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|  | TRAVELERS 1ST CHOICE_US |
| Travelers Insurance Company of Canada | Design Professional Liability CoveragePick A Premium Application |

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| Complete this application if the Applicant: (i) has been in business more than 1 year; (ii) has annual gross billings of $200,000 or less; (iii) has at least one principal that is a registered architect, landscape architect, or land surveyor, or a licensed engineer; and (iv) has annual gross billings from the most recent fiscal year from only the following disciplines: architect, land surveyor, landscape architect, civil engineer, mechanical engineer, or electrical engineer. Applicants who do not meet this criteria or who answer “Yes” to any of the questions below should complete the Design Professional Liability Coverage Section Application. |

**The information requested in this application is for claims-made coverage. If issued, the claims made coverage covers only claims made against insureds during the policy period or any applicable extended reporting period. Payment of defence expenses will not reduce the limit of insurance except as respects claims brought and maintained in the United States of America.**

GENERAL INFORMATION

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| “Applicant” means all entities, including subsidiaries, for which coverage is requested. |
| Name of Applicant:  |       |
| Address:  |       |
| Web Address:  |       | Email Address: |       |
| Telephone Number:  |       | Primary Contact: |       |
| Year Established: |       |  |  |

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| Indicate the professional discipline from which the majority of the Applicant’s billings are derived: |
| [ ]  Architecture | [ ]  Land Surveying | [ ]  Landscape Architecture |
| [ ]  Civil Engineering | [ ]  Mechanical Engineering | [ ]  Electrical Engineering |

| Provide the following information if the Applicant currently carries professional liability insurance: |
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| **Current Carrier**  | **Current Limit** | **Current Retention** | **Current Premium** | **Date First Purchased**(dd/MON/yyyy) |
|       | $      | $      | $      |       |

**DESIGN PROFESSIONAL LIABILITY INFORMATION**

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| 1. | Is the Applicant’s annual gross billings\* from the most recent fiscal year more than $200,000? | [ ]  Yes [ ] No |
|  | \**Gross revenues plus reimbursable expenses and billings from licensed professionals on contract*s |

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| 2. | Does the Applicant use verbal agreements on greater than 25% of all projects? | [ ]  Yes [ ] No |

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| 3. | Does any partner, principal, member, officer, director, shareholder, or immediate family member have an ownership interest in any entity for whom the Applicant performs professional services? | [ ]  Yes [ ] No |

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| 4. | Does the Applicant derive any of its annual gross billings from geotechnical or structural engineering work? | [ ]  Yes [ ] No |

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| 5. | Has the Applicant performed services for a condominium, cooperative, or mixed-use condominium project over 15 storeys in the past 3 years, or is expected to in the next 12 months? | [ ]  Yes [ ] No |

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| 6. | Is the Applicant engaged in any of the following: |
|  | 1. Actual construction, fabrication, installation, or erection?
 | [ ]  Yes [ ] No |
|  | 1. Real estate development?
 | [ ]  Yes [ ] No |
|  | 1. Design, manufacture, sale, lease, or distribution of any product, process, or patented design?
 | [ ]  Yes [ ] No |
|  | 1. Services for projects outside Canada in the past fiscal year?
 | [ ]  Yes [ ] No |
|  | 1. Single-point responsibility for both the design and construction of a project?
 | [ ]  Yes [ ] No |
|  | 1. Work performed in or around oil and gas fields or refineries?
 | [ ]  Yes [ ] No |

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| 7. | Has the Applicant ever been in receivership or filed for bankruptcy? | [ ]  Yes [ ] No |

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| 8. | Is the Applicant or any person proposed for this insurance aware of any fact, circumstance, situation, event, or act involving professional services that reasonably could give rise to a claim against them under this Design Professional Liability Coverage? | [ ]  Yes [ ] No |
|  | *As respects the information required to be disclosed in response to the questions above, the proposed insurance will not afford coverage for any claim arising from any fact, circumstance, situation, event or act about which any principal of the Applicant**had knowledge prior to the continuity date set out in the Declarations of the Applicant’s policy.* |

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| 9. | Has any person or entity proposed for this insurance been: (i) a party to any professional liability claims; (ii) a party to any disciplinary actions; or (iii) cited by any regulatory agency or professional association; during the past 5 years? | [ ]  Yes [ ]  No |

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| If all responses above are “No”, the Applicant qualifies for coverage. To bind coverage, select the requested coverage below, and indicate the requested effective date of coverage. |

**insurance INFORMATION**

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|  | All coverage has a $0 per claim retention. All coverage is for 3 year policy term paid in 3 annual installments. |
|  | **Requested Limit of Liability**  | **Annual Premium** |
|  | [ ]  $250,000 per Claim / $500,000 aggregate | $1000 |
|  | [ ]  $500,000 per Claim / $500,000 aggregate  | $1400 |
|  | [ ]  $500,000 per Claim / $1,000,000 aggregate  | $1500 |
|  | [ ]  $1,000,000 per Claim / $1,000,000 aggregate  | $1700 |
|  | [ ]  $1.000,000 per Claim / $2,000,000 aggregate  | $1800 |
|  | [ ]  $2,000,000 per Claim / $2,000,000 aggregate  | $2000 |
|  | [x]  $25,000 Identity Fraud Expense Reimbursement coverage | Included |

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|  | Requested Effective Date: |       (dd/MON/yyyy) |

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|  | *Note: The effective date of coverage can be no earlier than one day after the Applicant sends this signed and dated application to its agent or broker.* |

Signature and privacy consent

1. The undersigned Authorized Representative represents that to the best of their knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application and all attached Coverage Section Applications, including Supplemental Applications (collectively, “the Application”), are true and complete, and may be relied upon by Travelers Insurance Company of Canada as the basis for providing insurance. The Applicant will notify Travelers Insurance Company of Canada of any material changes to the information provided. This Application, including any requested or submitted information, will be deemed attached to and form a part of any policy issued.

2. The undersigned Authorized Representative hereby consents to the collection, use, and disclosure of:

a. the undersigned’s personal information; or

b. the personal information of a third party (such as a family member, director, officer, or employee); and the undersigned represents they have obtained that person’s consent to such collection, use, and disclosure in accordance with Travelers Insurance Company of Canada’s Privacy Policy\*;

in the ordinary course of business:

(1) for the purposes of underwriting bonds, policies of insurance, and all other related insurance products offered by Travelers Insurance Company of Canada and all related documentation, bond, or policy management (which includes: handling customer complaints; any activities associated with extensions, renewals, substitutions, and modifications of such bond or policy of insurance; and claims administration); or

(2) by and to its affiliates, reinsurers, legal advisors, other financial institutions, regulatory bodies, and any third party deemed necessary by Travelers Insurance Company of Canada.

*\*Travelers Insurance Company of Canada’s Privacy Policy is available online at* [*www.travelerscanada.ca*](http://www.travelerscanada.ca/privacy.aspx)*. If you have any questions about our Privacy Policy, contact our Privacy Officer at 1.800.268.8447 or 416.362.7231.*

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| Authorized Representative Signature\*:(President or CEO)X      | Authorized Representative Name and Title      | Date (dd/MON/yyyy):      |

\*If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

[ ]  Electronic Signature and Acceptance – Authorized Representative