



IEEE-SPONSORED PROFESSIONAL LIABILITY INSURANCE APPLICATION

For the purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Name _____

Address _____

City _____

Province _____ Postal Code _____

Daytime Phone No. (____) _____

Fax No. (____) _____

Email _____

We will use email for corresponding unless otherwise requested.

(This is an application for a Claims-Made and Reported Policy.)

NOTE: PLEASE REVIEW A SPECIMEN EVIDENCE OF INSURANCE FOR COVERAGE PROVISIONS.

The limits of liability stated in the policy are reduced by costs, charges and expenses. Costs, charges and expenses also may be applied against your deductible, if applicable to the claim.

1. Legal Entity (please check one): Individual Professional Corporation Corporation Partnership LLP/LLC

A. Entity name (if applicable) _____

B. Year established _____

C. List each engineer in your firm below.

Name	IEEE Membership I.D. Number (at least one required for acceptance)	Year first licensed as an engineer (if applicable)	Membership Grade		
			Member	Senior Member	Fellow
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Indicate the size of your staff (list each individual only once):

Principals, Partners, Officers and Directors	_____
Engineers (other than principals)	_____
Other Technical Staff (describe position)	_____
Clerical	_____
TOTAL	_____

2. A. Please select the limits of liability for which you would like a quotation:

- \$1,000,000 each claim/\$1,000,000 annual aggregate
- \$2,000,000 each claim/\$2,000,000 annual aggregate

B. Check if you would like to purchase an additional limit of \$1,000,000 to apply to defence costs only.

3. A. Please provide your actual gross billings for the past 12 months. \$ _____

B. Please provide an estimate of your gross billings for the next 12 months. \$ _____

“Annual Gross Billings” is defined as all amounts billed for engineering services including incidental charges and subcontractor billings excluding direct reimbursable expenses.

(over, please)

4. In the past five years, have your annual gross billings ever exceeded the amount in question number 3A by 50% or more? Yes No

If "Yes," please provide, on a separate sheet, your annual gross billings for each of the past five years and an explanation of what caused the fluctuation in your gross billings.

5. I am aware that the policy for which I am applying provides no coverage for work performed on behalf of any employer other than the entity in question 1a. Yes No

6. Requested effective date _____

7. Please describe in detail the nature of your practice (including types of projects) _____

8. In which of the following areas do you or your firm practice? Please indicate the approximate percentages of your annual or anticipated total gross billings derived from each project type.

<u>Area</u>	<u>% of Annual Gross Billings</u>	<u>Area</u>	<u>% of Annual Gross Billings</u>
Aerospace/Aircraft	_____ %	Industrial Electronics	_____ %
Acoustics Speech & Signal Processing	_____ %	Laser & Electro-optics	_____ %
Antennas	_____ %	Magnetics	_____ %
Broadcast Technology	_____ %	Manufacturing Technology	_____ %
Circuitry	_____ %	Medicine/Biology	_____ %
Communications	_____ %	Microwave	_____ %
Computer Hardware*	_____ %	Nuclear & Plasma Sciences	_____ %
Computer Software*	_____ %	Oceanic	_____ %
Consumer Electronics	_____ %	Power Electronics	_____ %
Control Systems	_____ %	Power Engineering	_____ %
Electromagnetic Compatibility	_____ %	Robotics	_____ %
Expert Witness/Forensic	_____ %	Ultrasonics, Ferroelectrics	_____ %
Geoscience	_____ %	Vehicular Technology	_____ %
Other (please specify) _____		TOTAL	100 %

*Please complete the attached Computer Services Supplement form.

9. A. Please provide the following information regarding the three largest projects you participated in during the past five years and indicate if such services were performed for an employer (E) or as a self-employed engineer (SE).

<u>Project Type</u>	<u>Services Performed</u>	<u>Date Services Performed</u>	<u>Your Total Gross Billings</u>	<u>Estimated Total Construction Costs</u>	<u>E or SE</u>
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B. Are the projects listed above consistent with the type of projects anticipated for the future? Yes No
 If "No," please explain on a separate sheet of paper.

