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| **ARCHITECTS & ENGINEERS** -APPLICATION FOR INSURANCE |

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| Forward's Architects & Engineers Program targets architects, engineers, design-build, and related consultants. Professional Liability (E&O) can be purchased stand alone OR packaged with optional Commercial General Liability (CGL) and optional property coverage. **Instead of completing this application form, consider trying** [***JET***](http://www.forwardinsurance.ca)**, our self-serve platform.**[***JET***](http://www.forwardinsurance.ca) **is the quickest path to quotes and policy issuance. A modern way** [**FORWARD**](http://www.forwardinsurance.ca)**.****PLEASE READ CAREFULLY** ‐ Please review this application in detail for accuracy.  If there are any misrepresentations or omissions in the application, any insurance quote is deemed to be void, and any subsequent insurance policy will be rendered null and void from inception.    |

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| **APPLICANT INFORMATION** |
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| Applicant (legal name/s) (enter all Named Insureds to be covered under the proposed policy AND answer all the questions in the application form as they relate to all entities): |       |

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| Risk Location Address: |       |

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| City: |       |

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| Province: |       |

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| Postcode / ZIP Code: |       |
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| Does the Applicant work from a home office? | [ ]  Yes [ ]  No |
| Does the Applicant have any locations outside of Canada? | [ ]  Yes [ ]  No |

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| Year business was established: |       |  |

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| How many years of experience does the Applicant (or principals) have providing the services declared in this application form? |       |  |

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| Total number of employees:  |       |  |
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| **LOSS HISTORY** |

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| Has the Applicant had any losses (insured or otherwise) in the last five years? | [ ]  Yes [ ]  No |
|  | If yes, Claim 1: |  |  |  |

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|  | Date: |       |  | Type of loss: |       |
|  | Total Amount (paid or reserve): | $      | Open / Closed: |       |  |
| Has the Applicant had more than one claim in the last 5 years? | [ ]  Yes [ ]  No |

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|  | If yes, Claim 2: |  |  |  |

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|  | Date: |       |  | Type of loss: |       |
|  | Total Amount (paid or reserve): | $      | Open / Closed: |       |  |

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|  | Claim 3: |  |  |  |

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|  | Date: |       |  | Type of loss: |       |
|  | Total Amount (paid or reserve): | $      | Open / Closed: |       |  |
| Has the Applicant had more than three claims in the last 5 years? | [ ]  Yes [ ]  No |
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| **CIRCUMSTANCES KNOWN AT INCEPTION** |

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| Is the Applicant aware of any circumstance where the Applicant was called upon to make any payment OR forego any fees as a result of any job dispute during the past five years? | [ ]  Yes [ ]  No |

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|  | If yes, provide full details of the circumstance that resulted in a payment or foregone fees: |       |
| **PRIOR INSURANCE** |

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| Is the Applicant(s) a CURRENT Forward policyholder? | [ ]  Yes [ ]  No |
| If yes, is the risk being quoted in this application currently insured with Forward? | [ ]  Yes [ ]  No |
| Is your brokerage the current broker of record for this account? | [ ]  Yes [ ]  No |
| Is the Applicant(s) a PREVIOUS (and no longer) Forward policyholder? | [ ]  Yes [ ]  No |
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| Does the Applicant currently carry Commercial General Liability coverage? | [ ]  Yes [ ]  No |
| If yes, please provide policy details: |

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|  | Insurer: |       |  | Premium: | $      |  |
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|  | Policy No. |       |  |  |
| Does the Applicant currently carry Errors & Omissions Liability coverage? | [ ]  Yes [ ]  No |
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| If yes, please provide details: |  |
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|  | Insurer: |       |  | Premium: | $      |  |
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|  | Policy No. |       | Retroactive Date on current in-force policy: |       |
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|  | Expiry Date of current in-force policy: |       |  |
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| Limits on current in-force policy: | [ ]  $250,000 / $250,000 (Agg.) | [ ]  $250,000 / $500,000 (Agg.) |  |
|  | [ ]  $500,000 / $500,000 (Agg.) | [ ]  $500,000 / $1,000,000 (Agg.) |  |
|  | [ ]  $1,000,000 / $1,000,000 (Agg.) | [ ]  $1,000,000 / $2,000,000 (Agg.) |  |
|  | [ ]  $2,000,000 / $2,000,000 (Agg.) | [ ]  $2,000,000 / $4,000,000 (Agg.) |  |
|  | [ ]  $3,000,000 / $3,000,000 (Agg.) | [ ]  $3,000,000 / $5,000,000 (Agg.) |  |
|  | [ ]  $5,000,000 / $5,000,000 (Agg.) |  |  |
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| Are there MULTIPLE Retroactive Dates / Limits on the current policy? | [ ]  Yes [ ]  No |
|  | If Yes, Enter the various retroactive dates and respective limits in the order of OLDEST limit/date to current |  |
|  | Limits: | Retroactive Start Dates:mm/dd/yyyy |
| #1 |       |       |
| #2 |       |       |
| #3 |       |       |
| #4 |       |       |
| #5 |       |       |
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| Has the Applicant(s) had continuous professional liability coverage since the retroactive date indicated in this application? | [ ]  Yes [ ]  No |
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| Has the Applicant or any directors or officers ever had insurance cancelled, declined or refused? | [ ]  Yes [ ]  No |
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|  If yes, reason for decline/refusal/cancellation: | [ ]  Due to cancel for non-payment (premium owed has been paid)[ ]  Due to cancel for non-payment (premium still owing to insurer)[ ]  Due to claims record[ ]  Insurer does not write that type of operation |
|  | [ ]  Other reasons (not cited in choice above):  |       |

