



Program sponsored by

Victor Canada
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Toll Free 800-267-6684
www.victorinsurance.ca

Application

Design-build Professional Liability Program

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): _____

- IMPORTANT INSTRUCTIONS:**
1. Please answer all questions completely.
 2. If there is insufficient space to complete an answer, continue on a separate sheet of your firms' letterhead. Indicate the question number.
 3. This form must be completed, signed and dated by a principal, partner or officer of your firm.
 4. Mail completed application to your local broker.

NOTE: The insurance coverage for which you are applying is written on a CLAIMS-MADE policy. Only claims which are first made against you during the policy period are covered, subject to policy provisions.

Please indicate the limits you would like us to quote (minimum \$1,000,000, maximum \$12,000,000): \$ _____

Please indicate deductible you wish us to quote: \$ _____

1. Name of Firm(s): _____

Addresses of Principal Office: _____
(List addresses of all branch offices on a separate sheet)

Province: _____ Telephone: _____

Corporation Partnership Sole Proprietorship

Year Firm Established: _____

2. (a) Number of Staff:
- | | |
|------------------------|-------|
| Construction Personnel | _____ |
| Design Personnel | _____ |
| Seasonal Personnel | _____ |
| Total Staff | _____ |

(b) Number of licensed professionals:

	Architects	Engineers	Land Surveyors	Landscape Architects	All Others	Total
Principals, Partners, Officers and Directors						
Other						

3. (a) Does your firm utilize written in-house quality control procedures? YES NO

(b) How frequently are these procedures reviewed with staff? _____

4. Does your firm use written contracts on every project? YES NO

If no, please provide us with the percentage of your past 12 months' **professional fees** where oral agreements were used: _____ %

Please provide a typical contract sample.

5. Please indicate professional society memberships: _____

6.

Dates of Financial Reporting Periods	Past 12 Months		Estimated for Next 12 Months	
	____/____/____ To ____/____/____		____/____/____ To ____/____/____	
	Estimated Construction Values for Reporting Period	Professional Fees	Estimated Construction Values for Reporting Period	Professional Fees
(a) In-house Design with Construction Responsibility	\$	\$	\$	\$
(b) In-house Design without Construction Responsibility	\$	\$	\$	\$
(c) Construction Only – No Design	\$	N/A	\$	N/A
(d) Construction Management				
• Agency	\$	\$	\$	\$
• At Risk	\$	\$	\$	\$
(e) Subcontracted Design with Construction Responsibility	\$	\$	\$	\$
(f) Other (specify: _____)	\$	\$	\$	\$

7. What percentage of your revenue is derived from projects in: Canada: _____% U.S.: _____% Other: _____%

8. If you subcontract design services, please indicate the names of your design consultants and their professional liability insurer and limits:

9. Does your firm perform constructability reviews/value engineering on projects other than those listed in question 6 (a)? YES NO

10. Please provide a breakdown of professional fees for design services performed by you or by others under subcontract to you in the past year:

Architecture	_____%	Civil Engineering	_____%
Mechanical Engineering	_____%	Electrical Engineering	_____%
HVAC Engineering	_____%	Soils Engineering	_____%
Structural Engineering	_____%	Landscape Architects	_____%
Laboratory Testing	_____%	Chemical Engineering	_____%
Land Surveying	_____%	Marine Engineering	_____%
Process Engineering	_____%	Mining Engineering	_____%
Environmental Remediation	_____%	Oil/Gas Well Engineering	_____%
Nuclear Engineering	_____%	Forensic Engineering	_____%
Machinery/Engineering Design	_____%	Other (please specify)	_____%

Should Equal 100%

11. Indicate the approximate percentage of total construction values for past 12 months by project type:

Airports	_____%	Manufacturing/Industrial	_____%	Roads/Highways	_____%
Bridges	_____%	Mass Transit	_____%	Schools/Colleges	_____%
Condominiums	_____%	Material Handling Systems	_____%	Sewer Projects	_____%
Dams	_____%	Nuclear/Atomic	_____%	Shopping Centres/Retail	_____%
Harbours/Piers/Ports	_____%	Office Buildings	_____%	Sports/Convention Centres	_____%
Hazardous/Toxic Waste	_____%	Parking Structures	_____%	Storm Water Systems	_____%
Hospital/Health Care	_____%	Pipelines	_____%	Utilities	_____%
Hotels/Motels	_____%	Refineries/Petrochemical	_____%	Warehouses	_____%
Jails/Justice	_____%	Religious	_____%	Wastewater Systems/Plants	_____%
Landfills	_____%	Residential Construction	_____%	Other (specify _____)	_____%

