



Commercial General Liability and Errors and Omissions Liability Application

Name of Insured/Title of Firm _____

Address of Firm _____

Profession _____

Contact _____

Do you conduct business from offices other than the above? Yes No

Please state full address _____

Phone Number _____ Fax Number _____ Cell Number _____

Website _____ E-mail Address _____

When was the firm established? _____

Coverages

1. Please indicate limit required for Commercial General Liability:

- \$1,000,000 Limit of Liability
 - \$2,000,000 Limit of Liability
 - \$5,000,000 Limit of Liability
 - \$100,000 Forest Fire Fighting Expense
 - \$250,000 Forest Fire Fighting Expense
 - \$1,000,000 Forest Fire Fighting Expense
- Deductible Options: \$1,000 \$2,500 \$5,000 \$10,000

2. Please indicate limit required for Errors and Omissions Liability:

- \$ 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
- \$2,000,000 per claim/\$2,000,000 annual aggregate

3. Full description of operations (provide brochure, if available)

4. **Professional Fees**

		Projected Next Financial Year	12 Months Expiring	12 Months Prior
(a)	Gross Fee Income (include (b), (c) and (d))	\$	\$	\$
(b)	Fees Paid to Subconsultants	\$	\$	\$
(c)	Fees for Projects in US	\$	\$	\$
(d)	Fees for Projects Outside of North America	\$	\$	\$

Overall Revenue

(e)	Payroll	\$	\$	\$
(f)	Gross Revenue	\$	\$	\$



5. (a) Please indicate percentage of your activities in the following areas (should total 100%)

<u> </u> %	Community and Social Fund	<u> </u> %	Inventory Mapping
<u> </u> %	Standing Tending	<u> </u> %	Forest Administration
<u> </u> %	Logging	<u> </u> %	Study Planting
<u> </u> %	Site Plans	<u> </u> %	Reforestation
<u> </u> %	Surveys	<u> </u> %	Forest Nurseries
<u> </u> %	Silviculture	<u> </u> %	Valuations
<u> </u> %	Forest Protection	<u> </u> %	Site Preparation
<u> </u> %	Wood Technology	<u> </u> %	Road Construction
<u> </u> %	Mapping Layout	<u> </u> %	GPS Layout
<u> </u> %	Supervision	<u> </u> %	Fisheries Supervision

Other (specify) _____

	Full Time	Part Time
(b) Number of Registered Professional Foresters	<u> </u>	<u> </u>
Number of Registered Forest Technologists	<u> </u>	<u> </u>
Number of Other Technical Staff	<u> </u>	<u> </u>
Number of Clerical Staff	<u> </u>	<u> </u>
Other (specify) _____		

6. Education/Professional Qualifications of the Key Personnel of the Applicant (attach a separate sheet if necessary)

Name	Qualifications	Date and Place Acquired	How Long with Firm?

7. (a) Do you require proof of Professional Liability Insurance from Subconsultants? Yes No

(b) If "Yes," please indicate the percentage of contracts undertaken during the last 12 months for which proof of insurance was obtained %

(c) Describe nature of the sublet work _____

8. (a) Do you enter into formal contractual agreements with your subcontractors? Yes No

(b) If so, is hold harmless in your favour? Submit copy of usual contract form if possible Yes No



9. (a) Do your operations include treatment of lumber? Yes No
If "Yes," please advise what process is being used _____

(b) Does the firm enter into contracts which impose a greater liability on the firm that would normally be imposed at Common Law? Yes No
Note: The standard policy will not provide protection in such instances.

(c) Are there any known contractual obligations where the insured has to provide insurance on behalf of another or hold harmless? Yes No
If so, list. Also list all lease agreements, railway siding agreements, etc. and provide copies of agreements where possible.

10. (a) Is the firm currently insured against Professional Negligence? Yes No

(b) If the answer to (a) is "No," has this practice ever been insured? Yes No

(c) If the answer to (a) is "Yes," please provide the following data:
Amount of Cover \$ _____ Deductible \$ _____
Last Annual Premium \$ _____ Expiry Date _____
Name of Insurer or Broker _____

11. Are there any other hazards underwriters should know about? Yes No

If "Yes," please describe _____

12. (a) Give details of unlicensed automobiles or specially licensed ones for which compulsory automobile insurance does not apply

(b) Is there any automobile policy covering these vehicles? Please explain. Yes No

(c) Number of employees who regularly drive their own vehicles on company business _____

(d) Annual cost of hired automobiles \$ _____



13. (a) Are all employees covered by Workers' Compensation? Yes No
 (b) If "No," give details _____

14. (a) Is there any non-owned aircraft exposure by way of ownership, use or operation of non-owned aircraft by or on behalf of the insured? Yes No
 (b) Does or did insured do any work on airport premises? Yes No
 (c) Is there any insurance in effect covering this exposure? Yes No

15. (a) Is there any owned or non-owned watercraft exposure of ownership, maintenance, use or operation of any watercraft by or on behalf of the Insured? Yes No
 (b) Is there any insurance in effect covering these exposures? (Give details) (ex. ATVs, motorcycles, etc.) Yes No
- _____

16. Are there any specific additional insureds to be added to the policy? If so, list and state purpose. Yes No

Name	In Connection With

17. Provide details of all losses in the past five years (reserves included, attach a separate sheet if necessary)

Date	Description	Deductible	Reserve	Net Paid	Expenses	Total
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$

18. (a) Have any claims ever been made the Firm/Company or any of the present partners/directors or against its predecessors in business or any past partners/directors in relation to the professional activities of the Firm/Company? Yes No

If so, please provide details of each claim



- (b) Are any of the partners/directors, having made specific inquiries of management and staff, aware of any circumstances which may give rise to claims in relation to the professional activities of the Firm/Company or their predecessors in business or any of the present or former partners/directors, whether you consider yourselves liability or not? Yes No

If so, please provide details of each claim

19. Has your insurance ever been cancelled by an insurer(s), and if so, why? Yes No

20. Will your current insurer provide renewal terms? Yes No

Declaration and Signature

I acknowledge that underwriters will be relying on this Declaration, the answers given to the questions in this questionnaire and all information provided by me in deciding whether to issue a contract of insurance and, if so, the terms of such insurance and premium charged.

Signature of CFBC Applicant

Date

Print Name and Title