



400 - 4350 Still Creek Drive  
Burnaby, BC, Canada V5C 0G5  
T: (604) 269-1000  
F: (604) 269-1001

**Association of the Chemical Profession of Saskatchewan**  
Department of Chemistry  
University of Saskatchewan  
Saskatoon, SK, S7N 0G6

**RE: ACPS PROFESSIONAL LIABILITY AND COMMERCIAL GENERAL LIABILITY INSURANCE PACKAGE**

Welcome to HUB International Insurance Brokers!

HUB International Insurance Brokers feature more than 250 offices and over 4,500 employees worldwide. We combine our vast global resources with solid local relationships, deploying the exceptional service model of a smaller, regional brokerage, and we are excited to begin our insurance relationship with you, to put *Our Insurance to Your Advantage*.

Thank you for your interest in our Liability Insurance group package for Professional Chemists. Please find attached an application for the Professional Errors & Omissions Liability (E&O) insurance we offer to members of the Association of the Chemical Profession of Saskatchewan.

Further, since it is a prudent business practice, and often a contractual requirement to carry Commercial General Liability (CGL) coverage, we have included an Application Addendum for your convenience should this additional coverage interest you.

It should be noted that CGL coverage is only available in conjunction with Professional Liability Insurance and that both provide coverage for you and your firm, but **only** for services that are *usual and customary* to the practice of a Professional Chemist. The bylaws and/or regulations established by your association will help you to determine what would fall within these parameters.

This Program is not designed for individuals or companies that:

- Require Products and Completed Operations coverage, or
- Are contractually responsible for, or perform construction, distribution, installation, maintenance, manufacturing, repairs, sale of products or service operations.

If your practice goes beyond the services detailed above, there may be coverage available outside the Association of the Chemical Profession of Saskatchewan sponsored package that better meets the needs of your business.

We eagerly anticipate receiving your completed application forms in order to put coverage in place on your behalf. In the meantime, if you have any questions about our products or services in or outside of the group package or would like a quote, do not hesitate to contact us at 604-296-1888 or toll free at 1-800-606-9969.

We look forward to becoming a trusted advisor for all of your insurance needs in the years to come.

Sincerely,

Jordan Fellner, CIP, CRM  
Account Manager

**Direct : 604-269-1888**  
**Toll Free: 1-800-606-9969**  
**Email: jordan.fellner@hubinternational.com**



# Application

## Errors and Omissions Insurance for Professional Chemists

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1. First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Insured Name: \_\_\_\_\_
2. Membership Number: \_\_\_\_\_
3. Are you a member in good standing?  YES  NO
4. Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Policy Address: \_\_\_\_\_
5. Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_ Email Address: \_\_\_\_\_
6. Please indicate limit required:  
 \$250,000 per claim/\$500,000 annual aggregate  
 \$500,000 per claim/\$1,000,000 annual aggregate  
 \$1,000,000 per claim/\$1,000,000 annual aggregate  
 \$2,000,000 per claim/\$2,000,000 annual aggregate  
 \$5,000,000 per claim/\$5,000,000 annual aggregate
7. Please provide a complete description of the Applicant's activities including a description of the area of expertise:  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Are you an individual employed by a firm other than your own? YES  NO   
 (a) Name of Employer: \_\_\_\_\_  
 (b) Your Job Title: \_\_\_\_\_  
 (c) As well as being an employee, are you involved in any part-time consulting? YES  NO
9. What form of business are you?  
 Individual \_\_\_\_\_  
 Sole Proprietorship (please advise your operating name) \_\_\_\_\_  
 Corporation or Organization (please list all names) \_\_\_\_\_  
 Registered Partnership or Joint Venture \_\_\_\_\_
10. Former Firm Names (if applicable): \_\_\_\_\_
11.
 