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| **LICENSE SUSPENSIONS, FINES, REPREMIANDS OR BANKRUPTCY** |

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| Does the Applicant have any knowledge or information of any prior or pending license suspension, investigation, reprimand or fine, being imposed on any of the Applicants employees or principals? | [ ]  Yes [ ]  No |

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| If yes, provide full details of any prior or pending suspension, reprimand or fine: |       |

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| **TOTAL GROSS FEE REVENUE (LAST 12 MONTHS)** |

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| Total gross annual fees last 12 months: | $      |  |  |

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| Did any of the Applicant’s fees emanate from projects located in the USA? | [ ]  Yes [ ]  No |  |

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|  | If Yes, what was the % of fees emanating from projects located in the USA? |      % |  |  |
|  | If Yes, describe all projects in the USA in detail: |       |  |

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| Have any of the Applicant’s fees emanated from projects located outside of Canada and the USA? | [ ]  Yes [ ]  No |  |

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|  | If Yes, what was the % of fees emanating from projects located outside Canada or the USA? |      % |  |  |

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|  | If Yes, describe all projects located outside of Canada or the USA in detail: |       |  |

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| What was the Applicant’s largest contract with a single client during the last 12 months? | $      |  |

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| **FORECASTED TOTAL GROSS FEE REVENUES (NEXT 12 MONTHS)** |

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| Total gross annual revenues next 12 months: | $      |  |  |

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| Will any of the Applicant’s fees emanate from projects located in the USA? | [ ]  Yes [ ]  No |  |

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|  | If Yes, what will the % of fees emanating from projects located in the USA be? |      % |  |

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|  | If Yes. describe all projects in the USA in detail: |       |

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| Will any of the Applicant’s fees emanate from projects located outside of Canada and the USA? | [ ]  Yes [ ]  No |

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|  | If Yes, what will the % of fees emanating from projects located outside Canada or the USA be? |      % |  |

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|  | If Yes, describe all projects located outside of Canada or the USA in detail: |       |

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| What will the Applicant’s largest contract with a single client be (in $) in the next 12 months? | $      |  |

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| **BREAKDOWN (%) OF PROFESSIONAL SERVICES PROVIDED** |

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| **PLEASE READ CAREFULLY:** Provide the breakdown of Services below. Coverage will only apply for the services where a breakdown has been provided. Services not declared below will not be covered and total must equal to 100%. |
| Acoustic: |      % |  | Environmental Hazardous material assessment – excluding remedial design: |      % |  |
| Aerospace: |      % |  | Environmental lab testing: |      % |  |
| Agrology: |      % |  | Environmental regulatory and compliance consulting: |      % |  |
| Air Quality Testing: |      % |  | Environmental – tank and/or septic system design and testing: |      % |  |
| Architect: |      % |  | Environmental – waste arrangement and brokering: |      % |  |
| Architectural Technologist: |      % |  | Geology / Geoscience: |      % |  |
| Automotive Engineering: |      % |  | Geotechnical Engineering (Soil): |      % |  |
| Biomedical: |      % |  | Home Inspectors; |      % |  |
| Building Design – strictly limited to detached homes and low rise construction: |      % |  | Interior Design: |      % |  |
| Building Design: |      % |  | Industrial Process: |      % |  |
| Building Envelope: |      % |  | Landscape Architect: |      % |  |
| Building Surveying – excluding home inspection services: |      % |  | Land Surveying: |      % |  |
| Chemical Engineering: |      % |  | Lighting Design (Excluding civil projects / roadways): |      % |  |
| Civil Engineering – light – excluding heavy infrastructure, energy and geotechnical: |      % |  | Marine Engineer and/or Naval Architect: |      % |  |
| Civil Engineering – heavy: |      % |  | Materials Testing – Forensic: |      % |  |
| Civil Engineer – Transportation – (incl. rail or port): |      % |  | Mechanical Engineering (incl. HVAC): |      % |  |
| Civil Engineer – Energy, Water, or Waste (excluding Geotech services): |      % |  | Metallurgist: |      % |  |
| Construction Management: |      % |  | Mining Design: |      % |  |
| Design Build Contracting: |      % |  | Nuclear Engineering: |      % |  |
| Draughtsperson: |      % |  | Power Engineering (Excluding Nuclear): |      % |  |
| Electrical Engineering: |      % |  | Project Management (Construction Industry): |      % |  |
| Environmental – phase 1 and 2 report work – excluding any phase 3 report work: |      % |  | Water Resources and Sewer Management and Consulting (including Hydrology): |      % |  |
| Environmental phase 3 remedial investigation, design, and environmental feasibility studies: |      % |  | Structural Engineering: |      % |  |

