

**CONDOMINIUM/COOPERATIVE SUPPLEMENT**

**GENERAL INFORMATION**

**Proposed Named Insured:**

**GAIG Policy Number:**

**1. Indicate the billings associated with condominium/cooperative for the past fiscal year that were derived from each of the following project types in A & B below:**

**A. Billings (CAD) associated with each project type**

|                  | Residential<br>Condos | Commercial<br>Condos | Cooperatives | Mixed Use-<br>Commercial/Owned | Mixed Use-<br>Commercial/Rental |
|------------------|-----------------------|----------------------|--------------|--------------------------------|---------------------------------|
| Last Fiscal Year |                       |                      |              |                                |                                 |
| Two Years Ago    |                       |                      |              |                                |                                 |
| Three Years Ago  |                       |                      |              |                                |                                 |

**B. Number of Projects Associated with each project type**

|                  | Residential<br>Condos | Commercial<br>Condos | Cooperatives | Mixed Use-<br>Commercial/Owned | Mixed Use-<br>Commercial/Rental |
|------------------|-----------------------|----------------------|--------------|--------------------------------|---------------------------------|
| Last Fiscal Year |                       |                      |              |                                |                                 |
| Two Years Ago    |                       |                      |              |                                |                                 |
| Three Years Ago  |                       |                      |              |                                |                                 |

**2. Does the applicant act as the prime design professional on any condominium project(s)?** ☐ Yes ☐ No  
If yes, please provide the below:

| Prime Design<br>Professional | Number of Projects |
|------------------------------|--------------------|
| Current Year                 |                    |
| Past Year                    |                    |
| Two Years Ago                |                    |
| Three Years ago              |                    |

**3. Provide the number of condominium projects the owner/developer has completed within the past five years:**  
0 ☐ 1 ☐ 2-4 ☐ 5-10 ☐ 10 or more ☐

**4. Has the firm performed any services related to condominiums over the past five years using a verbal agreement?** Yes ☐ No ☐ If so, please provide detailed information below.

**Largest Condominium/Cooperative Project in the past 5 years**

|  |  |  |  |
|--|--|--|--|
| A. Project Name:   |  | B. Project Location:   |  |
| C. Describe the scope of services provided:                          |  |  |  |
| D. Total number of Condominium Units/Cooperatives:                   |  | E. Name of Project Owner:  |  |
| F. Firm's estimated total fees: (CAD):                               |  | G. Estimated Total Project Construction Value:                     |  |
| H. Year of Construction Start:                                       |  | I. Year of Substantial Completion:                                 |  |
| J. Project Description:  |  | K. Type of Project:  |  |
| <input type="checkbox"/> New Construction                            |  | <input type="checkbox"/> Residential Condo                         |  |
| <input type="checkbox"/> Renovation for conversion to condo or co-op |  | <input type="checkbox"/> Commercial-Condo                          |  |
| <input type="checkbox"/> Renovation to existing condo or co-op       |  | <input type="checkbox"/> Mixed Use Residential (Commercial/Rental) |  |
| Other (please specify):  |  | <input type="checkbox"/> Mixed Use Residential (Commercial/Owned)  |  |
| L. Type of written contract  |  |  |  |
| <input type="checkbox"/> Professional Association Contract           |  | <input type="checkbox"/> Client Drafted                            |  |
| <input type="checkbox"/> Letter Agreement                            |  | <input type="checkbox"/> Your Standard Contract                    |  |
|  |  | <input type="checkbox"/> Purchase Order                            |  |
|  |  | <input type="checkbox"/> Verbal Agreement                          |  |

Did the firm hire subconsultants for the above condominium project or expect to? ☐ Yes ☐ No

