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Insured by Continental Casualty Company

Insured by: **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: E-mail 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 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)	
Total	100%

* 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.

	Type 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.

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 APPLICANT’S CONSENT TO THE TRANSMISSION 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 DECLARATIONS 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.

Signature of Applicant

Date

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 includes:				
	8% Tax ON & MB	9% Tax PQ	15% Tax NL	6% Tax SK	All other Provinces
\$250,000 per claim and \$1,000,000 annual Limit					
For Each Professional Personnel	\$756.00	\$877.45	\$805.00	\$742.00	\$700.00
For Each Technical Personnel	\$216.00	\$250.70	\$230.00	\$212.00	\$200.00
\$500,000 per claim and \$1,000,000 annual Limit					
For Each Professional Personnel	\$1,080.00	\$1,253.50	\$1150.00	\$1,060.00	\$1,000.00
For Each Technical Personnel	\$324.00	\$376.05	\$345.00	\$318.00	\$300.00
\$1,000,000 per claim and \$1,000,000 annual Limit					
For Each Professional Personnel	\$1,296.00	\$1,504.20	\$1380.00	\$1,272.00	\$1,200.00
For Each Technical Personnel	\$432.00	\$501.40	\$460.00	\$424.00	\$400.00
\$1,000,000 per claim and \$2,000,000 annual Limit					
For Each Professional Personnel	\$1,652.40	\$1,917.86	\$1759.50	\$1621.80	\$1,530.00
For Each Technical Personnel	\$540.00	\$626.75	\$575.00	\$530.00	\$500.00
\$2,000,000 per claim and \$2,000,000 annual Limit					
For Each Professional Personnel	\$1,836.00	\$2,130.95	\$1955.00	\$1802.00	\$1,700.00
For Each Technical Personnel	\$594.00	\$689.43	\$632.50	\$583.00	\$550.00
\$3,000,000 per claim and \$3,000,000 annual Limit					
For Each Professional Personnel	\$2,160.00	\$2,507.00	\$2300.00	\$2,120.00	\$2,000.00
For Each Technical Personnel	\$680.40	\$789.71	\$724.50	\$667.80	\$630.00
\$5,000,000 per claim and \$5,000,000 annual Limit					
For Each Professional Personnel	\$2,592.00	\$3,008.40	\$2760.00	\$2,544.00	\$2,400.00
For Each Technical Personnel	\$777.60	\$902.52	\$828.00	\$763.20	\$720.00

If more than 7 Professional 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 -		X	=
Technical Personnel -		X	=
Total			

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

Partners Indemnity Insurance Brokers Ltd.

10 Adelaide Street East, Suite 400

Toronto, Ontario M5C 1J3



If you have questions

Telephone 416-366-5243 or Toll Free 1-877-427-8683