



REIBC and Reliance Insurance
General Liability and Errors & Omissions Program
New Application

This is a proposal for a contract of insurance, in which the proposer, or you/your means the individual, company, partnership, trust, charity, establishment or association proposing for cover.

This proposal must be completed in ink, signed and dated. All questions must be answered to enable a quotation to be given but completion does not bind you or Underwriters to enter into any contract of insurance. If space is insufficient, please attach a separate sheet of paper and retain a copy of the completed application for future reference.

1. Name of Business (Insured):

2. Address (including address of branch offices):

Principal Telephone and Email:

3. a) Date when first established and Fiscal Year End Date:

b) Detail of any Predecessor Business or Practice providing dates of establishment and closure:

4. Names of all Directors, Partners, Principals & Consultants, Indicate latter with an asterisk

Name	Qualifications	Year Obtained	How long in position

5. Is the sole Director or Principal answer the following:

a) Is this a part time occupation? Yes No

b) If YES, provide details of present full-time occupation

c) Are your full-time employers aware of these activities? Yes No

6. Is any Director, Partner, Principal or Consultant connected or associated (financially or otherwise) with any other firm, company or organization for whom the Business or Practice does work? Yes No

7. Total numbers of permanent staff (i.e. excluding Directors, Partners, Principals or Consultants)

a) Qualified Full Time	
b) Qualified Part Time	
c) All Other – Full Time	
d) All Other – Part Time	

8. a) Provide a full description of your business operations/activities:

b) Do you anticipate any major changes in these activities in the next 12 months? Yes No

c) Provide brief details of any Quality Control procedures and or accreditations which are in effect:

9. Detail the amount of gross income/fees for the last 3 fiscal years, and also an estimate for the current financial year

Year	Canada	US	Foreign

10.

Total fee from largest client last year:	Average fee received per client

11. Provide a Category Breakdown of your fee income:

TYPE OF WORK Detail by Category	% of Fee Income	
	Last Year	Forthcoming Year (estimate)

Total (must equal 100%)	100%	100%

12. List the three largest projects which the business or practice has undertaken in the past 5 years:

Project	Country	Client	Fee	Total Value	Start Date	End Date

13. a) Does the business or practice undertake any work whatsoever where the end product of such work is carried out outside of Canada? If yes, provide the following details:

Project	Country	Client	Fee	Total Value	Start Date	Finish Date

b) Do you work from outside Canadian offices? Yes No

c) Do you accept liability other than under the jurisdiction of Canadian Courts? Yes No

14. Do you use a standard form of contract, agreement, or letter of appointment Yes No

15. Is the business or practice involved in any process of manufacture, construction, alteration, repair, installation or sale or supply of products, other than in a pure consultancy capacity as described above?
Yes No

16. Is any work carried out by sub-contractors? Yes No

If Yes, provide the following information in relation to work undertaken during the last 12 months:

Name of subcontractor	Qualifications	Type of work	Fees

16. Is the business or practice a member of a consortium or group or engaged in any single project partnership? Yes No

If yes, provide details including the names of the members/partners and their capacities in the consortium/practice:

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17. Provide the insurance history of the practice for the past 5 years:

Insurer	Policy Term	Limit	Deductible

18. Have any claims (successful or not) been made against you, your predecessors in business or; past/present partners, principals, directors or consultants to which this proposal relates?

Yes No

If Yes, have such matters been reported to current or previous Insurers? Yes No

If Yes, provide full details below:

19. Are you or any of the partners, directors, principals, or consultants after having made full inquiries, including to all staff, aware of any facts circumstances, complaints – whether oral or in writing, regarding services performed or advice given, that may give rise to a claim?

Yes No

If yes, please provide full details:

20. Have you or your predecessors at any time been refused similar insurance?

Yes No

If Yes, provide full details:

Which Limit of Liability is required?

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DECLARATION:

I hereby declare that I am authorized to complete this proposal on behalf of the business or practice and that the statements and particulars in this proposal are true and complete, that no material facts have been misstated or suppressed.

I undertake to inform underwriters of any material alteration or addition to these statements or particulars which occurs before any contract of insurance based on this proposal is effected and acknowledge that this proposal (together with any other information supplied to underwriters) shall be the basis of such contract.

Signed: _____ Name: _____

Position: _____ Date: _____

The signatory should be a director or senior officer of, or partner in, the applicant

PLEASE REMEMBER TO ATTACH THE FOLLOWING (UNLESS PREVIOUSLY SUPPLIED TO RELIANCE):

- (a) "C.V.'s" for Directors, Partners, Principals, Consultants and other senior staff undertaking 'professional' work
- (b) A copy of your standard form of contract, agreement or letter of appointment (if utilized)
- (c) Consortium Agreements (where applicable)
- (d) A copy of any brochure which may be available in relation to your activities

Return the completed application and attachments to Kathryn Britnell, Manager of Business Development & Strategic Initiatives, email: kbritnell@reliance.bc.ca

'TAKING
THE
RISK OUT
OF RISK'

reliance

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