10. Please check “Yes,” “No” or “N/A” for all risk management practices that you adhere to in your self-employed engineering practice or would adhere to should the situation apply. **Please explain any “No” responses on a separate sheet.**

	Yes	No	N/A
A. Do you consistently exceed the minimum number of continuing education hours required in your Province?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Do you use written scope of service letters for all projects exceeding \$500 in billable fees?	<input type="checkbox"/>	<input type="checkbox"/>	
C. Do you conduct construction phase inspection on plans and designs to ensure intent of use?	<input type="checkbox"/>	<input type="checkbox"/>	
D. Do you make use of limitation of liability clauses in engagement letters?	<input type="checkbox"/>	<input type="checkbox"/>	
E. Do you use written status memos over the course of the project?.....	<input type="checkbox"/>	<input type="checkbox"/>	
F. Do you investigate the work experience of other professionals to identify a potential for problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Do you require that other professionals on the project carry comparable professional liability insurance?....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Do you maintain written quality control procedures, including secondary design review?.....	<input type="checkbox"/>	<input type="checkbox"/>	
Please explain on a separate sheet.			
Are all appropriate staff members familiar with them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. A. Has the applicant, or an independent contractor hired by the applicant, accepted jobs involving known hazardous materials?*

	Yes	No
.....	<input type="checkbox"/>	<input type="checkbox"/>
B. Do you contemplate accepting known hazardous material jobs in the future?.....	<input type="checkbox"/>	<input type="checkbox"/>

If you answered “Yes” to either question, please provide a narrative description including the date (year) of service, nature of hazardous material, type of project, fees earned and nature of services provided.
 Include a sample copy of an engagement/scope of service letter or contract used for these types of jobs.

* Engineering services that could involve hazardous materials or pollutants include but are not limited to: Underground storage tank removal, assessment or remediation; sanitary landfill design; closure of existing sanitary landfills; asbestos sampling, testing or abatement; chemical piping and process design; preparation of environmental site assessments or audits, including Phase I and Phase II assessments/ investigations; groundwater testing/remediation; laboratory testing/analysis for pollutants; air emission control systems designed solely for controlling pollutants; site selection evaluation for pollution-related projects; hazardous or toxic waste site design or remediation; lead paint sampling, testing or abatement; site selection evaluation for pollution-related projects; air quality assessments/testing; environmental education; water pollution control; or nuclear-related projects.

12. Please answer the following questions.
 If the answer to any question is “Yes,” please provide the question number and full details, including percentage of revenues derived from the activity, on a separate sheet of paper.

	Yes	No
A. Are you involved in actual construction, fabrication, erection, installation of equipment, design/build or supplying of construction materials?	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you developed, sold or leased computer software/hardware to others?*	<input type="checkbox"/>	<input type="checkbox"/>
C. Do you subcontract work to others?	<input type="checkbox"/>	<input type="checkbox"/>
If “Yes,” do you require all subcontractors to carry insurance to cover the services they perform?.....		
D. Do you manufacture, sell, lease or distribute any product, machinery or process?	<input type="checkbox"/>	<input type="checkbox"/>
E. Are you owned by, or do you own, any other firm?.....	<input type="checkbox"/>	<input type="checkbox"/>
If so, do you render professional services to the firm(s)?		
F. Have you filed any suits for collection of your professional fees against a client during the past fiscal year?	<input type="checkbox"/>	<input type="checkbox"/>
If “Yes,” please provide full details on a separate sheet of paper.		
G. Does any single client account for 25% or more of your annual gross income?	<input type="checkbox"/>	<input type="checkbox"/>
If “Yes,” please provide full details on a separate sheet of paper.		

***Please complete the attached Computer Services Supplement form.**

13. Would you like a quote for General Liability Coverage (in addition to Professional Liability)?

	Yes	No
.....	<input type="checkbox"/>	<input type="checkbox"/>
If “Yes,” please answer the following questions:		
A. Do you operate your business at a location other than your home?	<input type="checkbox"/>	<input type="checkbox"/>
If “Yes,” what percentage of your work is outside your home? _____		
B. Do you undertake any manual work as part of your day to day activities?	<input type="checkbox"/>	<input type="checkbox"/>
If “Yes,” please provide full details of work carried out. _____		
C. If you subcontract services, what percentage of your gross billings emanates from work subcontracted to others?		_____
D. Do you require subcontractors to carry General Liability coverage with limits that match or exceed your own?	<input type="checkbox"/>	<input type="checkbox"/>
E. Do you require that subcontractors name you as an Additional Insured on their General Liability policy?	<input type="checkbox"/>	<input type="checkbox"/>
F. Do you perform any projects outside of Canada?	<input type="checkbox"/>	<input type="checkbox"/>
If “Yes,” provide details including: project type, location, and percent of revenue derived from these activities. _____		
G. Have you had any General Liability claims in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
If “Yes,” please provide full details of each claim. _____		

14. A. List Engineers' Professional Liability Insurance carried by you or your firm for the past two years. If none, state "none."