	Full-Time	Part-Time
Number of Professional Chemists:	_____	_____
Number of other technical staff:	_____	_____
Number of clerical staff:	_____	_____
Other professionals (please specify _____)	_____	_____
Total all employees	_____	_____



# Application Addendum

## Errors and Omissions Insurance for Professional Chemists

### Chemistry Classifications of Work

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- |   |   |
|---|---|
| <input type="checkbox"/> Air Emissions/Greenhouse Gases   | <input type="checkbox"/> Medicinal Chemistry                  |
| <input type="checkbox"/> Agricultural Sample Analysis   | <input type="checkbox"/> Membrane Chemistry                   |
| <input type="checkbox"/> Analytical Chemistry   | <input type="checkbox"/> Microfluidics                        |
| <input type="checkbox"/> Aquatic Resource Management  | <input type="checkbox"/> Mining, Mineral and Metals Chemistry |
| <input type="checkbox"/> Asphalt and Pavement Chemistry   | <input type="checkbox"/> Molecular Modeling                   |
| <input type="checkbox"/> Audits   | <input type="checkbox"/> Nanochemistry                        |
| <input type="checkbox"/> Biochemistry   | <input type="checkbox"/> Nuclear Chemistry                    |
| <input type="checkbox"/> Biofuels   | <input type="checkbox"/> Occupational Hygiene                 |
| <input type="checkbox"/> Biotechnology  | <input type="checkbox"/> Oil and Gas Productions/Refining     |
| <input type="checkbox"/> Business Analysis  | <input type="checkbox"/> Oil and Gas Services                 |
| <input type="checkbox"/> Business Planning  | <input type="checkbox"/> Oil and Gas Sample Analysis          |
| <input type="checkbox"/> Carbon Credits/Emissions and Offset Project<br>Validation and Verification | <input type="checkbox"/> Paint, Pigments and Coatings         |
| <input type="checkbox"/> Catalysis  | <input type="checkbox"/> Personal Care Chemistry              |
| <input type="checkbox"/> Chemical Cleaning  | <input type="checkbox"/> Pharmaceutical Chemistry             |
| <input type="checkbox"/> Chemistry Instrumentation  | <input type="checkbox"/> Pilot Plant Operations               |
| <input type="checkbox"/> Clinical Chemistry   | <input type="checkbox"/> Policy Development                   |
| <input type="checkbox"/> Computational Chemistry  | <input type="checkbox"/> Polymer Chemistry                    |
| <input type="checkbox"/> Contaminated Site Investigation  | <input type="checkbox"/> Process Chemistry                    |
| <input type="checkbox"/> Contaminated Site Remediation  | <input type="checkbox"/> Process Safety                       |
| <input type="checkbox"/> Continuous Improvement   | <input type="checkbox"/> Pulp and Paper Chemistry             |
| <input type="checkbox"/> Corrosion Chemistry  | <input type="checkbox"/> Quality Assurance                    |
| <input type="checkbox"/> Ecological Risk Assessment   | <input type="checkbox"/> Quality Control                      |
| <input type="checkbox"/> Economic Development   | <input type="checkbox"/> Radiochemistry/Radiopharmaceuticals  |
| <input type="checkbox"/> Education/Training   | <input type="checkbox"/> Regulations                          |
| <input type="checkbox"/> Electrochemistry   | <input type="checkbox"/> Renewable Energy Technologies        |
| <input type="checkbox"/> Environmental  | <input type="checkbox"/> Research                             |
| <input type="checkbox"/> Environmental Assessment   | <input type="checkbox"/> Reservoir Chemistry                  |
| <input type="checkbox"/> Environmental Health   | <input type="checkbox"/> Resource Management                  |
| <input type="checkbox"/> Food and Agricultural Chemistry  | <input type="checkbox"/> Risk Assessment                      |
| <input type="checkbox"/> Food Safety and Quality  | <input type="checkbox"/> Separation Science                   |
| <input type="checkbox"/> Forensic Chemistry   | <input type="checkbox"/> Site Restoration Management          |
| <input type="checkbox"/> Geochemistry   | <input type="checkbox"/> Soil Chemistry                       |
| <input type="checkbox"/> Groundwater Monitoring and Assessment                                      | <input type="checkbox"/> Soil Sampling                        |
| <input type="checkbox"/> Hazardous Waste Management   | <input type="checkbox"/> Spectroscopy                         |
| <input type="checkbox"/> Health and Safety  | <input type="checkbox"/> Spill Response                       |
| <input type="checkbox"/> Human Health Risk Assessment   | <input type="checkbox"/> Sulfur Chemistry                     |
| <input type="checkbox"/> Hydrogen Fuel and Storage  | <input type="checkbox"/> Surface Chemistry                    |
| <input type="checkbox"/> Hydrogeology   | <input type="checkbox"/> Synthetic Chemistry                  |
| <input type="checkbox"/> Impact and Remediation Assessment  | <input type="checkbox"/> Technical Sales                      |
| <input type="checkbox"/> Intellectual Property Research   | <input type="checkbox"/> Technical consulting                 |
| <input type="checkbox"/> Landfill and Leachate Management   | <input type="checkbox"/> Toxicology                           |
| <input type="checkbox"/> Management   | <input type="checkbox"/> Waste Management                     |
| <input type="checkbox"/> Management Consulting  | <input type="checkbox"/> Water Chemistry                      |
| <input type="checkbox"/> Materials Chemistry  | <input type="checkbox"/> Water/Wastewater Treatment           |
|   | <input type="checkbox"/> Wetlands Restoration and Remediation |