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| **CHECK YOUR NUMBERS** – I have reviewed the list of services provided above and confirm they add up to 100%. | [ ]  Yes [ ]  No |
| If the Applicant is located in Ontario, does the Applicant(s) currently hold a BCIN# or have to provide proof of insurance to the Ministry of Housing and Municipal Affairs? | [ ]  Yes [ ]  No |

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| **SPECIALTY WORK** |
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| Does the Applicant provide services related to RESIDENTIAL CONDOMINIUMS? | [ ]  Yes [ ]  No |

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|  | If Yes, what percentage of the Applicants overall revenue emanates from RESIDENTIAL CONDOMINIUM work? |      % |  |

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| Does the Applicant provide services related to AVIATION OR AIRPORTS? | [ ]  Yes [ ]  No |
|  |  If Yes, describe the Applicants services related to AVIATION or AIRPORTS: |       |

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| Does the Applicant provide services to the AEROSPACE industry? | [ ]  Yes [ ]  No |

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| Does the Applicant provide services to AUTOMOTIVE industry? | [ ]  Yes [ ]  No |
|  | If Yes, describe the Applicants services to AUTOMOTIVE industry: |       |

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| Does the Applicant’s work involve the BIOMEDICAL industry? | [ ]  Yes [ ]  No |

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| Does the Applicant’s services involve NUCLEAR ENGINEERING | [ ]  Yes [ ]  No |

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| Is the Applicant a HOME INSPECTOR or provide HOME INSPECTION services? | [ ]  Yes [ ]  No |

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| Does the Applicant provide advice or opinion on the use of EXPLOSIVES? | [ ]  Yes [ ]  No |
|  | If Yes, describe the Applicant’s services related to the use of EXPLOSIVES: |       |

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| Does the Applicant provide services to the OIL & GAS industry? | [ ]  Yes [ ]  No |
|  | If Yes, does the Applicant’s services relate directly to oil and gas REFINING AND PROCESSING? | [ ]  Yes [ ]  No |
|  | If Yes, describe the Applicant’s work related to OIL & GAS REFINING and PROCESSING in detail: |       |

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| Does the Applicant’s work involve any OFFSHORE OIL & GAS work? | [ ]  Yes [ ]  No |

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| OIL & GAS – Is the Applicant’s work related to specialty in-hole well services, or any directional or horizontal drilling operations? | [ ]  Yes [ ]  No |

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| Does the Applicant provide services related to MINING? | [ ]  Yes [ ]  No |
|  | If Yes, describe the Applicants services related to MINING: |       |

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| Does the Applicant provide services involving AMUSEMENT RIDES? | [ ]  Yes [ ]  No |

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| Does the Applicant provide services involving PUBLIC USE/PARK PLAYGROUNDS? | [ ]  Yes [ ]  No |
|  | If Yes, describe the Applicants services provided involving public use/park playgrounds: |       |

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| Does the Applicant provide any services that may affect a MANUFACTURING or PROCESSING production line? | [ ]  Yes [ ]  No |

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|  | If Yes, describe the Applicants services related to MANUFACTURING or PROCESSING production lines: |       |

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| Does the Applicant provide services related to CRITICAL SAFETY ELEMENTS FOR RAIL (signals, etc.)? | [ ]  Yes [ ]  No |

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|  | If Yes, describe the CRITICAL SAFETY ELEMENTS FOR RAIL: |       |

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| If the applicant has revenues for the services “Construction Management” or Project Management”, does the Applicant manage a contract that is in excess of $50 million in value? | [ ]  Yes [ ]  No |
|  | If Yes, describe all contracts in excess of $50 million in value in detail: |       |

