



ASSOCIATION OF CONSULTING
ENGINEERING COMPANIES | CANADA



Program sponsored by

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Application

Directors and Officers Liability Extension for Canadian Architects and Engineers Serving as Directors or Officers of Non-Profit Organizations

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): _____

Should you require coverage to extend to any of your professional architects or engineers serving as directors or officers for non-profit entities, please complete the following application and a quotation will be provided. Please complete a section for each organization. Examples of acceptable kinds of organizations would be: service clubs, professional associations, charities, sports associations, chambers of commerce, museum centres and community associations. Organizations which cannot be covered would include condominiums, unions, government administrations, school boards, associations incorporated outside Canada, religious groups, lobby groups and U.S.A. organizations.

1. Name of Architect/Engineer _____
Professional Status/Position in Firm _____
Non-Profit Organization on which
a position is held _____
Location of Organization _____
Brief Description of Organization _____
Special Responsibilities _____
Is there Directors and Officers
coverage in place for this organization? _____
2. Name of Architect/Engineer _____
Professional Status/Position in Firm _____
Non-Profit Organization on which
a position is held _____
Location of Organization _____
Brief Description of Organization _____
Special Responsibilities _____
Is there Directors and Officers
coverage in place for this organization? _____

3. Name of Architect/Engineer _____
Professional Status/Position in Firm _____
Non-Profit Organization on which a position is held _____
Location of Organization _____
Brief Description of Organization _____
Special Responsibilities _____
Is there Directors and Officers coverage in place for this organization? _____
4. Name of Architect/Engineer _____
Professional Status/Position in Firm _____
Non-Profit Organization on which a position is held _____
Location of Organization _____
Brief Description of Organization _____
Special Responsibilities _____
Is there Directors and Officers coverage in place for this organization? _____
5. Has there been or is there now pending any claim(s) against directors or officers of the non-profit organization? YES NO
If yes, please provide details on a separate sheet.
6. Does the Applicant(s) have knowledge or information of any act, circumstance, fact, error or omission which might give rise to a claim under the proposed extended coverage? YES NO
If yes, please provide details on a separate sheet.

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.

SIGNATURE

Signature of Applicant (authorized representative)

Date (dd/mm/yyyy)