



Professional Liability insurance plan for the CCTT Constituent Members.

**LIABILITY INSURANCE APPLICATION**

This application is part of the policy that the Insurer will issue.

⇒ Answer all of the questions.

If any do not apply to your situation, indicate this by writing "Not applicable".

⇒ Attach any document that pertains to the review of your file.

**Section 1: Identification of the Applicant**

Name of applicant: \_\_\_\_\_

Corporate name: \_\_\_\_\_

In business since: \_\_\_\_\_

Your current situation: Corporation  General Partnership  Undeclared Partnership   
Owner  Partner/Shareholder  Employee  Student  Unemployed

Mailing address: \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (residence): (\_\_\_\_) \_\_\_\_\_ Telephone (business): (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Section 2: Description of your professional activities**

2.1 Please describe your professional practice.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.2 Specify your working technology number(s) (refer to page 4) \_\_\_\_\_

Please list "other" disciplines practiced that are not represented by the working technology numbers listed:

\_\_\_\_\_

2.3 Is the applicant controlled by, associated with, operated by, managed by or a member of another firm?

Yes  No  If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**Section 2: Description of your professional activities (continued)**

2.4 Information on any individual (including yourself) working for the Applicant.  
(Attach an additional page if necessary.)

Surname and given name	Job title for insured party	Provincial member no.	Designation No.

2.5 Please describe the five (5) most significant projects carried out during the last ten (10) years. Include an explanatory brochure if one is available. Attach an additional page if necessary.

- 1- \_\_\_\_\_
- 2- \_\_\_\_\_
- 3- \_\_\_\_\_
- 4- \_\_\_\_\_
- 5- \_\_\_\_\_

2.6 Indicate your income for each of the following categories.

Category	Actual income (last 12 months)	Projected income (next 12 months)
Technical consulting	\$ _____	\$ _____
Plans and estimates	\$ _____	\$ _____
Appraisals, analyses	\$ _____	\$ _____
Training, instruction	\$ _____	\$ _____
Pre-purchase building inspections	\$ _____	\$ _____
Project management	\$ _____	\$ _____
Site surveillance	\$ _____	\$ _____
Equipment Inspections	\$ _____	\$ _____
Design	\$ _____	\$ _____
Sale or distribution of products	\$ _____	\$ _____
Others (describe) _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>	<b>\$ _____</b>
Work assigned to subcontractors	\$ _____	\$ _____
Income earned outside of Canada (specify country)	\$ _____	\$ _____

2.7 Please answer the following questions if you sell or distribute products:

- a) Are you manufacturing the products being sold / distributed?  Yes  No.
- b) Are the products manufactured in Canada or the US?  Yes  No.  
If no, where are they manufactured? \_\_\_\_\_.
- c) Are you modifying or installing the products in any way?  Yes  No.

2.8 Please answer the following questions if you assign work to subcontractors:

- a) Who is signing off on the work assigned to your subcontractors?  Applicant  Subcontractor
- b) If subcontractors sign-off on their work, do you confirm that they maintain E&O insurance?  Yes  No.

*This policy does not cover the manufacturing, building, assembly, or installation of any product .*

*No coverage is provided for the acts that are outside the scope of professional designation - CET, AscT, and Ctech*

*Please contact Derrick Leue of LMS PROLINK Ltd. 416-644-7717 or [derrickl@lms.ca](mailto:derrickl@lms.ca) if you are engaged in any of these activities. We can assist you in obtaining coverage for your business outside of this program.*

**Section 3: Previous insurance and claims**

3.1 Details about your previous general civil liability or professional liability insurance policies.

Insurer	Policy No.	Period (From YY/MM/DD to YY/MM/DD)		Limit	Deductible
		From	To		
		From	To		
		From	To		
		From	To		

3.2 To the Applicant’s knowledge, has an insurance company ever refused to insure or renew his/her general civil liability or professional liability insurance or that of his/her partners, current officers, or any business predecessors or past partners or officers?

Yes  No  If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

3.3 To the Applicant’s knowledge, have any claims been filed against him/her, his/her predecessors, partners or current or past officers?

Yes  No  If yes, please give details: \_\_\_\_\_  
 \_\_\_\_\_

3.4 Is the Applicant aware of any act, error, fault, omission or circumstance that could result in a claim against him/her, his/her business predecessors or against any past or present partner or officer?

Yes  No  If yes, please give details: \_\_\_\_\_  
 \_\_\_\_\_

**IMPORTANT:** *The policy to be issued excludes claims or incidents declared under 3.3 and 3.4 above, or any claim or act, error, fault, omission or circumstance that could result in a claim and of which the Applicant was aware prior to the effective date of the policy.*

**Section 4: Coverage and deductibles**

Class of Insurance	Deductibles	Required Individual Limits
<b>Commercial General Liability</b>	\$2,500 per claim for property damages and bodily injury, including defence and adjustment costs	The base limit per event is \$2,000,000. Additional limits per claim are also available. <b>Required limit:</b> <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000
<b>Professional Liability (also known as Errors &amp; Omissions)</b>	\$2,500 per claim	<input type="checkbox"/> \$250,000 per claim/\$500,000 aggregate <input type="checkbox"/> \$500,000 per claim/\$1,000,000 aggregate <input type="checkbox"/> \$1,000,000 per claim/\$1,000,000 aggregate <input type="checkbox"/> \$2,000,000 per claim/\$2,000,000 aggregate <input type="checkbox"/> Other: \$ _____