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| Does the Applicant(s) provide any services emanating from WASTE TO ENERGY? | [ ]  Yes [ ]  No |

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| Is the Applicant(s) a ROOFING INSPECTOR or STAND-ALONE ROOF DESIGNER as such? | [ ]  Yes [ ]  No |

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| Does the Applicant perform any work related to BRIDGES, TUNNELS OR DAMS? | [ ]  Yes [ ]  No |

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| **SUB-CONTRACTED CONSULTANTS** |

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| Does the Applicant always ensure that any other consultant that they sub-contract to has professional liability insurance in place before appointing them? | [ ]  Yes [ ]  No [ ]  N/A |

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| **WRITTEN CONTRACTS** |

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| What percentage of the Applicant’s work is executed using written contracts? |      % |  |

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| **Contract Language** |
| Does the Applicant’s contract contain a limitation of liability clause and fully describe the services to be rendered by the Applicant? | [ ]  Yes [ ]  No |
| **Contract Language - Guarantees** |
| Does the Applicant’s contract contain warranties or guarantees that could exceed fees charged for the work performed by the Applicant? | [ ]  Yes [ ]  No |
| **Project managers / Construction Management** |
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| Does the Applicant or any related company perform any hands-on trades work or sub-contract out any hands-on trade work, or act as a General Contractor? | [ ]  Yes [ ]  No |
| Does the Applicant require proof of liability insurance with a minimum limit of $2MM from all sub-contractors? | [ ]  Yes [ ]  No [ ]  N/A |
| **Building Envelope Services – Multi Unit Residential**  |
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| Does the Applicant provide building envelope services on multi-unit residential projects? (ie. condominiums, townhomes, etc.) | [ ]  Yes [ ]  No |
| **Environmental Physical Work Exposure** |
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| Does the Applicant provide / conduct any Phase 3 environmental remedial investigation, design, or feasibility studies? | [ ]  Yes [ ]  No |
| Does the Applicant (or related company) perform any physical work related to decommissioning, remediation, cleanup, removal, containment, detoxification, transport, storage, disposal or neutralization of polluted or contaminated properties and products? | [ ]  Yes [ ]  No |
|  | If Yes, describe in detail all the physical environmental works performed by the Applicant: |       |
| **Asbestos Sampling of Investigation / Testing** |
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| Does the Applicant perform any asbestos sampling or investigation / testing? | [ ]  Yes [ ]  No |
|  | If Yes, describe in detail the Asbestos work performed by the Applicant: |       |
| **Design Build Services** |
| What is the total annual construction values for all projects combined for the PAST 12 months? |       |
| What is the total annual anticipated construction values for all projects combined in the NEXT 12 months ? |       |
| Does the Applicant perform in house design work related to their own construction projects? | [ ]  Yes [ ]  No |
|  | If Yes, what type of design work do they perform in house? | [ ]  Commercial Buildings[ ]  Heavy Industrial Projects[ ]  Infrastructure / Civil Projects[ ]  Residential / Home Projects[ ]  Special Industries – E.G. O&G, Mining, Aviation[ ]  Other       |
| Does the Applicant perform design work for construction projects they will NOT build? | [ ]  Yes [ ]  No |
|  | What is the total annual fee revenue for design work where the Applicant does NOT build it? | $      |
|  |   If Yes, Describe what type of design work the Applicant conducts: | [ ]  Commercial Buildings[ ]  Heavy Industrial Projects[ ]  Infrastructure / Civil Projects[ ]  Residential / Home Projects[ ]  Special Industries – E.G. O&G, Mining, Aviation[ ]  Other       |
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| Does the Applicant sub-contract out design work ? | [ ]  Yes [ ]  No |
|  | If Yes, what percentage of the design work is sub-contracted out? |      % |
|  | If Yes, describe what design work is sub-contracted out: |       |

