



OSPE ENGINEERS' PROFESSIONAL LIABILITY & COMMERCIAL GENERAL LIABILITY INSURANCE

- 1. ALL QUESTIONS MUST BE ANSWERED COMPLETELY. PLEASE TYPE OR PRINT CLEARLY. IF ANY QUESTIONS CONSIDERED "NOT APPLICABLE", PLEASE EXPLAIN WHY.
- 2. IF YOU NEED MORE SPACE, CONTINUE ON A SEPARATE SHEET & INDICATE QUESTION NUMBER.
- 3. PLEASE COMPLETE SUPPLEMENTS WHERE REQUIRED.
- 4. THIS APPLICATION AND ALL SUPPLEMENTS MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.

1. Name of Applicant/Company

Proprietorship

Partnership

Corporation

Former Firms

Additional Insureds/
Holding Companies

2. Address:

City:

Prov/Terr:

Postal Code:

Telephone:

Email:

Website:

3. How did you hear about BMS?

4. Are you a member of OSPE?

Yes No

5. Do you have a Certificate of Authorization?

What is the Certificate number?

6. Date First Professional Entity Established

Day - Month - Year

7. PERSONNEL

| Name of staff member | Number of years of experience | Qualifications/Designation |
|----------------------|-------------------------------|----------------------------|
| | | |
| | | |
| | | |
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8. GROSS FEES/REVENUES

Total Gross Billings for professional services (whether collected or not) to include reimbursable expenses and sub-consulting fees.

| Professional Services | Last 12 months Fiscal Year ____/____ | Anticipated next 12 months Fiscal Year ____/____ |
|--|---|--|
| a. Total Gross Fees/Revenues (=b+c+d+e+f) | \$ | \$ |
| b. Fees for services rendered in Canada | \$ | \$ |
| c. Fees for services rendered in the USA | \$ | \$ |
| d. Fees for worldwide services excluding US and Canada (specify country(ies): <i>Supplementary 1</i>) | \$ | \$ |
| e. Fees paid to sub-consultants | \$ | \$ |
| f. Direct reimbursable by contract (travel, per diem, billing for reproduction, etc.) Do not include consultants | \$ | \$ |
| g. Fees for separately insured projects | \$ | \$ |
| h. Total Construction Values: | \$ | \$ |
| i. Total Gross Revenue for Non-Engineering Services | \$ | \$ |

9. PROFESSIONAL DISCIPLINES

Specify as a percentage of the Applicant's Gross Billings. (Total must equal 100%)

* If yes, *Supplement 7* must be submitted ** If yes, *Supplement 6* must be submitted *** If yes, *Structural Supplement* must be submitted

| | | | | | |
|--|---|---|---|----------------------------|---|
| Architectural | % | Soil Engineering | % | Environmental Engineering* | % |
| Civil Engineering | % | Laboratory/Material Testing | % | Marine/Coastal Engineering | % |
| Structural Engineering*** | % | Demolition | % | Design/Build ** | % |
| HVAC/Electrical Engineering | % | Landscape Architecture | % | Interior Design | % |
| Mechanical Engineering | % | Land Surveying | % | Land Use Planning | % |
| Nuclear Engineering | % | Construction Management/Project Management (Agency) | % | Software Design | % |
| Mining Engineering | % | Project Management (At Risk) | % | Feasibility | % |
| Chemical/Petrochemical and Process Engineering | % | Hydrogeology/Geology | % | Other (please specify): | % |
| Railway Engineering | % | Environmental Consultancy | % | | |

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| |
|---|
| If you have indicated that your gross billings are derived from Structural Engineering please provide a description of your Structural Engineering activities and the values of your three largest Structural Engineering projects. |
| Do you perform any Structural Engineering work related to geotechnical, metallurgical and foundations? |

10. ROJECTS

Please indicate types of projects as a percentage of the Applicant's Gross Billings.

| | | | | | |
|-----|---|---|-----|-------------------------------|---|
| 1. | Schools, college or public buildings | % | 13. | Water Systems | % |
| 2. | Hospitals, clinics or retirement homes | % | 14. | Bridges, trestles, or tunnels | % |
| 3. | Hotels, motels or resort properties | % | 15. | Land reclamation design | % |
| 4. | Condominiums and other multi-unit residential | % | 16. | Earth dams/reservoirs | % |
| 5. | Garages, theatres or grandstands | % | 17. | Pipelines | % |
| 6. | Shopping centres | % | 18. | Railway Buildings | % |
| 7. | Office/mercantile/commercial building | % | 19. | Railway Other | % |
| 8. | Public utilities or industrial buildings | % | 20. | Cladding/Fenestration | % |
| 9. | Single family residential subdivisions | % | 21. | Foundations/underpinning | % |
| 10. | Custom single family residential | % | 22. | Flooring | % |
| 11. | Rental Apartments | % | 23. | Fire Protection | % |
| 12. | Sewage or waste disposal systems | % | 24. | Modular Building (Prefab) | % |
| | | | 25. | Other (please specify) | % |

11. List your 3 most recent projects

| Type of Client | Description of work | Total Project Value | Project fees (revenues) |
|----------------|---------------------|---------------------|-------------------------|
| | | | |
| | | | |
| | | | |

Cyber Security and Privacy Liability Extension – if required

| | | |
|-----|--|--|
| 12. | Does the applicant maintain a firewall to restrict unauthorised access to internal systems, and an anti-malware solution on all computers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. | Does the applicant have a process for the regular implementation of all software updates, upgrades, patches for known security vulnerabilities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. | Does the applicant backup all business critical data and critical systems at least once a week, as well as encrypting all sensitive data stored on backup media? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| | | |
|-----|--|--|
| 15. | Applicant confirms they/their business have not experienced any unauthorized access to, or unauthorized use of your computer system or your data assets in the last three years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. | Maintain a firewall to restrict unauthorized access to internal systems, and an anti-malware solution on all computers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. | Have a process for the regular implementation of all software updates, upgrades, patches for known security vulnerabilities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. | Backup all business critical data and critical systems at least once a week, as well as encrypting all sensitive data stored on backup media? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. | Have not experienced any unauthorized access to, or unauthorized use of your computer system or your data assets in the last three years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Commercial General Liability - if required

| | | |
|-----|--|--|
| 20. | Are you or your firm involved in any, or assume responsibility for actual decommissioning, remediation, cleanup, removal, containment, detoxification or neutralization of any property, pollutants or contaminants? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. | Are you or your firm involved in any residential property inspections for the purpose of sale or purchase? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22. | Are you or your firm involved in any At-Risk project management or oversight of sub-trades? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23. | Are you or your firm involved in any financial management of the project | |
| 24. | Any Manual Work Performed? Is so please provide details | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 25. | Have there been any material changes to your business activities or any of the information supplied in your last application? (example professional disciplines, type of projects, sub consultants) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 26. | Is the Insured or any member of the insured aware of any circumstances, allegations or contentions as to any incident, which may result in a claim being made against the Insured? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Property and Contents – if required

Please provide the full replacement cost value for the following:

| | | |
|-----|--|----|
| 27. | Building or Condominium | \$ |
| 28. | Office Contents and Leasehold Improvements | \$ |
| 29. | Field Equipment | \$ |
| 30. | Portable Computers Equipment and Laptops | \$ |
| 31. | Loss of Income | \$ |

FINANCIAL AND RELATED INTERESTS

32. During the past twelve months, has the Applicant or any subsidiary, parent or other organization related thereto, been engaged in:

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- a. Actual construction, fabrication, or erection. Yes No
 - b. Development, sale or leasing of computer software. Yes No
 - c. Real Estate development. Yes No
 - d. Manufacture, sale, leasing or distribution of any product, process or patented production process Yes No
 - e. Design of a building, component or systems which might be used on more than one project. Yes No
33. Does the Applicant or any principal have any financial interest in any projects for which it has provided professional services? Yes No
- Is coverage for Equity interest required?
If yes, Supplement 5 must be submitted Yes No
34. Does the Applicant have any abandoned projects? Yes No
- If yes, please give full details by attachment

MANAGEMENT

35. a. Does the Applicant have an in-house quality control procedure? Yes No
- b. Is it in written form? Yes No
- c. Are all appropriate staff members familiar with these procedures? Yes No
36. Has the name of the Applicant changed, or has any other firm been merged, or organization amalgamated with or into the Applicant, or is any such change pending? Yes No
- If yes, please give full details by attachment
37. Is the Applicant controlled, owned by or associated with, or does the Applicant control or own any other entity? Yes No
- If yes, please give full details by attachment.

