

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:

<b>Types of Work</b>	<b>%</b>
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)	_____
<b>Total</b>	<b>100%</b>

\* 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.	\$	Yes	No
2.	\$	Yes	No
3.	\$	Yes	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 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 Echelon General Insurance for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Echelon General Insurance 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		
		ON including 8% Tax	PQ including 9% Tax	All other Provinces
\$250,000 per claim and \$1,000,000 annual Limit				
For Each	Professional Personnel	\$756.00	\$877.45	\$700.00
For Each	Technical Personnel	\$216.00	\$250.70	\$200.00
\$500,000 per claim and \$1,000,000 annual Limit				
For Each	Professional Personnel	\$1,080.00	\$1,253.50	\$1,000.00
For Each	Technical Personnel	\$324.00	\$376.05	\$300.00
\$1,000,000 per claim and \$1,000,000 annual Limit				
For Each	Professional Personnel	\$1,296.00	\$1,504.20	\$1,200.00
For Each	Technical Personnel	\$432.00	\$501.40	\$400.00
\$1,000,000 per claim and \$2,000,000 annual Limit				
For Each	Professional Personnel	\$1,652.40	\$1,917.86	\$1,530.00
For Each	Technical Personnel	\$540.00	\$626.75	\$500.00
\$2,000,000 per claim and \$2,000,000 annual Limit				
For Each	Professional Personnel	\$1,836.00	\$2,130.95	\$1,700.00
For Each	Technical Personnel	\$594.00	\$689.43	\$550.00
\$3,000,000 per claim and \$3,000,000 annual Limit				
For Each	Professional Personnel	\$2,160.00	\$2,507.00	\$2,000.00
For Each	Technical Personnel	\$680.40	\$789.71	\$630.00
\$5,000,000 per claim and \$5,000,000 annual Limit				
For Each	Professional Personnel	\$2,592.00	\$3,008.40	\$2,400.00
For Each	Technical Personnel	\$777.60	\$902.52	\$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	=
<b>Total</b>			

Once completed, please submit this Application with a cheque payable to:

**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

