



(Insurance Broker)



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**Professional Liability Insurance Program for Geoscientists**

**Errors and Omissions Insurance Application**

Your Association (if not PDAC): \_\_\_\_\_

**Section 1 – THE APPLICANT**

Name of Firm or Individual: \_\_\_\_\_

Name of contact: \_\_\_\_\_

Address of head office: \_\_\_\_\_

Applicant is:  Corporation  Partnership  Individual

Date Business Established: \_\_\_\_\_ Telephone No: \_\_\_\_\_ Cell No: \_\_\_\_\_

Facsimile No: \_\_\_\_\_ Email Address: \_\_\_\_\_

List any branch office locations: \_\_\_\_\_

Predecessors firms: \_\_\_\_\_

Is your firm owned, controlled or associated with any other firm or corporation? If yes please provide details: \_\_\_\_\_

Please provide total number of Geoscience Personnel  Technical Personnel

For each Professional the following information: (not required on renewal unless changed)  
Name, University Degree including School and Year of Graduation, Professional Association Memberships, Work History: \_\_\_\_\_

**Section 2 – INSURANCE**

Has the Applicant or predecessor firm previously carried professional liability Insurance? Yes No

If yes please advise the following with regard to your prior insurer:

Company: \_\_\_\_\_ Policy Limit per Claim and Aggregate Limit: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Retroactive Date: \_\_\_\_\_

Has any application for Errors and Omissions Insurance been made on behalf of the Applicant or any present partners, officers, directors or employees or, to the knowledge of the firm, on behalf of their predecessors in business, been declined or cancelled, or has renewal been refused in the past five years?  Yes  No

Is your firm currently insured under a separate Project Specific Professional Liability policy?

Yes  No - If yes please provide a copy of the policy.

Please indicate limit of Coverage Required:

- \$250,000 per claim / \$1,000,000 annual aggregate
- \$500,000 per claim / \$1,000,000 annual aggregate
- \$1,000,000 per claim / \$1,000,000 annual aggregate
- \$1,000,000 per claim / \$2,000,000 annual aggregate
- \$2,000,000 per claim / \$2,000,000 annual aggregate
- \$3,000,000 per claim / \$3,000,000 annual aggregate
- \$5,000,000 per claim / \$5,000,000 annual aggregate

If you use sub-consultants do you require a certificate providing proof of professional liability insurance from sub - consultants and maintain a copy in your file?  Yes  No

**Section 3 - DISCIPLINES**

Please indicate % of gross fees derived from the following:

Types of Work	%
Program Management	
Drilling Programs Core	
Logging & Sampling	
Geological Mapping Rock	
Sampling	
Soil Sampling	
Prospecting	
Line Cutting	
Claim Staking	
Geophysical Surveys (Ground)	
Hydrogeology Environmental	
Studies Soil	
Mechanics Materials	
Testing Seismology	
Oil & Gas Drilling	
Marine Geology	
Software Programming	
Software Re-selling	
*Engineering Other	
(please specify) Other	
(please specify)	
Total	

\* = Please refer to Partners Indemnity

Do more than 25% of Applicant's fees emanate from a single client? If yes, please state client's name and types of services provided:

If Software programming is provided.

- a) Do you prepare the program for your own use only?  Yes  No
- b) Do you prepare the program for your own use and sell the program also?  Yes  No
- c) If yes, please provide the name of your software product and the number of products sold in each of the past 5 years.

Does your firm/you always sign a written contract for each project?  Yes  No

If yes, was the base contract prepared by a Lawyer?  Yes  No

Please provide the following information on your three largest contracts undertaken during the last twelve months.

	Types of Services Performed	Gross Fees	Sub-Contractor	Employed
1.	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Does a professional check all plans or reports before they are released to clients?  Yes  No

#### Section 4 – OTHER ACTIVITIES

1. Is the Applicant or any related company engaged only in mineral exploration?  Yes  No

2. Does the Applicant or any related company engage in mining?  Yes  No

3. Does the Applicant or any related company engage in environmental remediation?  Yes  No

If the answer is "yes" to # 2 or # 3 details of operations must be provided.

#### Section 5 - DECLARATIONS

Does the Applicant or any of its partners, officers, directors or employees have any knowledge or information of:

(a) any error, omission or negligent act in the performance of professional services for others?  Yes  No

(b) any written or oral demand for money or any written or oral allegation of breach in the rendering or failure to render professional services (in the last five years)?  Yes  No

(c) any unresolved job dispute or circumstance which might reasonably result in a claim?  Yes  No

(d) being asked to or having made any payment or to forego any claim for fees as a result of any job dispute during the past five years?  Yes  No

(e) having had their license suspended or their having been fined or reprimanded by a professional organization or regulatory body governing their profession during the past five years?  Yes  No

**In the event that the answer "yes" is given to any of the above questions, please provide full details of the circumstances.**

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Without limitation of any other remedy of the Insurers, it is agreed that, if the answer "yes" is given to any of the questions above or if the applicant fails to disclose information related to any of these questions, any claim arising from the facts or circumstances reported or failed to be reported therein are excluded from coverage.