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| **COVERAGES** |

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| Errors and Omissions: | [ ]  $250,000 / $250,000 (Agg.) | [ ]  $250,000 / $500,000 (Agg.) |  |
|  | [ ]  $500,000 / $500,000 (Agg.) | [ ]  $500,000 / $1,000,000 (Agg.) |  |
|  | [ ]  $1,000,000 / $1,000,000 (Agg.) | [ ]  $1,000,000 / $2,000,000 (Agg.) |  |
|  | [ ]  $2,000,000 / $2,000,000 (Agg.) | [ ]  $2,000,000 / $4,000,000 (Agg.) |  |
|  | [ ]  $3,000,000 / $3,000,000 (Agg.) | [ ]  $3,000,000 / $5,000,000 (Agg.) |  |
|  | [ ]  $5,000,000 / $5,000,000 (Agg.) |  |  |
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| Applicant Attestation: It is hereby understood and agreed that, if the Applicant is aware of any fact, circumstance, or situation, prior to the inception of the proposed insurance, that subsequently results in a claim against the Applicant, coverage for such claim is excluded under the proposed insurance. | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
|  |  |
| Commercial General Liability: | [ ]  $0 / Not Required | [ ]  $1,000,000 |  |
|  | [ ]  $2,000,000 | [ ]  $5,000,000 |  |
|  |  |
| Tenant’s Legal Liability: | [ ]  $500,000 | [ ]  $1,000,000 |  |
|  | [ ]  $2,000,000 |  |  |
|  |  |
| Employer’s Liability: | [ ]  Not Required | [ ]  $1,000,000 |  |
|  | [ ]  $2,000,000 |  |  |
|  |  |
| Non-Owned Automobile: | [ ]  Not Required | [ ]  $1,000,000 |  |
|  | [ ]  $2,000,000 |  |  |
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| OPTIONAL – Miscellaneous Articles Floater: | $      |  |

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| OPTIONAL – Tool Floater: | $      |  |

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| OPTIONAL – Installation Floater: | $      |  |

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| **OPTIONAL PROPERTY (on premises) COVERAGE** |

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| Does the Applicant require property coverage? | [ ]  Yes [ ]  No |

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| **NOTE:** If building coverage is required, see Building Ownership product in JET for separate policy. |

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| *If you indicated “yes” to the question above, please complete the following questions:* |

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| NOTICE: The Applicant may request coverage on a COED basis (one combined single limit for Business Personal Property, tenants improvements and Stock / Inventory) OR Separate limits for Business Personal Property and Stock / Inventory (and a slightly lower rate) |

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| COED – Contents of Every Description (combined single limit of Business Personal property (including tenants improvements) and Stock / Inventory? | $      |  |

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| Business Personal Property (contents, equipment, EDP, tenants improvements) excluding Stock / Inventory: | $      |  |

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| Stock / Inventory: | $      |  |

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| Does the Applicant request coverage for Flood? | [ ]  Yes [ ]  No |

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| Does the Applicant request coverage for Earthquake | [ ]  Yes [ ]  No |

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| Does the Applicant request coverage for Sewer Backup | [ ]  Yes [ ]  No |

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| Is Business Interruption coverage (ALS) requested? | [ ]  Yes [ ]  No |

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|  | Business Interruption – ALS Limit Required: | $      |  |

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| **OPTIONAL CRIME** |
| Dishonesty, Destruction, Disappearance and Forgery Limit Requested: | [ ]  Not Required | [ ]  $5,000 |
|  | [ ]  $10,000 | [ ]  $25,000 |

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| **OPTIONAL EQUIPMENT BREAKDOWN COVERAGE** |
| Does the Applicant require Equipment Breakdown Coverage? | [ ]  Yes [ ]  No |

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| **OPTIONAL CONTRACTOR’S EQUIPMENT** |
| Does the Applicant require to schedule Contractor’s Equipment? | [ ]  Yes [ ]  No |

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| *If you indicated “yes” to Contractor’s Equipment, complete the details below:* |

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| **Contractor Equipment Details 1:** |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Year: |  | Make/ Model: |  | Serial #: |  | Limit: | $ |

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| **Type:** |  |  |  |  |  |  |  |  |

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| [ ]  Backhoe  | [ ]  Bobcat | [ ]  Boom lift  | [ ]  Bulldozer  | [ ]  Compactor  |
| [ ]  Compressor  | [ ]  Concrete Mixer  | [ ]  Crane | [ ]  Driller | [ ]  Electric Hammer |
| [ ]  Excavator | [ ]  Forklift | [ ]  Fresh Air Mask | [ ]  Front loader | [ ]  Generator |
| [ ]  Grader | [ ]  Grinder | [ ]  Gutter Machine | [ ]  Mini Spider Crane | [ ]  Nailer |
| [ ]  Paving equipment | [ ]  Plasma Cutter | [ ]  Power Washer | [ ]  Sand Blaster | [ ]  Sander |
| [ ]  Saw | [ ]  Scissor Lift | [ ]  Skid Steer | [ ]  Spider Crane | [ ]  Spray Foam Gun |
| [ ]  Spray Foam Hose | [ ]  Spray Foam Machine | [ ]  Spreader | [ ]  Snow Removal Equipment | [ ]  Telehandler |
| [ ]  Threading Machine | [ ]  Vacuum | [ ]  Water Jet Cutter | [ ]  Water Pump | [ ]  Water Cutter |
| [ ]  Welder | [ ]  Wheel Loader | [ ]  Woodchipper | [ ]  Other – Mobile Equipment excluding Cranes |  |

