



TOWN & URBAN PLANNING SUPPLEMENT
 Forming part of the Professional Liability Application

 Name of Applicant

Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:

Services not resulting in construction (e.g. feasibility studies) _____
 Percentage

Residential projects (private) _____
 Percentage

Residential projects (multi-unit) _____
 Percentage

Industrial projects _____
 Percentage

Recreational projects including parks, playgrounds, amusement fairs etc. _____
 Percentage

Institutional projects _____
 Percentage

Commercial projects including retail _____
 Percentage

Municipal projects _____
 Percentage

Provincial Government projects _____
 Percentage

Federal Government projects _____
 Percentage

Other _____
 Describe _____
 Percentage

TOTAL should equal 100%

Does your firm or any related company:

- 1. Engage in actual construction, installation or erection? Yes No
- 2. Engage in actual manufacture, fabrication or assembly? Yes No
- 3. Enter into contracts to assume responsibility for any of the activities? Yes No

If Yes to any of the above, please provide details of operation and the percentage of revenue earned in last fiscal year:



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Does your firm provide services for any clients in which a principal, partner, officer or employee of your firm is also a principal, partner, officer, employee or a more than 3% shareholder of said client? Yes No

If yes please provide: _____
 Client Name

 Relationship with client

 Approximate Annual revenue generated from client

Were more than 50% of your total gross billing for any one year derived from a single client or contract? Yes No

If yes please provide: _____
 Client Name

 Relationship with client

 How long do you expect this relationship to continue?

Describe your firm's five(5) largest jobs or projects during the past three (3) years.

	Clients Name	Services Provided	Total Gross Billing (CAD\$)
1			
2			
3			
4			
5			

Do you provide professional services in which you retain an ownership interest? Yes No

 If Yes, please provide full.



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Do you utilize the services of independent contractors or sub-consultants?

Yes No

Approximate percentage of billing attributable to sub-contractors/consultants?

Percentage

Are all sub-contractors and consultants required to show proof of General Liability and Professional Liability coverage's showing you as an additional insured?

Yes No

If yes, what limits?

Print Name and Title

Signature of Applicant or Authorized Representative

DATE:

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