance   * If in doubt as to the meaning of any question contained within this proposal form or the issues raised in (1) or (2) above, please contact TSW Management Services Inc. |

## Business Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | Name of Firm/Individuals to be covered: | |  | | |
| 2. | Establishment year: | |  | | |
| 3. | Main Address: | |  | | |
| 4. | Phone: | |  | | |
| 5. | Fax | |  | | |
| 6. | Website | |  | | |
| 7. | List any additional locations, including town and country | |  | | |
|  | | | | | |
| Additional Details: | | | | | |
| 1. | Have there been any changes in name/business purchased or any merger/consolidation during the past 6 years? | | | | YES  NO |
| 2. | Is cover required for any predecessor/ceased firm? If yes please list including establishment date and cessation dates: | | | | YES  NO |
| 3. | If applicable, please complete the following:  Details of changes in name: | | | | N/A |
| 4. | Is the firm aware of changes in activity or structure occurring in the coming financial year? | | | | YES  NO |
| 5. | Are specialist consultants appointed directly by and paid by your client? | | | | YES  NO |
|  | | | | | |
| Risk Management: | | | | | |
| 1. | Is any partner, director or employee allowed to sign cheques over $25,000 as a sole signatory? If yes, please explain circumstances: | | | | YES  NO |
| 2. | Does the firm have a formal risk management strategy? | | | | YES  NO |
|  | | | | | |
| Financial Information: | | | | | |
| Financial year status | | Previous | Previous | Last completed | Current (estimate) |
| Financial year end (dd/mm/yyyy) | |  |  |  |  |
| Total gross fees/turnover | |  |  |  |  |
| Percentage of total gross fees/turnover - Canada | | % | % | % | % |
| Percentage of total gross fees/turnover - USA | | % | % | % | % |
| Percentage of total gross fees/turnover - Rest of World | | % | % | % | % |
| Number of clients | |  |  |  |  |

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| --- | --- |
| If applicable, please complete the following: | |
| Financial Year End | Type of Work - Canada |
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| Financial Year End | Type of Work - USA |
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| --- | --- | --- |
| Financial Year End | Other overseas countries involved | Type of Work (Rest of World) |
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## Activity Profile - Engineers

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| --- | --- |
| 7. Working Environment | |
| Bridges and/or Tunnels | % |
| Dams | % |
| Mines | % |
| Harbours or Jetties | % |
| Sewerage schemes | % |
| Foundations and Underpinning | % |
| Water schemes | % |
| Nuclear or Atomic projects | % |
| Chemical, Petro-chemicals and Refineries | % |
| Housing schemes (2-3 floors) | % |
| High Rise Building | % |
| Schools, Hospitals, Municipal buildings | % |
| Commercial/Industrial Systems buildings | % |
| Mechanical Plant and Bulk Handling equipment | % |
| Leisure Centres | % |
| Swimming Pools | % |
| Churches / Ecclesiastical | % |
| Roads / Highways / Motorways | % |
| Cladding / Glazing / Curtain Walling | % |
| Roofing | % |
| Airports | % |
| Railway | % |
| Amusement Parks | % |
| Aviation / Automotive / Military / Marine | % |
| Demolition | % |
| Flooring | % |
| Other work (Please provide full details): | % |
| Total: | 100% |

