

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. Coverage is bound upon receipt from A.M. Fredericks Underwriting Management Ltd. Confirming Policy #, coverage and Effective Date. If a policy is issued, it 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 Defense Cost may vary by insurer. Refer to your policy for complete details of coverage.

Please answer **ALL** the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to such evaluation. If a question is not applicable, state "not applicable", **not** "N/A." If more space is required to answer a question, continue on applicant's letterhead. The application and any supplement(s) must be signed and dated by a principal, partner, or officer of the prospective insured's organization.

Attach the following items in support of this application

- 1. The firm's **Statement of Qualifications** including **resumes** of all key (technical) personnel along with any available marketing material or company brochures
- 2. A copy of the firm's formalized **standard client contract**.
- 3. A copy of the outline from the firm's **Quality Assurance / Quality Control (QA/QC) manual**

PROFESSIONAL LIABILITY APPLICATION
ARCHITECTS & ENGINEERS

swgspecialty.com · quotes@swgspecialty.com · +1 888-302-9215 · Fax: 905-428-3977



Formerly A.M. Fredericks Underwriting Management Ltd.

Broker

Attn

Name of Applicant

Name(s) of Principal(s)

Website Address

Contact Name (for inspections)

Mailing Address

Risk Address

AMF Broker Number

Contact Phone Number

Description of Operations

If additional space is needed to answer any questions, please use the blank page included with this form on page 6.

Date Established

Number of years of experience

Is the applicant firm: Sole Proprietor Partnership Corporation LLC Other

Is the applicant firm controlled, owned, affiliated or associated with any other firm, corporation or company? Yes No

If yes, please attach an explanation

Please list addresses of all branch offices and/or subsidiaries. Include a brief description of their operations and indicate if coverage is desired for these offices

Branch Office #1

Coverage Required Yes No

Branch Office #2

Coverage Required Yes No

During the past five years has the name of the firm been changed or has any other business been acquired, merged into or consolidated with the applicant firm? Yes No

If yes, please provide explanation detailing any liabilities assumed

Staffing- Provide a breakdown of your staff into the following categories:

A) Principals, partners or officers _____

B) Professionals (not included in a) _____ Total: _____

C) Support Staff (including part-time) _____

D) Part-time professionals (less than 20 hours/week) _____

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To What Professional Association do the Firm's Professionals belong and what are the Professional Designations they hold?

If more then one (1) please add to the extra info page
at the end of the application

Date of applications current fiscal period

From: | D | D | M | M | Y | To: | D | D | M | M | Y |

Past Fiscal Year

Current Fiscal Year

Estimate for Next Fiscal Year

Total Gross Revenue

Dollar Value

Dollar Value

Dollar Value

Provide the Percentage of Gross Revenues derived from:

Canada: _____
Percentage

U.S. _____
Percentage

Other Countries (Specify) _____

Percentage

Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:

ARCHITECTS:

Services not Resulting in Construction _____
Percentage

Residential Projects (Private) _____
Percentage

Residential Projects (Multi Unit) _____
Percentage

Recreation Projects _____
Percentage

Institutional Projects _____
Percentage

Commercial Projects _____
Percentage

Other _____
Describe Percentage

TOTAL should equal 100%

ENGINEERS:

Residential Buildings _____
Percentage

Industrial Oil and Gas _____
Percentage

Municipal (Water, Sewage, etc.) _____
Percentage

Light Civil Roads _____
Percentage

Heavy Civil (Bridges, Dams, Tunnels) _____
Percentage

Electrical _____
Percentage

Marine Projects _____
Percentage

Other _____
Describe Percentage

TOTAL should equal 100%

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Does your firm provide services for any clients in which a principal, partner, officer or employee of your firm is also a principal, partner, officer, employee or a more than 3% shareholder of said client?

Yes No

If yes please provide: _____
Client Name

_____ Relationship with client

_____ Annual revenue generated from client

Were more than 50% of your total gross billing for any one year derived from a single client or contract? Yes No

If yes please provide: _____
Client Name

_____ Services Rendered

_____ How long you expect this relationship to continue

Describe your firm's five (5) largest jobs or projects during the past three (3) years.

	Clients Name	Services Provided	Total Gross Billing (CAD\$)
1			
2			
3			
4			
5			

Yes No

_____ If Yes, please provide full details.

Do you ever enter into contracts where your fees for services provided are contingent upon the client achieving cost reductions or improving operating results?

Yes No

_____ If Yes, please provide full details.

Does your firm secure a standard written contract or agreement for every project? (Please attach a standard copy) Yes No

_____ If Yes, please provide full details.

Provide the percentage of your revenue where a written contract is secured. _____
Percent

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Does your contract contain any of the following: (Check all that apply.)

- Hold harmless or indemnification clauses in your favor?
- Hold harmless or indemnification clauses in your client's favor?
- Payment terms?
- Guarantees or warranties
- A specific description of the services you will provide?

Describe steps taken to minimize/manage business risks:

Has any policy of/or application for similar insurance on your behalf or on the behalf of any of your principals, partners, officers, employees, or on behalf of any predecessors in business ever been declined, canceled, or renewal refused? Yes No

 If Yes, please explain the reason

Do you currently carry Commercial General Liability insurance Yes No _____
 If yes, what limits?

If No, Would you like to apply for Commercial General Liability Insurance? Yes No _____
 If yes, what limits?

