



LANDSCAPE ARCHITECTS' PROFESSIONAL LIABILITY INSURANCE APPLICATION

THIS APPLICATION IS FOR A CLAIMS MADE POLICY

1. APPLICANT INFORMATION

1. Name of Organization or Legal Entity (Applicant) including any subsidiaries:

(please show complete name as you wish it to appear on the policy)

2. Names of Predecessor firms (if any):

3. Address of Head Office (Not P.O. Box):

Any Branch offices (if applicable):

Website:

4. Please indicate Limits and Deductible required:

Limit: ☐ \$ 250,000 per Claim / \$ 500,000 Annual Aggregate
☐ \$ 500,000 per Claim / \$1,000,000 Annual Aggregate
☐ \$1,000,000 per Claim / \$1,000,000 Annual Aggregate

Other Limit: ☐ \$

Deductible: ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ Other: \$

5. Company Structure: ☐ Sole Proprietor ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Franchise ☐ Other:

Date established:

Is the Company Canadian registered?

☐ YES ☐ NO

6. Number of Employees: Professional: Technical: Other:

Total Payroll: \$

7. Please complete the following table:

NAMES OF PARTNERS, ACTIVE DIRECTORS, INCLUDING SOLE PRACTITIONERS	UNIVERSITY	DEGREE	YEAR OF GRADUATION	% OF OWNERSHIP IN FIRM	PROVINCE IN WHICH REGISTERED TO PRACTICE

Please provide résumés for all individuals listed above.

8. Please complete the following table.

FEE INCOME	LAST TWELVE (12) MONTHS OR LAST FISCAL YEAR	ANTICIPATED NEXT TWELVE (12) MONTHS OR NEXT FISCAL YEAR
a) Gross fees (include all amounts for b)-e)):		
b) Fees paid to sub-consultants:		
c) Fees emanating from projects insured separately:		
d) Fees emanating from services performed in the USA or for USA projects (\$CAD):		
e) Fees emanating from services performed overseas or for overseas projects (\$CAD):		
f) Reimbursables (travel costs, administrative costs, etc.)		
g) Construction value:		

9. Please indicate percentage (%) of gross fees, derived from the following practices (**must total 100%**):

Residential (Private)	_____ %	Municipal	_____ %
Residential (Multi unit)	_____ %	Golf Course Projects*	_____ %
Industrial	_____ %	Swimming Pools*	_____ %
Institutional/Commercial	_____ %	Fountain Projects*	_____ %
Retaining Walls*	_____ %	Parks/Playgrounds**	_____ %
*Please provide detailed description of services _____			
**Design of replicated playground equipment manufactured by you or by a third party		_____ %	
**Specification of replicated playground equipment manufactured by others		_____ %	
**Design of natural play areas (e.g. boulders, logs, grass mounds)		_____ %	
Not Resulting in construction (NRIC)	_____ %	Provide details of NRIC:	_____
Others	_____ %	Describe Others:	_____

10. Does the Applicant or any related company engage in actual construction, installation or assembly?
If YES, please provide full details of operations on a separate sheet. ☐ YES ☐ NO
11. Does the Applicant or any related company engage in actual manufacture, fabrication or assembly?
If YES, please provide full details of operations on a separate sheet. ☐ YES ☐ NO
12. Does the Applicant or any related company enter into contracts wherein they assume responsibility for any of the activities mentioned in Question 10 or 11 above?
If YES, please provide full details of operations on a separate sheet. ☐ YES ☐ NO
13. Are professional services provided by your firm to any entity or project in which you or your key employees maintain a cumulative ownership of more than 25%? ☐ YES ☐ NO
14. Are professional services provided by your firm to any entity that has cumulative ownership in your firm greater than 15%? ☐ YES ☐ NO
15. Do more than 25% of the Applicant's fees emanate from a single client?
If YES, please state client's name: _____ ☐ YES ☐ NO
16. Does the Applicant have written contracts with all of its clients? ☐ YES ☐ NO
- a) If NO, please indicate the percentage (%) of projects that are undertaken with a written contract: _____ %
- b) Percentage (%) of standard written contracts (provided by their provincial association): _____ %
- c) Percentage (%) of non-standard contracts: _____ %
17. Does the Applicant require proof of Professional Liability insurance from sub-consultants?
If YES, please provide an approximate percentage (%) of contracts undertaken with sub-consultants for which proof of insurance was obtained? _____ % ☐ YES ☐ NO
18. Does the Applicant have an in-house quality control procedure?
If YES, please specify: _____ ☐ YES ☐ NO