12. Fee Income:	Last 12 Months or Last Fiscal Year	Anticipated Next 12 Months or Next Fiscal Year
(a) Gross Fees	\$ _____	\$ _____
(b) Fees paid to subconsultants	\$ _____	\$ _____
(c) Fees emanating from projects and joint ventures separately insured	\$ _____	\$ _____
(d) Fees from USA or foreign projects	\$ _____	\$ _____

13. (a) Has the Applicant ever previously purchased professional liability or errors and omissions insurance? YES  NO

(b) If yes, please provide the following details for the last three years:

Insurer	Policy Period	Expiring Premium	Limit	Deductible
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

(c) With respect to (b) above, please indicate if such coverage was offered on an occurrence basis or claims-made basis:

\_\_\_\_\_

If claims-made, what was the retroactive date of the policy (dd/mm/yyyy)? \_\_\_\_\_

14. Has insurance coverage ever been declined or cancelled or the renewal thereof been refused? YES  NO

If yes, please provide details.

15. (a) In the past, has the Applicant or any of his/her employees ever been the recipient of any allegations of professional negligence in writing or verbally? YES  NO

(b) Is the Applicant or any of his/her employees aware of any facts, circumstances or situations which may reasonably give rise to a claim, other than as advised above? YES  NO

If yes, please provide details.

WITHOUT LIMITATION OF ANY OTHER REMEDY AVAILABLE TO THE INSURERS, IT IS AGREED THAT, IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

**APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM**

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to ENCON Group Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize ENCON Group Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on ENCON's privacy policy, please contact [privacy-officer@encon.ca](mailto:privacy-officer@encon.ca).

**DECLARATIONS AND SIGNATURE**

The undersigned Applicant for this insurance declares that, to the best of his/her knowledge and belief, the statements set forth herein are true and correct, and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The undersigned agrees that, if any significant change in the condition of the Applicant is discovered between the date of this Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to the Insurance Manager.

Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant further agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will become part of the policy.

\_\_\_\_\_  
Name of Applicant (please print)

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

\_\_\_\_\_  
Date (dd/mm/yyyy)



# Application Addendum

## Commercial General Liability Insurance for Professional Chemists

1. Are you renewing an existing policy with us? YES  NO

2. Name of Applicant: \_\_\_\_\_

*Unless otherwise indicated, the Named Insured shall read the same as indicated on the Errors and Omissions application to which this addendum is attached.*

3. Form of Business

Individual       Partnership or Joint Venture       Corporation or Other Organization

4. List all locations at which business is conducted, providing details indicated below.

Location Address	Square Feet	Owned	Leased
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

