Contractor's Professional
Insurance application form

CAN

The purpose of this application form is for us to find out more about you. You must provide us with all information which may be material to the cover you wish to purchase and which may influence our decision whether to insure you, what cover we offer you or the premium we charge you.

How to complete this form

The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked with other senior managers and colleagues responsible for arranging the insurance that the questions are answered accurately and as completely as possible. Once completed, please return this form to your insurance broker.

Section 1: Company Details

1.1 Please state the name and address of the principal company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form:

Company name:

Primary Address (Address, State, ZIP, Country):

Website Address:

1.2 Date the business was established (DD/MM/YYYY):

1.3 Please state the number of employees:

Professional: Construction:

1.4 How many principals / directors / officers / partners are there in the company?

a) Please show the details of all principals / partners / directors:

Name	Years in position	Years experience	Qualifications

1.5 Date of financial year end (DD/MM/YYYY):

1.6 Please confirm:

a) your gross domestic revenues including construction values:

	Last complete FY	Estimate for current FY	Estimate for the next FY
Gross Domestic Revenues including Construction Values:	$	$	$
Professional fees:	$	$	$
Other territory revenue:	$	$	$
Total revenue	$	$	$

b) In respect of your last completed financial year, please state your revenue from US sales : %

1.7 The total of all activities listed here should equal 100%.

Please state your percentage total revenue attributable to:	Last complete FY	Estimate for current FY	Estimate for the next FY
a) Construction only (with no responsibility for design)	%	%	%
b) Construction (design is undertaken in-house)	%	%	%
c) Construction (design is sub-contracted to third-party design professionals)	%	%	%
Other, including Technical Supervision - Please provide full details	%	%	%

**Design means any design or specification, feasibility study, technical information calculation or survey carried out in relation to a contract.*

1.8 Please provide details for the primary contact for this insurance policy:

Contact Name: Position:

Email address: Telephone number:

Section 2: Activites

2.1 Is the insured a:

a) General contractor ☐ Yes ☐ No

b) Specialty contractor ☐ Yes ☐ No

If you have answered "yes" to a) or b) above please provide details:

2.2 Please provide a full breakdown of your professional services, if applicable, and whether it is performed in-house or sub-contracted:

The total of all activities listed here should equal 100%.

	In-house (%)	Sub-contracted (%)
Architectural:		
Chemical engineering:		
Civil engineering:		
Electrical engineering:		
Environmental engineering:		
Geotechnical/soil engineering:		
HVAC engineering:		
Landscape architect:		
Mechanical engineer:		
Project/ construction manager:		
Structural engineering:		

For In-house engineering services, please provide full details of the nature and scope of services provided:

2.3 Please advise the percentage of your revenue received in the following areas of work

The total of all activities listed here should equal 100%.

Airports (post-board):	%	Domestic buildings:	%
Airports (pre-board):	%	Industrial buildings:	%
Amusement structures:	%	Marine structures:	%
Apartments:	%	Mechanical plant:	%
Basements:	%	Mines:	%
Bridges:	%	Petrochemical/refineries:	%
Building envelope:	%	Public buildings:	%
Bulk handling structures:	%	Railways:	%
Cladding/siding:	%	Roads/highways:	%
Commercial buildings:	%	Roofs:	%
Condominiums:	%	Swimming pools:	%
Dams:	%	Tunnels:	%
Data Centers:	%	Water/sewerage systems:	%
Other (please provide details)	%		

2.4 Do you engage in actual construction, installation or erection? ☐ Yes ☐ No

2.5 Do you engage in any manufacture, fabrication or assembly? ☐ Yes ☐ No

2.6 Do you assume responsibility for any of the activities mentioned in questions 2.4 or 2.5 above? ☐ Yes ☐ No

2.7 If you have answered "yes" to questions 2.4, 2.5 or 2.6 above, then please provide full details of operations below:

2.8 Do you have any financial or ownership interest in any of their projects? ☐ Yes ☐ No

If you have answered "yes", please provide details below

Section 3: Contract & Risk Management Information

3.1 a) Please give details of the 3 largest contracts you have carried out in the past 3 years:

Name of client	Your contract value	Natue of work undertaken for this contract	Total project value	Start date (MM/YY)	Completion date (MM/YY)

b) Please give details of the 3 largest contracts you expect to commence during the next 12 months:

Name of client	Your contract value	Natue of work undertaken for this contract	Total project value	Start date (MM/YY)	Completion date (MM/YY)

3.2 a) Do you or any of your employees retain an ownership interest in any other entity? ☐ Yes ☐ No

Owner name	Amount Ownership Interest	Entity Name	Relation to Insured	Nature of Activities	Entity's Gross Revenues in Past Year

b) Do you provide any professional services to any of the above entities? ☐ Yes ☐ No

c) Do you hire any of the above entitites to provide services for it? ☐ Yes ☐ No

3.3 Approximately how many customers do you have?

3.4 Do you carry out work only under a written contract signed by every client? ☐ Yes ☐ No

Please provide a copy of your standard form of contract, or typical examples of contracts used.

If "no", please explain in what circumstances, and why:

3.5 Please describe how, if at all, you limit your liability for consequential loss or financial damages under a written contract:

3.6 Please describe your legal review process, if any, before entering into new contracts or agreements:

3.7 Do you employ subcontractors? ☐ Yes ☐ No

If "yes", please state:

a) the approximate percentage of your revenue, in your current financial year, that will be paid to subcontractors (%):

b) whether you sign reciprocal hold harmless agreements: ☐ Yes ☐ No

c) whether you ensure that contractors have their own errors and omissions and general liability insurance: ☐ Yes ☐ No

If you answered "yes" to c) above, what is the limit of liability that subcontractor must purchase? $

Section 4: Pollution

4.1 Do you transport or dispose of any hazardous waste, chemicals or liquids? ☐ Yes ☐ No

If "yes", please provide full details

4.2 Do you perform any environmental contracting operations? ☐ Yes ☐ No

If 'yes', please provide full details

4.3 Do you have a mold mitigation plan? ☐ Yes ☐ No

4.4 Do you have a formal spill prevention, control and countermeasure plan? ☐ Yes ☐ No

4.5 Do you have a dedicated environmental officer? ☐ Yes ☐ No

Section 5: Insurance History

5.1 Please provide details of your current Errors and Omissions insurance, if applicable, and what you require for the next year of insurance:

	Retroactive date (MM/YY)	Effective date (MM/YY)	Limit	Deductible	Premium	Insurer
Current:						
Required:					N/A	N/A

5.2 Please provide details of your current Commercial General Liability insurance:

	Effective date (MM/YY)	Limit	Deductible	Premium	Insurer
Current:					

Section 6: Claims Experience

6.1 Please state whether you are aware of any incident:

a) which may result in a claim under any of the insurance for which you are applying to purchase in this application form: ☐ Yes ☐ No

b) which resulted in legal action being made against any of the companies to be insured within the last 5 years: ☐ Yes ☐ No

c) cease and desist orders been made against you: ☐ Yes ☐ No

d) which resulted in a partner or director being found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body: ☐ Yes ☐ No

If you have answered "yes" to any of the above then please describe the incident, including the monetary amount of the potential claim or the monetary amount of any claim paid or reserved for payment by you or by an insurer. Please include all relevant dates, including a description of the status of any current claim which has been made but has not been settled or otherwise resolved.

6.2 Please confirm if you concurrently carry commercial general liability insurance throughout the duration of the policy you are applying for, at limits equal to or greater than those of your professional liability insurer: ☐ Yes ☐ No

6.3 Please tick whether you require quotes for any of the following covers:

☐ Cyber and Privacy Liability;

☐ Cyber Crime; and

☐ Legal Expenses

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Important Notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymized elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit ***www.cfc.com***

Contact name: Position:

Signature: Date (DD/MM/YYYY):

Additional Information