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| --- |
| If applicable, please provide details of ‘Other work’: |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| 8. Type of Work | | | | | | | |
| Adjudicator/arbitrator | | | | | | % | |
| Architectural services as defined in work stages C-L of RIBA architects appointment | | | | | | % | |
| Building Surveying | | | | | | % | |
| Consultancy Engineering - civil | | | | | | % | |
| Consultancy Engineering - structural | | | | | | % | |
| Consultancy Engineering - environmental | | | | | | % | |
| Consultancy Engineering – geotechnical | | | | | | % | |
| Consultancy Engineering - mechanical | | | | | | % | |
| Consultancy Engineering - electrical | | | | | | % | |
| Consultancy Engineering - heating and ventilation | | | | | | % | |
| Expert Witness | | | | | | % | |
| Feasibility Studies | | | | | | % | |
| Interior Design | | | | | | % | |
| Landscape | | | | | | % | |
| Non Structural Refurbishment | | | | | | % | |
| Town Planning / Consultancy | | | | | | % | |
| Planning Supervisor | | | | | | % | |
| Project Co-ordination | | | | | | % | |
| Project Management | | | | | | % | |
| Quantity Surveying and Surveying not listed above | | | | | | % | |
| Structural Surveys/Reports/Valuations | | | | | | % | |
| Other Work (Please provide full details): | | | | | | % | |
| Total | | | | | | 100% | |
| 10. Projects - Please give details of your largest 3 projects in the last 3 years. | | | | | | | | |
| Country | Start date | Completion date | Type of project | Name of contract | Total contract value | | Total fee income retained | |
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| 11. Staff | | | |
| Number of partners/directors: | | |  |
| Number of qualified employees: | | |  |
| Number of unqualified employees | | |  |
| Use of Subcontractors? | | | YES  NO |
| If yes, please provide: | Certificates Required?  YES  NO | Limit Required? | Total Fees paid to Contractors:  $ |
| Please describe work commonly subcontracted: | | | |
| Do any unqualified (relevant body) and inexperienced (< 5 years) employees perform structural surveys/valuation reports? | | | YES  NO |
| Does the firm or any Principal, Partner or Director have an association with or financial interest in another practice, company or organization? | | | YES  NO |
| Is the firm or any Principal, Partner or Director a member of a consortium, joint venture, single project partnership, group practice? | | | YES  NO |

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| --- | --- | --- | --- | --- |
| 12. Partners/Directors | | | | |
| Name | Qualifications | Year qualified | Year appointed partner/director of this firm | Year ceased employment at this firm |
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| Insurance Coverage | | | |
| 1. | Limit of Liability Required? |  | |
| 2. | Is your professional liability currently with TSW? If no, please complete the following questions. | | YES  NO |
| 3. | Name of current insurer: |  | |
| 4. | Deductible/Retention: |  | |
| 5. | Expiring Premium: |  | |
| 6. | Number of years consecutively insured: |  | |
| 7. | Has the firm for any partner or director previously had insurance declined, cancelled, void or renewal refused? | | YES  NO |
| If yes, please provide details: | | | |

|  |  |
| --- | --- |
| Claims | |
| Have there been claims made against the firm's business or any partner. Director or employee during last 5 years? | YES  NO |
| Is the firm aware of circumstances which may give raise to a claim against the firm or present, former partners, directors or employees? | YES  NO |

If yes to any of the above, please provide on a separate page, full details including any paid/reserves on the circumstances/claims or alternatively please provide formal claims summaries from previous Insurance Brokers/Insurers prior to being insured through TSW Management Services Inc.

|  |
| --- |
| Data Protection |
| By signing this proposal form you consent to TSW Management Services Ltd. using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. In the course of performing our obligation to you, this information may be disclosed to agents and service providers appointed by us and insurers (which includes their re-insurers, legal advisers, loss adjustors or agents).  Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and, where appropriate, in compliance with the relevant Data Protection legislation. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.  From time to time, we may disclose personal information (other than sensitive personal data) to third parties. We or they may use that information to advise you of our services which may be of interest to you.  If you would prefer not to receive information, please tick this box  I/We confirm that we agree to receiving email communication from TSW Management Services Inc  YES  NO |

Please note, if you wish to submit your form via email, an indication of terms and conditions may be provided on the basis of this proposal questionnaire. An original signature is required before a contract of insurance can be made. Encrypted signatures are not acceptable.

Signing this form does not bind the Firm to complete the insurance. If you should arrange a policy through us which is subsequently transferred to another agency please note that we reserve the right to charge a fee for future claims handling work after the cessation of our appointment.

We recommend that you keep a record of all information supplied to us, including copies of letters and this proposal form, for the purpose of entering into this contract.

**DECLARATION**

I/We declare that the above statements and particulars are true, full enquiry having been made, and I/We have not omitted, suppressed or mis-stated any material facts which may be relevant to insurer's consideration of this proposal form and undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the insurance contract has been agreed.

I/We understand that the information I/We provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application and the terms of any policy provided.

I/We hereby consent to the use and disclosure of information including personal data for the purposes of and as set out in the above paragraph entitled “Data Protection”.

Completed and Duly Signed/Dated:

Printed Name:

Title:

Signature:

Date: