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Application

Professional Liability Insurance Program for Architects in Private Practice

Submitting Broker, please complete the following to assist us in processing this submission:

Name of Brokerage: _____

Name of Broker Contact: _____

Brokerage Address: _____ City: _____ Postal Code: _____

For renewal purposes only: Policy Number: _____ ISN (Client's Number): _____

THE APPLICANT

1. Name of Applicant: _____
 (Only declared entities will be covered.)

2. Applicant is: Corporation Partnership Sole Proprietorship Other (please describe): _____

3. Address of head office: _____

4. Date established: _____ Telephone: _____ Website: _____

5. Firm Contact: _____ Email: _____

6. Predecessor Firms: _____

7. Total number of employees:

	Engineers/Architects	Other Licensed Professionals	Technical	All Others
Principal, Partner, Officer, Director				
Staff				

8. Please list any association memberships of the firm: _____

INSURANCE

9. (a) Has the Applicant or predecessor firm previously carried professional liability insurance? YES NO

	Company	Limit	Deductible	Expiry Date
Previous Insurer		\$	\$	
Present Insurer		\$	\$	

(b) Date the Applicant has continuously carried professional liability insurance: _____

10. Previous Insurance—Has any application for insurance been made on behalf of the Applicant or any of the present partners, officers, directors or employees or, to the knowledge of the firm, on behalf of their predecessors in business, been declined or cancelled, or has renewal been refused in the past five years? YES NO

If yes, please provide details: _____

11. Please indicate the limit and deductible required:

Limit: \$250,000 per claim/\$500,000 annual aggregate \$500,000 per claim/\$1,000,000 annual aggregate
 \$1,000,000 per claim/\$2,000,000 annual aggregate \$2,000,000 per claim/\$2,000,000 annual aggregate

Deductible: \$1,000 \$2,000 \$5,000 \$10,000 \$25,000

Other Limit or Deductible: _____

FEE BREAKDOWN

12. Gross fee income (excluding taxes and disbursements invoiced separately to your clients, like travel and living expenses, etc.); if you do not have fees in a category below, please indicate NIL; **do not leave any answer blank:**

	Last 12 Months or Last Fiscal Year	Anticipated Next 12 Months or Next Fiscal Year
(a) Gross fees [include all amounts in 12 (b) to 12 (e)]	\$ _____	\$ _____
(b) Fees paid to subconsultants	\$ _____	\$ _____
(c) Fees emanating from projects and joint ventures separately insured	\$ _____	\$ _____
(d) Fees emanating from U.S. projects or services performed (CAN \$)	\$ _____	\$ _____
(e) Fees emanating from foreign projects or services performed (CAN \$)	\$ _____	\$ _____

Location of U.S. (State) and foreign services and/or projects: _____

13. Total construction values (see Guidelines) \$ _____ \$ _____

PROJECTS

14. (a) Please indicate the percentage of your fees indicated in question 12 (a) from the last 12 months or the last fiscal year. If you have no fees for that period, please indicate the percentage of your anticipated fees:

Services not resulting in construction	_____ %	Institutional Projects	_____ %
Residential Projects (private)	_____ %	Commercial Projects	_____ %
Residential Projects (multi-unit)	_____ %	Interior Design	_____ %
Industrial Projects	_____ %	Landscape Architecture	_____ %
Recreational Projects	_____ %	Other (specify _____)	_____ %
			100%

(b) Please provide a complete description of the Applicant's operations:

(c) Do more than 25% of the Applicant's fees emanate from a single client? YES NO

If yes, please state the client's name: _____

OTHER ACTIVITIES

15. Does the Applicant or any related company also perform actual construction, installation or erection? YES NO

16. Does the Applicant or any related company also perform actual manufacture, fabrication or assembly? YES NO

17. Does the Applicant or any related company also perform decommissioning, remediation, cleanup, removal, containment, detoxification, transport, storage, disposal or neutralization of polluted or contaminated properties and products? YES NO

18. Does the Applicant or any related company assume responsibility for any of the activities mentioned in questions 15, 16 and 17 above? YES NO

If you have answered yes to any of the questions above, please attach an explanation.

