



ASSOCIATION OF CONSULTING  
ENGINEERING COMPANIES | CANADA



Program sponsored by

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# Application Addendum

## Commercial General Liability Insurance for Architects and Engineers

1. Name of Applicant: \_\_\_\_\_

2. Form of Business:     Individual             Partnership             Corporation  
                                  Other (please explain) \_\_\_\_\_

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

Address	Rent or Own	Area (m <sup>2</sup> )
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Note: Question 4 need not be completed if the Applicant's premises consist solely of leased office space.**

4. (a) If the building is over 25 years old, indicate in which year any of the following items were renovated:

Electric Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_ Roof \_\_\_\_\_

(b) Describe fire protection system:

Fire extinguishers (number) \_\_\_\_\_ Smoke detectors (number) \_\_\_\_\_

Fire alarm system? YES  NO

If yes, is it monitored by a central station? YES  NO

5. If business is other than an individual, provide employee information by classifications indicated below:

	Number of Employees	Annual Payroll
Executive	_____	_____
Clerical	_____	_____
Other	_____	_____

6. Indicate the number of employees domiciled in the United States: \_\_\_\_\_

7. Indicate the number, location and function of any employees who are not covered under an applicable (provincial or other) Workers' Compensation Insurance Program:

\_\_\_\_\_  
\_\_\_\_\_

**Note: Questions 8 through 12 need not be completed if the Applicant provides solely professional services as a consulting architect or engineer whose mandates with clients do not make the Applicant responsible for the performance of work or operations such as construction, installation, repair or maintenance, or the manufacture or distribution of products, or the storage, handling or shipping of hazardous substances.**

8. Provide a complete description of the Applicant's:

- (a) operations (including hazardous processes);
- (b) work conducted away from the Applicant's premises in connection with construction, installation, repair, services or maintenance;
- (c) products manufactured, distributed or sold;
- (d) hazardous materials stored, handled or shipped.

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9. Provide the following information regarding annual sales, for each type of product or service:

Type of Product/Service	Past Fiscal Year	Estimated Current Fiscal Year	Estimated Next Fiscal Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. For any work or service performed on behalf of the Applicant by other contractors, provide (a) estimates of the annual cost of such work; (b) details of insurance which the Applicant contractually requires these contractors to carry; and (c) whether these contractors are requested to provide evidence of such insurance:

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11. Does the Applicant lease or rent equipment or tools (other than office equipment) from others? YES  NO

(a) If yes, please provide details: \_\_\_\_\_

(b) Does the Applicant indemnify the owner for liability? YES  NO

12. If operations or work are performed or products distributed outside Canada, provide a breakdown of revenue derived from Canada, United States of America and foreign (indicate which) countries:

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13. Describe any use of aircraft or watercraft owned, operated or maintained by the Applicant:

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**14. Coverage Particulars**

(a) Limit(s) of Liability requested: \$ \_\_\_\_\_

(b) Property Damage Deductible(s) requested: \$ \_\_\_\_\_

15. **Extensions**

(a) Tenants' Legal Liability YES  NO

If tenants' legal liability is required, please indicate the limit of liability required for each leased location listed in response to question 3:

(i) \$ \_\_\_\_\_

(ii) \$ \_\_\_\_\_

(iii) \$ \_\_\_\_\_

(b) Non-owned Automobile Liability YES  NO

If non-owned automobile liability is required, please respond to the following questions:

(i) Please indicate the number of employees who regularly drive their own vehicle on company business:

\_\_\_\_\_

(ii) Please indicate the approximate number of "rental days" in the next 12 months that your employees will rent a vehicle (short term) for the purpose of conducting company business in:

Canada: \_\_\_\_\_ United States: \_\_\_\_\_

(iii) Please indicate the typical type of vehicle rented: \_\_\_\_\_  
and the typical value per rented vehicle: \_\_\_\_\_

(c) Employee's Benefits Liability YES  NO

(d) Employers' Liability YES  NO

16. **Current Commercial General Liability Insurance (if other than Victor Insurance Managers Inc.)**

(a) Name of Present Insurer: \_\_\_\_\_

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

17. Has any insurer cancelled, declined or refused to renew or issue insurance of the type applied for? YES  NO

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

18. **Claims History**

Have there been any liability claims or potential claims that have come to the Applicant's attention during the past three years? YES  NO

If yes, 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.

\_\_\_\_\_  
\_\_\_\_\_

It is understood and agreed that the completion of this Application Addendum does not bind the Insurers to sell nor does it obligate the Applicant to purchase the insurance.

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

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