2. TECHNOLOGY / PRIVACY LIABILITY EXPOSURE

19. Does the Applicant collect any revenues online or otherwise engage in any e-commerce operations? ☐ YES ☐ NO

20. Are you held harmless for any on-line payments that are contracted to a third party? ☐ YES ☐ NO
21. Does the Applicant use commercially available firewall protection systems to prevent unauthorized access to internal networks and computer systems? ☐ YES ☐ NO
If YES, please list software being used: _____
22. Does the Applicant have and enforce policies concerning when internal and external communications should be encrypted? ☐ YES ☐ NO
23. Does the Applicant encrypt data stored on laptop computers and portable media? ☐ YES ☐ NO
24. Does the Applicant utilize and regularly update Anti-Virus Software? ☐ YES ☐ NO
If YES, please list software being used: _____
25. Is all valuable/sensitive data backed-up on a daily basis? ☐ YES ☐ NO
If YES, please advise where back up data is stored: _____
26. Does the Applicant terminate all associated computer access and user accounts as part of the regular exit process when an employee leaves the company? ☐ YES ☐ NO
27. Does the Applicant have a business continuity plan, recovery plan and/or incident response plan? ☐ YES ☐ NO
28. Does the Applicant accept credit cards for goods sold or services rendered? ☐ YES ☐ NO
If YES, please answer the following questions:
- A) Please state the Applicant's percentage (%) of revenues from credit card transactions in the most recent twelve(12) months: _____ %
- B) Is the Applicant compliant with applicable data security standards issued by financial institutions the Applicant transacts business with (e.g. PCI standards)? ☐ YES ☐ NO
- C) If the Applicant is not compliant with applicable data security standards, please describe the current status of any compliance work and the estimated date of completion.

3. PREVIOUS INSURANCE

29. a) During the last five (5) years, has the Applicant carried Landscape Architects' Professional Liability insurance? ☐ YES ☐ NO
If YES, please complete the following for all previous policies:

INSURER	TERM	LIMIT	DEDUCTIBLE	PREMIUM

b) Retroactive Date: _____

30. Has any Application for Landscape Architects' Professional Liability insurance made on behalf of the Applicant or any of the present partners, officers or directors been declined, cancelled or non-renewed? ☐ YES ☐ NO
If YES, please provide details:

4. CLAIMS DECLARATIONS

31. In the last five (5) years, has a claim or civil suit been made against the Applicant or any of its partners, officers, directors or employees? ☐ YES ☐ NO
If YES, please provide the following details on a separate sheet:
- | | | |
|--|--|--------------------|
| a) Date of claim | b) Claimant's name | c) Nature of Claim |
| d) Amount of indemnity payment and amount of defense costs | e) Final dispositions or current status of claim | |

32. Is the Applicant or any of its partners, officers, directors or employees aware of any situation or circumstance which may reasonably result in a claim against them including a client's refusal to pay fees for services rendered? ☐ YES ☐ NO
If YES, please provide full details on a separate sheet using the same format as question 31 above.
33. Does the Applicant or any of its partners, officers, directors or employees have any knowledge or information regarding being called upon to make any payments or to forego any claim for fees as a result of any job dispute during the last five (5) years? ☐ YES ☐ NO
If YES, please provide full details on a separate sheet.
34. Does the Applicant or any of its partners, officers, directors or employees have any knowledge or information of any of their licenses having been suspended or their having been fined or reprimanded during the last five (5) years? ☐ YES ☐ NO
If YES, please provide full details on a separate sheet.
35. Has the Applicant, its partners, directors or officers ever had a Directors' and Officers' Liability or an Employment Practices Liability claim (whether insured or not)? ☐ YES ☐ NO
If YES, please provide the following details on a separate sheet.
36. Is the Applicant, its partners, directors or officers aware of any situation which might give rise to a Directors' and Officers' Liability or an Employment Practices claim? ☐ YES ☐ NO
If YES, please describe in detail:

Without limitation of any other remedy available to the Insurer, it is hereby agreed that if there be knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating therefrom is excluded from coverage under the proposed insurance.

5. NOTICE CONCERNING PERSONAL INFORMATION

By purchasing insurance from Beazley Canada Limited, a customer provides Beazley with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law.

For the purposes identified above, personal information may be disclosed to Beazley's related or affiliated companies and service providers.

Further information about Beazley's personal information protection policy may be obtained by contacting their privacy officer at 416-601-2155.

6. WARRANTY STATEMENT

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. The undersigned also warrants that they have not suppressed or misstated any material facts.

If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants he or she will immediately report such changes to the Insurer.

Signing of this Application does not bind the undersigned to purchase this insurance, nor does it bind the Insurer to complete this insurance. However, should the Insurer bind and issue a policy, this Application shall serve as the basis of such contract and will be attached to and form part of the policy.

SIGNED: _____
(Authorized Representative)

DATE: _____

NAME (Please Print): _____

TITLE/POSITION: _____