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| **Contractor Equipment Details 2:** |  |  |

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|  | Year: |  | Make/ Model: |  | Serial #: |  | Limit: | $ |

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| **Type:** |  |  |  |  |  |  |  |  |

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| [ ]  Backhoe  | [ ]  Bobcat | [ ]  Boom lift  | [ ]  Bulldozer  | [ ]  Compactor  |
| [ ]  Compressor  | [ ]  Concrete Mixer  | [ ]  Crane | [ ]  Driller | [ ]  Electric Hammer |
| [ ]  Excavator | [ ]  Forklift | [ ]  Fresh Air Mask | [ ]  Front loader | [ ]  Generator |
| [ ]  Grader | [ ]  Grinder | [ ]  Gutter Machine | [ ]  Mini Spider Crane | [ ]  Nailer |
| [ ]  Paving equipment | [ ]  Plasma Cutter | [ ]  Power Washer | [ ]  Sand Blaster | [ ]  Sander |
| [ ]  Saw | [ ]  Scissor Lift | [ ]  Skid Steer | [ ]  Spider Crane | [ ]  Spray Foam Gun |
| [ ]  Spray Foam Hose | [ ]  Spray Foam Machine | [ ]  Spreader | [ ]  Snow Removal Equipment | [ ]  Telehandler |
| [ ]  Threading Machine | [ ]  Vacuum | [ ]  Water Jet Cutter | [ ]  Water Pump | [ ]  Water Cutter |
| [ ]  Welder | [ ]  Wheel Loader | [ ]  Woodchipper | [ ]  Other – Mobile Equipment excluding Cranes |  |

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| **Contractor Equipment Details 3:** |  |  |

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|  | Year: |  | Make/ Model: |  | Serial #: |  | Limit: | $ |

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| **Type:** |  |  |  |  |  |  |  |  |

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| [ ]  Backhoe  | [ ]  Bobcat | [ ]  Boom lift  | [ ]  Bulldozer  | [ ]  Compactor  |
| [ ]  Compressor  | [ ]  Concrete Mixer  | [ ]  Crane | [ ]  Driller | [ ]  Electric Hammer |
| [ ]  Excavator | [ ]  Forklift | [ ]  Fresh Air Mask | [ ]  Front loader | [ ]  Generator |
| [ ]  Grader | [ ]  Grinder | [ ]  Gutter Machine | [ ]  Mini Spider Crane | [ ]  Nailer |
| [ ]  Paving equipment | [ ]  Plasma Cutter | [ ]  Power Washer | [ ]  Sand Blaster | [ ]  Sander |
| [ ]  Saw | [ ]  Scissor Lift | [ ]  Skid Steer | [ ]  Spider Crane | [ ]  Spray Foam Gun |
| [ ]  Spray Foam Hose | [ ]  Spray Foam Machine | [ ]  Spreader | [ ]  Snow Removal Equipment | [ ]  Telehandler |
| [ ]  Threading Machine | [ ]  Vacuum | [ ]  Water Jet Cutter | [ ]  Water Pump | [ ]  Water Cutter |
| [ ]  Welder | [ ]  Wheel Loader | [ ]  Woodchipper | [ ]  Other – Mobile Equipment excluding Cranes |  |

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| **OPTIONAL PROPERTY COVERAGE CONTINUED** |

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| **BUILDING DETAILS** |

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| Year built: |       |  |

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| --- | --- | --- |
| Building Construction: | [ ]  Fire Resistive | [ ]  Frame |
|  | [ ]  Non-Combustible | [ ]  Other:  |  |

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| --- | --- | --- |
| Age of roof (YYYY): |       |  |

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| **HEATING** |

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| --- |
|  |
| Primary Heating Type for building: | [ ]  Baseboard Electric | [ ]  Radiant Ceiling Heat Panels - Electric |  |
|  | [ ]  Boiler – In floor Radiant heat | [ ]  Stoves (wood heat, pellet)  |  |
|  | [ ]  Boiler – water baseboard | [ ]  Wall Furnace / Wall Heater |  |
|  | [ ]  Fireplace Inserts | [ ]  Wood heat appliance |  |
|  | [ ]  Forced Air Furnace | [ ]  Building is not heated |  |
|  | [ ]  Heat Pump | [ ]  Roof top HVAC system |  |
|  | [ ]  Plug-in space heaters | [ ]  Combination – Forced Air Furnace with add on Wood burning unit |  |

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| Year of heating upgrade: |       |  |