Inception Date Mo.-Day-Yr.	Expiration Date Mo.-Day-Yr.	Insurance Company	Annual Premium	Limit of Liability	Deductible

B. Please provide your policy's current retroactive date _____ If none, state "none."

C. Please provide the date that you/your firm first purchased claims-made professional liability coverage and have since continuously maintained the coverage / / . If not applicable, please check N/A
(mm) (dd) (yy)

D. If currently insured, please submit a copy of your current declarations page with your completed application.

15. A. Has any application or policy of yours or your firm's for Professional Liability Insurance ever been declined, canceled or refused renewal? If "Yes," please provide details on a separate sheet of paper. Yes No

B. Have you or members of your firm had your license revoked or received suspension or other disciplinary action from a governmental or judicial body or professional society during the past five years?..... Yes No
 If "Yes," please provide details, including a copy of the ruling.

C. Have any claims been made or legal actions been brought against you or your firm in the past five years? * Yes No

D. Are you or any member of your firm, aware of any circumstances that may result in a claim being made against the firm or any individual? *..... Yes No

***If "Yes," please complete the Claim Information Supplement form enclosed for each claim and/or circumstance.**

16. Please provide your website address, a copy of your current résumé, letterhead and typical advertising/sales/marketing brochures used by you or your firm.

NOTICE TO APPLICANT:

I/we hereby declare that the above statements and particulars are true to the best of my/our knowledge and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the issuance of insurance coverage, and shall be attached thereto. I/we hereby authorize the release of claim information from any prior insurer to the Underwriters.

I understand and accept that the policy applied for provides coverage on a claims-made basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD FOR ACTS THAT OCCUR AFTER THE POLICY'S RETROACTIVE DATE AND PRIOR TO THE EXPIRATION DATE OF THE POLICY.

Program Disclosure: Your (Business Package or Product) coverages will be placed with a program administered by Marsh Canada Limited. Marsh Canada has engaged in a competitive marketing process to offer a competitive product. We have negotiated this Program (Business Package) on a group basis with insurers but we have not acted as a broker for any individual participant.

This Program may be for a term of several years and may not be negotiated annually.

Privacy Consent—Canada's Personal Information Protection and Electronic Documents Act (PIPEDA) and similar provincial laws, are intended to protect the confidentiality of an individual's Personal Information. We rely on the employer to obtain the consent of the employee for the collection, use or disclosure of personal information necessary for us to properly manage the client's insurance programs. Such information may be used to make decisions about insurance applications and to assess eligibility for, process and maintain insurance coverage, related products and services; analyze, assess and underwrite risks on a prudent basis; respond to the client's inquiries about applications, accounts and other services; investigate and pay claims; and detect and prevent fraud, suspicious claims or other illegal activities. As part of the application for new or renewal insurance coverage(s), the Client hereby authorizes and expressly consents to Marsh collecting, using or disclosing the client's Personal Information as required for those purposes and as permitted pursuant to relevant privacy laws and providing such Personal Information to third parties as required, including insurance companies, intermediaries, reinsurers, other brokers, claims adjusters and other third parties involved in providing insurance services. Where there are insured individuals in addition to the Client, or where the Client is a commercial or other entity, the Client hereby covenants and warrants that the Client has obtained the appropriate consent from all of the insured individuals to disclose their Personal Information to Marsh for these purposes and for Marsh to use and disclose it for these purposes. Marsh's Privacy Policy is available at www.marsh.ca.

By signing this form you are consenting to the statements above.

Signature of Owner, Officer or Partner (TITLE) **X** _____ Date **X** _____

Signing this form and tendering premium does not bind the applicant or the Underwriters to complete the insurance. Application must be currently signed and dated to be considered for quotation.

Sign, date and mail your application to: Marsh Canada Limited
 IEEE Member Professional Liability Insurance
 120 Bremner Blvd, Suite 800
 Toronto, Ontario M5J 0A8
 Underwritten by: Certain Underwriters at Lloyd's of London
 Administered by: Marsh Canada Limited
 120 Bremner Blvd, Suite 800
 Toronto, Ontario M5J 0A8

**QUESTIONS?
 PLEASE CALL
 1-866-236-6129**

NOTICE:
 Failure to report any:

- 1) claim made against you during your current policy term, or
- 2) facts, circumstances or events that may give rise to a claim to your current insurance company BEFORE policy expiration may create a lack of coverage.

COMPUTER SERVICES SUPPLEMENT

If your area of practice includes computer hardware or software services, or if you have ever developed, sold or leased computer software/hardware to others, please complete this supplement with respect to computer-related services.