**Section 5: Applicant's declaration and authorization to disclose information**

*We hereby attest that the declarations and information provided in sections 1 through 5 and those included in the attachments are true and that we have not excluded or failed to declare any material fact. We further agree that this application will serve as a basis for any notice of insurance and contract that may result therefrom. It is understood and agreed that completing this application in no way obligates the Insurer to issue an insurance contract, nor does it obligate the Applicant to purchase such insurance subsequent to receipt by the Insurer of the application. Prior to the effective date of the contract, moreover, the Application pledges to inform the Insurer of any incident or loss that could change the declarations made under questions 3.3 and 3.4 above. For the purposes of this insurance policy, the Applicant authorizes the Insurer, its subsidiaries and its agents to disclose information to the Provincial Association of the Canadian Council of Technicians and Technologists of which they are a member.*

\_\_\_\_\_  
Signature of the Applicant

\_\_\_\_\_  
Date

**Please fax your application to Kristin Raponi at 416-595-1649**

**THE CANADIAN COUNCIL OF TECHNICIANS AND TECHNOLOGISTS**

Liability insurance plan for members in private practice

**Working Technology Numbers**

<b>10 Forest Technology</b>	<b>120 Maritime technologies</b>
11 Forest management	121 Naval architecture technology
12 Forest product processing	122 Navigation
	i. Marine engineering
<b>20 Industrial chemistry</b>	<b>130 Technology and management of textiles</b>
21 Analytical chemistry techniques	133 Finishing
22 Chemical engineering techniques	134 Manufacture
23 Biochemical techniques	
24 Chemical processing techniques	<b>140 Water, air and sanitation technologies</b>
	141 Water sanitation
<b>40 Building and public works technologies</b>	143 Sanitation and industrial safety
41 Civil engineering	
42 Architecture	<b>150 Metallurgy</b>
43 Building services	151 Quality control
44 Building estimation and evaluation technologies	152 Welding
	153 Metallurgical methods
<b>50 Geomatics</b>	<b>160 Mineral technology</b>
51 Technology of cartography	161 Applied geology
52 Technology of geodesy	162 Operation
	163 Mineralurgy
<b>60 Fishing</b>	<b>170 Aeronautics</b>
61 Seafood processing	172 Aircraft maintenance
62 Operation and production of fisheries resources	173 Avionics
	174 Aeronautical construction
<b>70 Pulp and paper</b>	<b>190 Computer science</b>
71 Paper manufacturing techniques	191 Administrative data processing
	192 Industrial data processing
<b>80 Transformation of raw wood into finished products</b>	<b>200 Land use planning</b>
81 Furniture-making and woodworking technologies	
	<b>230 Natural sciences technology</b>
<b>90 Mechanical technologies</b>	231 Applied ecology
94 Industrial maintenance technology	232 Inventory and research techniques in biology
95 Mechanical engineering technology	233 Animal health techniques
96 Transformation of composite materials	234 Hunting and fishing resources development
97 Orthotics and prosthetics techniques	
98 Transformation of plastic	<b>240 Agriculture</b>
99 Industrial design	241 Animal production technology
99.1 Industrial engineering	242 Horticulture production and environment technology
	248 Rural engineering technology
<b>100 Electrical engineering</b>	249 Management and operation of agricultural enterprises
101 Industrial electronics	<b>250 Food technology</b>
101.1 Electrodynamics	251 Food processing technology
101.2 Instrumentation and controls	
102 Electronics	<b>270 Natural environment technology</b>
102.1 Computers	272 Environmental production
102.2 Telecommunications	273 Biology laboratory
102.3 Audiovisual	274 Others (please describe)
103 Electronic design technology	
104 Physical technology	
105 Computerized systems technology	



# PERSONAL INFORMATION COMMERCIAL CLIENT AGREEMENT

BETWEEN:

The PROLINK Insurance Group Inc.  
\_\_\_\_\_  
(the "**Broker** ")

**AND**


\_\_\_\_\_  
(the "**Client**")

The parties acknowledge that the Broker is being retained by the Client to acquire or renew a policy or policies of insurance for the Client, under which certain individuals, including the Client's employees, servants, agents and representatives may be insured (hereinafter called "**insured individuals**"). Accordingly, each of the parties may need to collect, use and disclose the personal information of such insured individuals.

FOR GOOD AND VALUABLE CONSIDERATION, the receipt and sufficiency of which is hereby acknowledged, each of the parties hereto agrees to collect, use and disclose the personal information of such **insured individuals** in a manner that a reasonable person would consider appropriate in the circumstances. Each of the parties further agrees to safeguard the security of such personal information in a manner appropriate to the sensitivity of that information.

FOR THE SAID CONSIDERATION, the Client further covenants and warrants that the Client has obtained the appropriate consent from such **insured individuals** to disclose their personal information to the Broker.

Dated at \_\_\_\_\_ in the Province of \_\_\_\_\_ this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_

per: \_\_\_\_\_  
  
Privacy Officer

\_\_\_\_\_  
Witness Client

Print Name: \_\_\_\_\_  
Authorized signing officer