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| **PLUMBING** |

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|  |
| Type of plumbing: | [ ]  Copper, PEX, PVC, ABS | [ ]  Cast Iron |  |
|  | [ ]  Polybutylene | [ ]  Building does not have plumbing |  |
|  | [ ]  Galvanized Steel | [ ]  Mixed – more than one of the above types of plumbing |  |
|  | [ ]  Kitec |  |  |
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| Year of plumbing upgrade: |       |  |

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| **ELECTRICAL** |

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|  |
| Electrical type: | [ ]  Circuit Breakers | [ ]  Fuses |  |
|  | [ ]  Mixed – more than one of the above types |  |
|  |
| Electrical – Amps:  | [ ]  60 amps | [ ]  200 amps  |  |
|  | [ ]  80 amps | [ ]  400 amps |  |
|  | [ ]  100 amps | [ ]  Greater than 400 amps |  |
|  |
| Wiring type: | [ ]  Aluminum | [ ]  Knob + Tube |  |
|  | [ ]  Copper | [ ]  Mixed – Aluminum, Copper, and/or Knob + Tube  |  |
|  |
| If wiring type is Aluminum or Mixed: |  |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | What percentage is aluminum? |       % |  |

|  |
| --- |
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| --- | --- | --- |
|  | Has the electrical wiring been inspected and approved by a licensed electrician? | [ ]  Yes [ ]  No |
| Year of electrical upgrade: |       |  |

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| **SOLID FUEL HEAT** |

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| Does the building have a solid fuel head device (other than a traditional fireplace)? | [ ]  Yes [ ]  No |

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|  | Was the solid fuel heat device professionally installed? | [ ]  Yes [ ]  No |

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|  | Is there a passed WETT inspection on file? | [ ]  Yes [ ]  No |

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|  | Have modifications been made to the solid fuel heat device? | [ ]  Yes [ ]  No |

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| **The Applicant Attests that the following risk management is in place in the building:** |
| The solid fuel heat device and chimney are cleaned every year prior to heating season? | [ ]  Yes [ ]  No |
| Ashes are disposed of in a metal, lidded container and placed on a non-flammable surface? | [ ]  Yes [ ]  No |

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| At least 24 inches of clear space will be maintained from the solid fuel heat device to furniture, fuel, or other combustible materials? | [ ]  Yes [ ]  No |

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| **PROTECTION** |

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| --- | --- |
| Centrally monitored alarm: | [ ]  Yes [ ]  No |
| Sprinklered: | [ ]  Yes [ ]  No |

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| **FIRE PROTECTION** |

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| --- | --- |
| Distance to fire hydrant: | [ ]  Within 300m [ ]  Over 300m |
| Distance to responding firehall: | [ ]  Within 8kms [ ]  Over 8kms |

|  |
| --- |
|  |
| Type of responding firehall: | [ ]  100% paid (career firefighters) | [ ]  100% volunteer (non-career firefighters) |
|  |
|  | [ ]  Combination of paid + volunteer (career + non-career firefighters) |
|  |

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| **FLOOD EXPOSURE** |

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| Has the risk ever been evacuated or issued an evacuation order or alert, due to flood? | [ ]  Yes [ ]  No |
| Is this risk located in an area that is currently under flood warning? | [ ]  Yes [ ]  No |

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| **WILDFIRE EXPOSURE** |

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| Has the risk ever been evacuated or issued an evacuation order or alert, due to wildfire? | [ ]  Yes [ ]  No |
| Is this risk located within 25kms of a current wildfire? | [ ]  Yes [ ]  No |

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| **ISSUANCE INFORMATION** |
| **POLICY TERM INFORMATION** |  |
|  |  |
| Proposed Effective Date (MM/DD/YYYY): |  |  |
|  |  |  |
| **APPLICANT INFORMATION** |  |  |
|  |  |  |
| Mailing address: |  | City: |  |
|  |  |  |  |
| Province: |  | Postcode/ ZIP Code: |  |  |
|  |  |  |
| **ADDITIONAL INSUREDS** |
|  |  |
| Add any Additional Insureds required with respect to liability coverage (eg. Landlord, contract requirements, etc.): |
|  |
| Name: |  |  |
|  |  |
| Address: |  | City: |  |
|  |  |  |  |
| Province: |  | Postcode/ ZIP Code: |  |  |
|  |  |  |  |  |
| What is the relation between the Applicant and the additional insured entity? |
|  |
|  | [ ]  Customer of Insured | [ ]  Landlord | [ ]  Lead Contractor or Project Manager |
|  | [ ]  Lessor / Finance Company | [ ]  Joint Venture | [ ]  Subsidiary (100% wholly owned by Applicant) |
|  | [ ]  Subsidiary (not wholly owned by Applicant) | [ ]  Government body/regulator/association |