LOSS HISTORY

It is important to advise the insurance company and BMS of any claims or incidents that could give rise to a claim, including any disciplinary complaints, immediately upon being notified and within 30 days. Any previously reported, filed or ongoing claims prior to policy inception, will not be covered under this policy and should be reported to your current provider.

38. a. After enquiry, have any claims or suits been made against the Applicant in the last 10 years? (Please include those claims arising from separately insured projects). Yes No
- If yes, Supplement 2 must be submitted.



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- b. After enquiry, are any member(s) of the Applicant aware of any circumstances, allegations or contentions as to any incident, which may result in a claim being made against the Applicant in the last 10 years? Yes No
If yes, Supplement 2 must be submitted.
- c. Has the Applicant or any principal been the subject of disciplinary action by authorities as a result of their professional activities? Yes No
If yes, please give details by attachment.

INSURANCE

- 39. Has insurance of the type for which the Applicant is now applying for ever been declined, cancelled or had the renewal thereof refused? Yes No
If yes, please give details by attachment.

40. Please give details of previous insurance (past five years):

| | Carrier | Policy No. | Limits Each Claim/ Aggregate | Deductible | Paid Premiums | Effective | |
|----|---------|------------|------------------------------------|------------|------------------|-----------|-------|
| | | | | | | From | To |
| 1. | _____ | _____ | \$ _____ | \$ _____ | \$ _____ | _____ | _____ |
| 2. | _____ | _____ | \$ _____ | \$ _____ | \$ _____ | _____ | _____ |

Retroactive Date of current policy: _____

COVERAGE

41. Please state coverage Limits and Deductibles required (if different than expiring):

A. Coverage Limits of Liability

Per Claim/Aggregate

- \$250,000
- \$500,000
- \$1,000,000
- \$2,000,000
- \$5,000,000

**B. Self Insured Retention
(Deductible)**

- \$1,000
- \$2,500
- \$5,000
- \$10,000
- \$25,000



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In addition to providing all basic information necessary to enable us to place the risk, you must ensure that you are complying with your legal duty of disclosure of all material matters relating to the risk. In particular, you must satisfy yourself as to the accuracy and completeness of the information you provide to insurers. In this respect, you must provide all information relating to the risk, whether favorable or not, which would influence the judgement of a prudent insurer in determining whether he will take the risk, and, if so, for what premium and on what terms. If all such information is not disclosed by you, insurers have the right to void the policy from its inception which may lead to claims not being paid.

The Applicant declares that, after enquiry, to the best knowledge of all persons to be insured the statements set forth herein and in any attachments made hereto are true, and no material facts have been suppressed, omitted, or mis-stated.

Underwriters reserve the right to amend the terms, conditions and limitations of any policy issued as a result of this application, if subsequent to the date of this application, but prior to the inception of such policy, there are any material alterations to the information contained herein.

Completion of this application does not bind the Underwriter to provide coverage, but it is agreed that the statements and particulars contained herein will be relied upon by Underwriters in the event a policy is issued.

Applicant's Name:

Position Held:

Applicant's Signature:

Date:

The OSPE Insurance Program provides members with exclusive access to other comprehensive insurance products that are tailored to meet the needs of engineering firms across Ontario including:

- Office and equipment Insurance
- Cyber Security and Privacy Liability
- Employment Practices Liability
- Directors' and Officers' Liability
- Commercial Automobile Insurance

**Please email your signed and dated application to ospe.insurance@bmsgroup.com
If you have any questions, please call BMS at 1-844-294-2717.**