**Section 6 – APPLICANTS CONSENT TO THE TRANSMISSION OF THE OF THE INFORMATION CONTAINED IN THE APPLICATION FORM**

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to CNA for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize CNA its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

**Section 7 – DECLARATION AND SIGNATURE**

The Applicant has read the foregoing and understands that completion of this Application does not bind the Insurer or the Broker to complete the insurance on the terms requested or at all. Terms and conditions of coverage are as set out in the policy without reference to the terms and conditions requested in the Application herein or otherwise.

The Applicant declares and warrants that he/she has made reasonable efforts to obtain sufficient information from each prospective Insured under the policy to fully and accurately complete this Application, that this Application is complete and correct to the best of his/her knowledge and belief, and that all particulars which may have a bearing upon the Applicant's acceptability as a professional liability insurance risk have been revealed. It is further agreed that the answers to the questions herein shall be binding on all persons Insured under the policy. It is understood that this Application shall form the basis of the contract should the Insurer approve the coverage and should the Applicant be satisfied with the Insurer's quotation.

It is further agreed that if, in the time between submission of this Application and the requested date for coverage to be effective, the Applicant becomes aware of any information which would change the answers furnished in response to Section – 5 DECLARATIONS of this Application, such information shall be revealed immediately in writing to the Insurer.

Date

Signature of Applicant

## Cost for Professional Errors & Omissions Liability Insurance

Claims deductible \$1,000 per Occurrence Limits and cost for each insured Professional and each Technical Staff employed	Annual Premium (including sales tax where applicable)				
	8% MB & ON	9% PQ	15% NL	6% SK	All other Provinces
<b>\$250,000 per claim and \$1,000,000 annual Limit</b>					
For Each Professional Personnel	\$680.40	\$686.70	\$724.50	\$667.80	\$630
For Each Technical Personnel	\$194.40	\$196.20	\$207.00	\$190.80	\$180
<b>\$500,000 per claim and \$1,000,000 annual Limit</b>					
For Each Professional Personnel	\$972.00	\$981.00	\$1035.00	\$954.00	\$900
For Each Technical Personnel	\$291.60	\$294.30	\$310.50	\$286.20	\$270
<b>\$1,000,000 per claim and \$1,000,000 annual Limit</b>					
For Each Professional Personnel	\$1166.40	\$1177.20	\$1242.00	\$1144.80	\$1080
For Each Technical Personnel	\$388.80	\$392.40	\$414.00	\$381.60	\$360
<b>\$1,000,000 per claim and \$2,000,000 annual Limit</b>					
For Each Professional Personnel	\$1487.16	\$1500.93	\$1583.55	\$1459.62	\$1377
For Each Technical Personnel	\$486.00	\$490.50	\$517.50	\$477.00	\$450
<b>\$2,000,000 per claim and \$2,000,000 annual Limit</b>					
For Each Professional Personnel	\$1652.40	\$1667.70	\$1759.50	\$1621.80	\$1530
For Each Technical Personnel	\$534.60	\$539.55	\$569.25	\$524.70	\$495
<b>\$3,000,000 per claim and \$3,000,000 annual Limit</b>					
For Each Professional Personnel	\$1944.00	\$1962.00	\$2070.00	\$1908.00	\$1800
For Each Technical Personnel	\$612.36	\$618.03	\$652.05	\$601.02	\$567
<b>\$5,000,000 per claim and \$5,000,000 annual Limit</b>					
For Each Professional Personnel	\$2332.80	\$2354.40	\$2484.00	\$2289.60	\$2160
For Each Technical Personnel	\$699.84	\$706.32	\$745.20	\$686.88	\$648

NOTE: If more than five (5) Personnel employed please refer to Partners for possible premium reduction:

### Annual Premium Calculation

Coverage for Professional – E&O	Cost per person		Number	Total Cost
Professional Personnel -	<input type="text"/>	x	<input type="text"/>	= <input type="text"/>
Technical Personnel -	<input type="text"/>	x	<input type="text"/>	= <input type="text"/>
				<input type="text"/>

Once completed please submit this application with your cheque or credit card payment receipt

If you would like to pay by credit card you may do so by Visa or Master Card via our online payment system available at [www.PolicyPayments.com/PartnersIndemnity?step2](http://www.PolicyPayments.com/PartnersIndemnity?step2).

Please note that there is a system access fee of 2.00% for all credit card transactions. The 2.00% system access fee will be added to the transaction. The system access fee is not a surcharge it is to cover the ongoing costs of security, development and administration.

#### If you have any questions

Telephone 416 366-5243 or Toll Free 1-877-427-8683  
FAX 1-416-862-2416 or email [pdac@partnersindemnity.com](mailto:pdac@partnersindemnity.com)

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