If yes, please provide, as a percentage of the applicant's condominium billings, the amount attributable to the following services (This should not equal 100%):

| Discipline               | % Of Annual gross billings paid to subconsultants within each discipline | Certificates of insurance were obtained from all subconsultants |
|--------------------------|--|---|
| Architecture             | %  | <input type="checkbox"/> Yes <input type="checkbox"/> No        |
| Civil Engineering        | %  | <input type="checkbox"/> Yes <input type="checkbox"/> No        |
| Electrical Engineering   | %  | <input type="checkbox"/> Yes <input type="checkbox"/> No        |
| Geotechnical Engineering | %  | <input type="checkbox"/> Yes <input type="checkbox"/> No        |
| Land Surveying           | %  | <input type="checkbox"/> Yes <input type="checkbox"/> No        |
| Mechanical Engineering   | %  | <input type="checkbox"/> Yes <input type="checkbox"/> No        |
| Structural Engineering   | %  | <input type="checkbox"/> Yes <input type="checkbox"/> No        |
| Other Professional:      | %  | <input type="checkbox"/> Yes <input type="checkbox"/> No        |

**Second Largest Condominium/Cooperative Project in the past 5 years**

|  |  |  |  |
|--|--|--|--|
| A. Project Name:   |  | B. Project Location:   |  |
| C. Describe the scope of services provided:                          |  |  |  |
| D. Total number of Condominium Units/Cooperatives:                   |  | E. Name of Project Owner:  |  |
| F. Firm's estimated total fees: (CAD)                                |  | G. Estimated Total Project Construction Value:                     |  |
| H. Year of Construction Start:                                       |  | I. Year of Substantial Completion:                                 |  |
| J. Project Description:  |  | K. Type of Project:  |  |
| <input type="checkbox"/> New Construction                            |  | <input type="checkbox"/> Residential Condo                         |  |
| <input type="checkbox"/> Renovation for conversion to condo or co-op |  | <input type="checkbox"/> Commercial-Condo                          |  |
| <input type="checkbox"/> Renovation to existing condo or co-op       |  | <input type="checkbox"/> Mixed Use Residential (Commercial/Rental) |  |
| Other (please specify):  |  | <input type="checkbox"/> Mixed Use Residential (Commercial/Owned)  |  |
| L. Type of written contract:   |  |  |  |
| <input type="checkbox"/> Professional Association Contract           |  | <input type="checkbox"/> Client Drafted                            |  |
| <input type="checkbox"/> Letter Agreement                            |  | <input type="checkbox"/> Your Standard Contract                    |  |
|  |  | <input type="checkbox"/> Purchase Order                            |  |
|  |  | <input type="checkbox"/> Verbal Agreement                          |  |

Did the firm hire subconsultants for the above condominium project or expect to? ☐ Yes ☐ No

If yes, please provide, as a percentage of the applicant's condominium billings, the amount attributable to the following services (This should not equal 100%):

| Discipline               | % Of Annual gross billings paid to subconsultants within each discipline | Certificates of insurance were obtained from all subconsultants |
|--------------------------|--|---|
| Architecture             | %  | <input type="checkbox"/> Yes <input type="checkbox"/> No        |
| Civil Engineering        | %  | <input type="checkbox"/> Yes <input type="checkbox"/> No        |
| Electrical Engineering   | %  | <input type="checkbox"/> Yes <input type="checkbox"/> No        |
| Geotechnical Engineering | %  | <input type="checkbox"/> Yes <input type="checkbox"/> No        |
| Land Surveying           | %  | <input type="checkbox"/> Yes <input type="checkbox"/> No        |
| Mechanical Engineering   | %  | <input type="checkbox"/> Yes <input type="checkbox"/> No        |
| Structural Engineering   | %  | <input type="checkbox"/> Yes <input type="checkbox"/> No        |
| Other Professional:      | %  | <input type="checkbox"/> Yes <input type="checkbox"/> No        |

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**I understand that the information submitted in this supplement becomes a part of my Design Professional Liability Insurance application and is subject to the same representations and conditions.**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Insurance Brokerage**

\_\_\_\_\_  
**Broker Contact**

\* If you are electronically submitting this document, and you elect to sign electronically, apply your electronic signature to this form by checking the Electronic Signature, Acknowledgement and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature, Acknowledgement and Acceptance box constitutes your signature, acknowledgement, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

☐ **Electronic Signature, Acknowledgement and Acceptance – Authorized Representative**