1.	Please describe in detail the nature of professional services you provide involving computer hardware or software and describe your clientele: _____																				
2.	Indicate the percent of gross income derived from the following: <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Electronic data processing</td> <td style="text-align: right;">_____%</td> </tr> <tr> <td>Systems analysis</td> <td style="text-align: right;">_____%</td> </tr> <tr> <td>Software design</td> <td style="text-align: right;">_____%</td> </tr> <tr> <td>Programming</td> <td style="text-align: right;">_____%</td> </tr> <tr> <td>Computer/systems consulting</td> <td style="text-align: right;">_____%</td> </tr> <tr> <td>Computer/systems installation/support</td> <td style="text-align: right;">_____%</td> </tr> <tr> <td>Other computer-related services (define)</td> <td style="text-align: right;">_____%</td> </tr> <tr> <td>_____</td> <td></td> </tr> <tr> <td>_____</td> <td></td> </tr> <tr> <td style="text-align: right;">Total =</td> <td style="text-align: right;">_____ 100%</td> </tr> </table>	Electronic data processing	_____%	Systems analysis	_____%	Software design	_____%	Programming	_____%	Computer/systems consulting	_____%	Computer/systems installation/support	_____%	Other computer-related services (define)	_____%	_____		_____		Total =	_____ 100%
Electronic data processing	_____%																				
Systems analysis	_____%																				
Software design	_____%																				
Programming	_____%																				
Computer/systems consulting	_____%																				
Computer/systems installation/support	_____%																				
Other computer-related services (define)	_____%																				

Total =	_____ 100%																				
3.	If you are involved in software design, please state whether the software will be used by more than one client and describe the end use of the software: _____																				
4.	Have you been involved in any project involving the integration of embedded chips or any type of computer hardware or software? Yes No <div style="text-align: right; margin-right: 20px;"><input type="checkbox"/> <input type="checkbox"/></div> <p>If "Yes," please describe in detail the end use of the hardware or software: _____</p>																				
5.	Please provide the following information regarding you/your firm's qualifications to provide professional services:																				
	Professional <u>Qualifications</u> <small>(such as CSDA or CSDP designations)</small>	Educational Degree and Years <u>of Experience</u>	How Long <u>in Practice</u>																		
Name of Individual Performing <u>Professional Services</u>	_____	_____	_____																		
_____	_____	_____	_____																		
_____	_____	_____	_____																		

(over, please)

6. Please provide the following information regarding the three largest computer-related jobs or projects by revenue that you participated in during the past five years:

<u>Project/Client Name</u>	<u>Computer Project Application</u>	<u>Type of Professional Services Provided</u>	<u>Revenue Obtained From Those Services</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Please answer the following questions. If the answer to any question is "Yes," please provide the question number and the full details on a separate sheet of paper.

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| A. Do you maintain or require training or continuing education programs for employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Do you currently carry Comprehensive General Liability coverage or Umbrella Liability coverage?..... | <input type="checkbox"/> | <input type="checkbox"/> |

8. List who is responsible for quality control, and briefly describe your quality control programs in place:

9. Please provide a description of your testing and sign-off procedures:

The undersigned represents that the statements set forth herein are true, complete and accurate, and that there has been no attempt at suppression or misstatement of any material facts known, and agrees that this application shall become the basis of any coverage and a part of any policy that may be issued by the company.

 X
Signature (Owner, Officer or Partner)

Applicant/Firm Name (Please Print)

Date

Complete this supplement if any claims have been made or legal actions have been brought against you or your firm in the past five years (if renewal, within the last year), or if you or any member of your firm are aware of any circumstances that may result in a claim being made against the firm or any individual. **COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT.**

1. Full name of party making claim (claimant): _____

2. Role of claimant (e.g., owner, contractor, etc.): _____

3. Indicate whether: _____ claim _____ lawsuit _____ incident only

4. Date of alleged error: _____

5. Date claim reported to you: _____

6. Description of claim/incident:

A. Alleged act, error or omission upon which claimant bases claim:

B. Description of events leading to claim:

7. Amount of damages claimed: _____

8. Additional defendants: _____

9. Name of insurer for this claim/incident: _____

10. **If Closed:**

Total deductible paid: \$ _____

Indicate total loss paid in excess of the deductible: \$ _____

Indicate total defense expenses paid in excess of the deductible: \$ _____

If Pending:

Claimant's settlement demand: \$ _____

If suit filed, amount asked in complaint: \$ _____

Insurer's loss reserve: \$ _____

Defence expenses to date: \$ _____

11. Explain what action has been taken to prevent a recurrence of a similar claim:

The undersigned represents that the statements set forth herein are true, complete and accurate, and that there has been no attempt at suppression or misstatement of any material facts known, and agrees that this application shall become the basis of any coverage and a part of any policy that may be issued by the Company.

X Signature (Owner, Officer or Partner)

Applicant/Firm Name (Please Print)

Date