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Renewal 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. (a) Expiring Policy Number: _____
 (b) Expiry Date: _____
2. Name of Firm: _____
3. (a) Has there been any change in the firm's ownership since the inception of the current policy? YES NO
 (b) During the past policy period has there been, or during the forthcoming year will there be, any purchases, mergers or consolidations of other firms? YES NO
 (c) Has there been a change to the firm's name or address since the inception of the current policy? YES NO
 (d) During the past policy period has there been, or during the forthcoming year will there be, any changes in the nature of services offered? YES NO
 (e) Does the Applicant (or any related business enterprise) engage in or assume contractual responsibility for any manufacturing, fabrication, construction, erection, installation or assembly? YES NO

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

INSURANCE

4. 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

5. 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 5 (b) to 5 (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: _____

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

PROJECTS

7. (a) Please indicate the percentage of your fees indicated in question 5 (a) from the last 12 months or the last fiscal year:

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

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

KNOWLEDGE OF PRIOR ERRORS OR CLAIMS

13. Other than as previously reported to the Insurer, 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 services 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) having been called upon to make any payment or to forego any claim for fees as a result of any job dispute? YES NO
- (d) their licence having been suspended or their having been fined or reprimanded? YES NO

If the answer to any of the above questions is “yes”, please provide full details of the circumstances.

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 he/she has 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 his/her 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)