



**Application for Exemption from
annual professional liability insurance coverage through
Pro-Demnity Insurance Company
Holder of Certificate of Practice**

This form is the "Proof of Insurance" as required by the *Architects Act*, R.S.O. 1990, s. 40 and the *Architects Act Regulations*, R.R.O. 1990, Reg. 27, s. 48.

You are reminded that to practise in Ontario you must be insured against errors and omissions arising out of the performance or non-performance of architectural services under a professional liability insurance policy that provides for a liability limit of not less than the following amount, for each claim:

1. \$1,000,000, if the gross fees charged for architectural services provided under the applicable certificate of practice in the previous financial year exceeded \$1,000,000.
2. \$500,000, if the gross fees charged for architectural services provided under the applicable certificate of practice in the previous financial year exceeded \$500,000 but not \$1,000,000.
3. \$250,000 if the gross fees charged for architectural services provided under the applicable certificate of practice in the previous financial year did not exceed \$500,000, or if there is no previous financial year.

A reference to a previous financial year means, in respect of a certificate of practice, the financial year of the holder of the certificate that immediately precedes the financial year in which the application for professional liability insurance is made.

1. **Name of Insured:** (Must be the name of the Certificate of Practice)

_____ (please print)

2. In the previous financial year the Named Insured had Annual Gross Fees of (select one):

- < \$500,000
- ≥ \$500,000 but ≤ \$1,000,000
- > \$1,000,000

3. Policy Number: _____ Name of Insurer: _____ (please print)

4. Policy Period: Inception Date: _____ Expiry Date: _____

5. Policy Limit: \$_____ (Cdn) Each Claim

6. Annual Aggregate: \$_____ (Cdn)

Note: Your Professional Liability Insurance must include coverage for projects in Canada

I, _____ do certify that the facts set out in this Application are true
Name of Applicant (please print)*
and correct in every particular.

Signature of Applicant

Date

***Note: Applicant must be either the sole proprietor, a partner, a director or an officer of the Certificate of Practice.**

I, _____
Name of Architect licensed with the OAA who personally supervises and directs the practice of architecture
(please print)

do certify THAT the facts set out in this Application are true and correct in every particular.

Signature of Architect licensed with the OAA

Date

**Quebec practices please note that the Fond des Architectes will not cover projects done in Ontario by holders of a Certificate of Practice issued by the OAA. It will be necessary to obtain primary coverage for work done in Ontario.