Do you utilize the services of independent contractors or sub consultants? Yes No

Approximate percentage of billings attributed to sub-contractors/ consultants : _____
 Percent

Are all sub-contractors and consultants required to show proof of General Liability and Professional Liability coverages showing you as an additional insured ? Yes No _____
 If yes, what limits?

Please provide the following information on your professional liability (E&O) insurance for the past three (3) years:

Name of Insurer	Limits of Liability	Deductible	Policy Period	Premium

Retroactive Date of current policy (if any): DATE: | D | D | M | M | Y | Y |

Please attach a copy of the Declarations page from your current policy.

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Have any claims, suits, or demands for arbitration been made against the firm, its predecessor(s) or any past or present principal, partner, officer or employee within the past five (5) years? Yes No

If yes, provide details on the **Extra Info** page including:

- Name of Claimant
- Type of service provided and allegations made
- Date claim made
- Demand amount
- Final disposition including indemnity and expense amounts.

Having inquired of all principals, partners and officers, are you aware of any act, error, omission, unresolved job dispute or any other circumstances that is, or could be, a basis for a claim under the proposed insurance? Yes No

If yes, provide details on the **Additional Information** page including:

- Name of potential claimant
- Nature of situation
- Dates
- Amount of potential damages

With regard to Questions above, it is understood and agreed that if any such claim, act, error, omission, dispute or circumstance exists, then such claim and/or any claim arising from such act, error, omission, dispute or circumstance is excluded from coverage that may be provided under this proposed insurance and, further, failure to disclose such claim, act, error, omission, dispute or circumstance may result in the proposed insurance being void, and/or subject to rescission.

Limit of Liability Required (check one)

- \$500,000 per claim / \$1,000,000 Aggregate
- \$1,000,000 per claim / \$1,000,000 Aggregate
- \$1,000,000 per claim / \$2,000,000 Aggregate
- \$2,000,000 per claim / \$2,000,000 Aggregate
- Other, please specify: _____
Per claim/aggregate

Deductible/ Retention

Additional Information related to Application

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Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Application for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application for Insurance

The Policy may be deemed to be void and claims may be deemed not covered

1. An applicant for a contract:

- a) gives false or erroneous information to the prejudice of the Insurer, or
- b) knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein: or

2. The Insured contravenes a term of the Contract or commits a fraud;

3. The Insured willfully makes a false statement in respect of a claim under the Contract.

Policy Language Request: (applicable to New Brunswick applicants only):

In connection with this application for insurance coverage, we hereby request and consent that all insurance policy documents be prepared and executed in the English language.

Language de la police d'assurance (pour les résidents du Nouveau-Brunswick seulement):

Considérant la demande de protection d'assurance, par la présente nous demandons et consentons que tous les documents d'assurance soient préparés et rédigés en anglais.

We Strive to Protect Your Personal Information

All employees, agents, independent brokers and suppliers who are granted access to customer records understand the need to keep this information protected and confidential. They know they are to use the information only for the purposes intended. This expectation is clearly communicated and reinforced.

We have also established physical and systems safeguards, along with the proper processes, to protect customer information from unauthorized access or use.

Your Privacy Choices

You may withdraw your implied consent at any time (subject to legal or contractual obligation and on providing us reasonable notice) by contacting our Privacy Officer. Please be aware that withdrawing your consent may prevent us from providing you with the requested product or service.

If You Need More Information

For more information about our privacy policies and procedures, please contact our Privacy Officer, at PrivacyOfficer@swgins.com

1815 Ironstone Manor
Pickering, Ontario
L1W 3W9
Tel: 905-428-1269
Fax: 905-428-3977

Our Privacy Policy and Commitment to Protecting Your Privacy

As a policyholder, you trust us with your personal information. We respect that trust and want you to be aware of our commitment to protect the information you share with us in the course of doing business with us.

How We Use and Disclose Your Information

When you purchase insurance from us, you share personal information so that we may provide you with the products and services that best meet your needs and provide the insurance protection you have requested. In order to do this, we may use and disclose your personal information to:

- Communicate with you.
- Assess your application for insurance including underwriting and pricing your policies.
- Evaluate claims.
- Detect and prevent fraud.
- Analyze business results.
- Act as required or authorized by law.

We assume your consent for our company to use this information in an appropriate manner.

All personal information is safeguarded with appropriate security measures.

What We Will NOT Do With Your Information

We do not sell customer information to anyone. Nor do we share customer information with organizations outside of our associated companies.

Print Name and Title

Signature of Applicant or Authorized Representative

DATE:

D	D	M	M	Y	Y
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Broker Survey

(Questions to be answered by the Broker)

1. Do you know the Applicant Personally?

Yes No

If Yes, for how long?

2. Did you receive the order direct from the Applicant?

Yes No

If No, from whom and why?

3. Do you handle other Insurance for the Applicant?

Yes No

If yes, which coverages.

4. Do you recommend this risk in every respect?

Yes No

If no, please explain

5. Is this risk a renewal to your Office?

Yes No

If yes, how long have you placed the risk?

6. Are you a licensed broker in the province where the risk is located?

Yes No

7. Does your Brokerage own or is owned by or affiliated with an M.G.A. / Insurance Company?

Yes No

If Yes, please provide the name of the Organization

DATE:

D	D	M	M	Y	Y
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Broker's Signature _____