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|  | [ ]  Other: |  |

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| --- | --- | --- |
| Name: |  |  |
|  |  |
| Address: |  | City: |  |
|  |  |  |  |
| Province: |  | Postcode/ ZIP Code: |  |  |
|  |  |  |  |  |
| What is the relation between the Applicant and the additional insured entity? |
|  |
|  | [ ]  Customer of Insured | [ ]  Landlord | [ ]  Lead Contractor or Project Manager |
|  | [ ]  Lessor / Finance Company | [ ]  Joint Venture | [ ]  Subsidiary (100% wholly owned by Applicant) |
|  | [ ]  Subsidiary (not wholly owned by Applicant) | [ ]  Government body/regulator/association |

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|  | [ ]  Other: |  |

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| **WAIVER OF SUBROGRATION** |

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| Does the Applicant require a Waiver of Subrogation in favour of any entities? | [ ]  Yes [ ]  No |
|  |  |
| If yes, answer the following details: |  |
|  |  |
| Name: |  |  |
|  |  |  |
| Address: |  | City: |  |
|  |  |  |  |
| Province: |  | Postcode/ ZIP Code: |  |  |
|  |  |  |  |  |
| What is the relation between the Applicant and the entities requesting Waiver of Subrogation? |  |
|  |  |
|  | [ ]  Customer of Insured | [ ]  Landlord | [ ]  Lead Contractor or Project Manager |
|  | [ ]  Lessor / Finance Company | [ ]  Joint Venture | [ ]  Subsidiary (100% wholly owned by Applicant) |
|  | [ ]  Subsidiary (not wholly owned by Applicant) | [ ]  Government body/regulator/association |

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|  | [ ]  Other: |  |

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| Does the Applicant wish to add another entity for Waiver of Subrogation? | [ ]  Yes [ ]  No |
|  |  |
| If yes, answer the following details: |  |
|  |  |
|  | Name: |  |  |
|  |  |
|  | Address: |  | City: |  |
|  |  |  |  |
|  | Province: |  | Postcode/ ZIP Code: |  |  |
|  |  |  |  |  |
| What is the relation between the Applicant and the entities requesting Waiver of Subrogation? |
|  |
|  | [ ]  Customer of Insured | [ ]  Landlord | [ ]  Lead Contractor or Project Manager |
|  | [ ]  Lessor / Finance Company | [ ]  Joint Venture | [ ]  Subsidiary (100% wholly owned by Applicant) |
|  | [ ]  Subsidiary (not wholly owned by Applicant) | [ ]  Government body/regulator/association |

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|  | [ ]  Other: |  |

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| **LOSS PAYABLES INFORMATION** |
|  |  |
| List in order ALL mortgagees, loss payees, additional interests, and other interested parties (name and address): |
|  |
| Full Name or Legal Entity Name: |  |
|  |  |
| Address: |  | City: |  |
|  |  |  |  |
| Province: |  | Postcode/ ZIP Code: |  |  |
|  |  |  |  |  |
| **WILDFIRE + FLOOD** |  |  |
|  |
| Is this risk located within 25kms of a current wildfire? | [ ]  Yes [ ]  No |
|  |
| Is this risk located in an area that is currently under flood warning? | [ ]  Yes [ ]  No |
|  |  |

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| --- |
| **PLEASE READ BEFORE SIGNING:** The Applicant has reviewed this application form and all attachments and acknowledges that all information provided is true. The Applicant understands that any insurance that may be provided is based on the information in this application being true and correct, and any misrepresentation or omission will render any such insurance policy null or void from inception. The Applicant understands that if the insured fails to immediately inform the insurer of material changes to these facts during the term of an insurance policy, the insurance may not be valid. The Applicant understands that they cannot contravene a term of the policy, commit a fraud, or willfully make false statements during a claim investigation. The Applicant confirms that all individuals included in this application have authorized the collection and storage of their personal information. Credit information, claims history and other personal information may be collected, used and disclosed for the purposes of assessing and underwriting the application for insurance, renewals, evaluating claims, detecting and preventing fraud. The Applicant hereby consents to the use of electronic communications, electronic records, and electronic signatures. The Applicant understands an electronic signature is legally binding, just as if the Applicant had signed a paper document. **NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS FORWARD INSURANCE MANAGERS LTD. HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE.** Forward Insurance Managers Ltd. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Applicant(s):** |       | **Date:**  |       |
| Applicant’s Contact Email Address for E-Signature\* |       |
| **Brokerage:** |       | **Broker ID#:** |       |
| **Broker Email:**  |       | **Phone:** |       |

**Email completed apps to newprofessional@forwardinsurance.ca or for the quickest turnaround, log in to** [***JET***](http://www.forwardinsurance.ca)**.**