RISK MANAGEMENT

19. What percentage of the Applicant's services is provided using a standard written contract:

- 0% 1-24% 25-49% 50-74% 75-99% 100%

20. Was the Applicant's standard contract reviewed and approved by counsel? YES NO

21. Please indicate which of the following clauses the Applicant endeavours to include in all contracts entered into:

- (a) clear description of services to be rendered YES NO
 (b) limitation of liability YES NO
 (c) indemnity agreement YES NO
 (d) governing law YES NO
 (e) warranties or guaranties YES NO

22. Does the Applicant have a formal process in place for resolving disputes with clients? YES NO

23. Does the Applicant have written in-house quality management procedures that are followed by all employees? YES NO

24. Does the Applicant have an in-house continuing education program for professional employees? YES NO

25. Does the Applicant usually require proof of professional liability insurance from subconsultants? YES NO

KNOWLEDGE OF PRIOR ERRORS OR CLAIMS

26. Does the Applicant or any of the firm's partners, officers, directors or employees have any knowledge or information of:

- (a) any error, omission or negligent act in the performance of professional services for others? YES NO
 (b) any written or oral demand for money or any written or oral allegation of breach in the rendering or failure to render professional services (in the last five years)? YES NO
 (c) any unresolved job dispute or circumstance which might reasonably result in a claim? YES NO
 (d) having been called upon to make any payment or to forego any claim for fees as a result of any job dispute during the past five years? YES NO
 (e) their licence having been suspended or their having been fined or reprimanded during the past five years? YES NO

If you have answered yes to any of the questions above, please attach an explanation.

Without limitation of any other remedy of the Insurers, it is agreed that, if the answer yes is given to any of the questions in 26, any claim arising from the facts or circumstances reported therein are excluded from coverage.

ADDITIONAL INFORMATION

Please list details of projects/joint ventures insured separately:

Name of Project/Joint Venture	Location	Insurer	Policy Term	Deductible
				\$
				\$
				\$
				\$
				\$

If a new Applicant, please complete the list below detailing the five largest projects completed in the past five years and attach recent company brochures:

Name of Project	Description	Location	Construction Value
			\$
			\$
			\$
			\$
			\$

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 Victor Insurance Managers Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Victor Insurance Managers 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 Victor’s privacy policy, please contact privacypolicyinquiries@victorinsurance.com.

SUBSCRIBE FOR RISK MANAGEMENT INFORMATION

Please complete the information below to subscribe to and receive Risk Management Information for architects and engineers:

Yes, I would like to subscribe and receive emailed Risk Management Information.

Name: _____

Email Address: _____

You may unsubscribe at any time. To read more about Victor’s policy regarding the collection and use of email contact information, please visit our website at www.victorinsurance.ca.

DECLARATIONS AND SIGNATURE

The Applicant has read the foregoing and understands that completion of this Application does not bind the Insurer or the Broker to complete the insurance on the terms requested or at all. Terms and conditions of coverage are as set out in the policy without reference to the terms and conditions requested in the Application herein or otherwise.

The Applicant declares and warrants that they have made reasonable efforts to obtain sufficient information from each prospective Insured under the policy to fully and accurately complete this Application, that this Application is complete and correct to the best of their knowledge and belief, and that all particulars which may have a bearing upon the Applicant’s acceptability as a professional liability insurance risk have been revealed. It is agreed that the answers to the questions herein shall be binding on all Insureds under the policy. It is understood that this Application shall form the basis of the contract should the Insurer approve the coverage and should the Applicant be satisfied with the Insurer’s quotation.

It is further agreed that if, in the time between submission of this Application and the requested date for coverage to be effective, the Applicant becomes aware of any information which would change the answers furnished in response to question 26 of this Application, such information shall be revealed immediately in writing to the Insurer.

Signature of Applicant (authorized representative)

Date (dd/mm/yyyy)