



**Application for Building Code Registered Person Design Activity  
Errors and Omissions Insurance**

(Where space provided is insufficient for complete answers, add answers by way of schedules to this application, clearly labelling them as such).

In this Application, “Registered Entity” or “Registered Person” means a person registered under Article 2.17.4.1 of the Ontario Building Code, O.Reg. 403/97

The insurance applied for is for Design Activity to the public as described at subsection 15.11(5) of the Ontario Building Code Act.

1. Name of Applicant: \_\_\_\_\_

2. Indicate whether:  Corporation  Partnership  Sole Practitioner

3. Trade Name (if any): \_\_\_\_\_

4. Business Address: \_\_\_\_\_  
Street

Town/City	Province	Postal Code
( ) _____	( ) _____	
Telephone No.	Facsimile No.	Email Address

5. Name of Registered Person(s) and BCIN #(s):

<u>Name</u>	<u>BCIN #</u>
_____	_____
_____	_____
_____	_____

6. Indicate if the Applicant is a member of any Professional Association:  
Yes  No

If “Yes”, please identify: \_\_\_\_\_

7. Indicate the nature of the business of the Applicant:

- Building design for Part 9 buildings
- Landscape Architect
- Interior Designer
- Other, specify: \_\_\_\_\_

8. Indicate whether the Applicant engages in the actual construction of a building or part of a building for which it performs design activity as a Registered Person:

Yes  No

NOTE: Coverage for design activity will not be provided where any “Material Change” to a plan, specification, document or other information on the basis of which a permit was issued unless notification has been provided with sufficient detail to the Chief Building Officer who has subsequently authorised such Material Change.

“Material change” shall include but not be limited to the substitution of any product, material or a change in the method of construction.

There is no coverage for claims arising from actual construction.

9. Indicate the fees and construction values attributable to the design activity as provided below:

	Actual fees for the past 12 months	Anticipated for next 12 months
Fees		\$
Construction Values		\$

NOTE: The coverage applies to design activity following the date of registration of the Applicant as a Registered Person.

10. After enquiry, has any claim or circumstance that would give rise to a claim that would have been covered by this insurance ever been made against the Applicant or any director, partner or employee during the past 5 years?

Yes  No

If "Yes", please provide details for each claim/circumstance as follows (use a separate schedule if necessary):

Date of claim/circumstance: \_\_\_\_\_

Description of claim/circumstance: \_\_\_\_\_

Amount claimed: \_\_\_\_\_

Amount of damages paid: \_\_\_\_\_

11. Indicate if any insurer has:

(i) declined an application or renewal of an errors & omissions insurance?

Yes  No

(ii) cancelled an errors & omissions insurance? Yes

No

If "Yes", please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Limits and Deductible available based on the fees shown in question 7 of this Application:

Fees	Claim Limit	Aggregate Limit	Deductible each claim
\$0 to \$50,000	\$250,000	\$500,000	\$1,000
Between \$50,001 and under \$100,000	\$500,000	\$1,000,000	\$2,500
\$100,000 and over	\$1,000,000	\$2,000,000	\$5,000

## DECLARATION

I/We declare and warrant that after enquiry all statements and particulars contained in this Application and addenda are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Application and should the above particulars alter in any way I/We will advise Underwriters as soon as practicable. I/We understand that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the Application may result in the Underwriters refusing to provide indemnity or voiding the policy in every respect. I/We hereby agree and accept that this Declaration shall be the basis of the contract between both parties if entered into.

For and on behalf of \_\_\_\_\_  
(Name of Applicant)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name of Signatory \_\_\_\_\_ Position: \_\_\_\_\_

This Application (including any schedules and appendices) when accepted by Underwriters, together with the Declarations page, Policy wording, riders or endorsements will form the basis of the contract of insurance.