5. Please provide a complete description of non-consulting operations, if applicable. NOT APPLICABLE  or

(a) Construction, installation, maintenance, repairs, service: \_\_\_\_\_

(b) Actual performance of labour, hands-on work or work of a physical nature, or the supervision thereof:  
\_\_\_\_\_

(c) Products manufactured, distributed or sold: \_\_\_\_\_

6. Are there any workers who are not covered under Provincial Workers' Compensation Plans? YES  NO

If yes, please list:

Number	Location	Function
_____	_____	_____
_____	_____	_____

7. Are there any employees who are domiciled in the U.S.A.? YES  NO

If yes, please list:

Number	Location	Function
_____	_____	_____
_____	_____	_____

8. Is there any work or service performed on behalf of the Applicant by other contractors? YES  NO

If yes, please provide estimates of the annual cost of such work. Provide details of insurance which the Applicant contractually requires these contractors to maintain, and the method by which they are requested to provide evidence of such insurance.

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9. Please indicate the limit required per occurrence and annual aggregate:

\$1,000,000                       \$2,000,000                       \$3,000,000                       \$5,000,000

10. Insurance

(a) Name of Present or Most Recent Insurer: \_\_\_\_\_

(b) Policy Period: \_\_\_\_\_

11. Has any Insurer cancelled, declined or refused to renew or issue this type of insurance for the Applicant? YES  NO

If yes, please provide details: \_\_\_\_\_

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12. Have you have any previous Commercial General Liability Claims? YES  NO

If yes, please provide details:

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Please detail General Liability claims or potential claims that have come to the Applicant's attention during the past three years. For each incident, detail the date of the loss, nature and cause of the claim, amount claimed, costs actually incurred (claim investigation, defence costs and damages), and status of the claim. Please use additional paper if necessary.

***PLEASE NOTE: The intent of the ENCON Commercial General Liability policy is to cover the Insured for exposures usual and customary to a professional consultant. This coverage is not intended to insure risks that are contractually responsible for, or actually perform, construction, distribution, installation, maintenance, manufacturing, repairs or sale of products operations. It is understood and agreed that the completion of this application does not bind the Insurers to sell nor does it obligate the Applicant to purchase the insurance.***

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

\_\_\_\_\_  
Date

## What is the difference between a “claims made” and an “occurrence” policy?

“**Claims Made**” is the basis of coverage on all Professional Liability insurance policies. This means that in order for the insurance to respond, the policy must be in effect at the time an allegation is first made, regardless of when the alleged error or omission may have taken place. Furthermore, when the policy lapses or is cancelled, there ceases to be any Professional Liability coverage available, even if coverage was carried when the alleged error or omission occurred.

### Example:

A policy is purchased May 1, 2015 to May 1, 2016.

The policy is not renewed at expiry on May 1, 2016.

A claim is presented in September 2016 for work done in June 2015.

The policy will not respond, as coverage was not in effect at the time the claim was made.

“**Occurrence**” is the basis of coverage on a Commercial General Liability insurance policy. This means that in order for the insurance to respond, the policy must be in effect at the time of the incident that gives rise to a claim for third party bodily injury or property damage. As long as the policy was in effect when the “occurrence” happened, the policy will respond, even though the “occurrence” manifests itself in the form of injury or damage, months or even years later.

### Example:

Coverage is purchased May 1, 2015 to May 1, 2016.

The policy is not renewed at expiry on May 1, 2016.

An insured claim is presented in September 2016 for bodily injury caused in June 2015.

The policy that was in effect for the term May 1, 2015 to May 1, 2016 will respond.

For more information about the Professional Liability insurance program (and companion Commercial General Liability coverage) that has been arranged by your Association, please obtain an information package from your Association website or contact:

### **Jordan Fellner**

Account Manager

Phone: 604-269-1888

Toll Free: 1-800-606-9969

Fax: 604-269-1001

Email: [jordan.fellner@hubinternational.com](mailto:jordan.fellner@hubinternational.com)