12. Indicate the number of joint ventures your firm has participated in during the past fiscal year: _____

- (a) If any, please provide details of projects including description of co-venturer services and project type and size:

- (b) Do you require evidence of professional liability insurance from all joint ventures/partners? YES NO

13. Describe the nature of your operations on an attached sheet. Please attach brochure describing your firm and financial statements.

14. (a) Has your firm ever built using a stock set of plans and specifications or built more than one unit using the same set of plans and specifications? YES NO

If yes, please provide details: _____

- (b) Has your firm ever held or do you now hold a franchise from a metal building manufacturer? YES NO

If yes, please provide details and indicate your approximate volume of work relative to pre-engineered structures:

- (c) Has your firm ever held or do you now hold a patent for any product or process? YES NO

If yes, please provide details: _____

- (d) Was more than 50% of your total design-build volume derived from a single client or contract? YES NO

If yes, please specify client, project, contract form(s), describe all services rendered and indicate how long you expect this relationship to continue:

- (e) Approximately what percentage of your total design-build volume is derived from repeat clients? _____%

15. (a) Does your firm or any principal, partner, officer, director or shareholder of your firm or an immediate family member of any such person have more than 15% combined ownership interest or act as the managing partner in any entity or project for which professional services have been or are to be rendered? YES NO

- (b) Does your firm render services on behalf of any other entity in which any principal, partner, officer, director or shareholder of your firm or an immediate family member of such person is a partner, officer, director, shareholder or employee? YES NO

- (c) Is your firm controlled, owned by or associated with or does your firm control or own any other entity? YES NO

If yes, please provide details: _____

16. Has your firm or any predecessor or subsidiary firm ever filed, or been in receivership or bankruptcy? YES NO

If yes, please provide details: _____

17. Is your firm bondable? YES NO

If yes, please provide name of surety company: _____

If no, please provide details: _____

18. (a) Does your firm carry Commercial General Liability and Umbrella Liability insurance? YES NO

If yes, please provide details relative to current policies:

Particulars	General Liability	Umbrella Liability	Particulars	General Liability	Umbrella Liability
Insurer			Inception Date (dd/mm/yyyy)	____/____/____	____/____/____
Policy Number			Expiration Date (dd/mm/yyyy)	____/____/____	____/____/____
Limits • Bodily Injury • Property Damage			Is there an exclusion for your professional services? YES <input type="checkbox"/> NO <input type="checkbox"/>		

(b) Please provide the following information on your general liability and workers' compensation coverages:

(i) Loss Ratio for past five years: General Liability: _____

(ii) Total payments and reserves for past five years for each coverage: General Liability: _____

19. Please provide full name and professional qualifications (registrations and degrees, date and place acquired) of all principals, partners, directors or officers of current firm(s) and dates of employment on a separate sheet.

20. Have any professional liability claims been made or legal action been brought in the past five years against your firm, its predecessor(s) or any past or present principal, partner, officer, director, shareholder or employee? YES NO

If yes, please provide the following information for each claim:

(a) Date of claim: _____

(b) Allegations: _____

(c) Amount of claim: _____

(d) Evaluation of exposure/potential liability: _____

(e) If closed, total amount paid: _____

21. After inquiry, do any of the principals, partners, officers, directors, shareholders or employees have knowledge of any omission, error, unresolved job dispute (including owner-contractor disputes), accident or any other circumstance that is or could be the basis for a claim under the proposed insurance policy? YES NO

If yes, on a separate sheet, please provide details of this situation, including name of project and claimant, dates, nature of situation and amount of damages.

NOTE: The policy of insurance being applied for will not respond to any claim or circumstance identified, or that should have been identified, in questions 20 and 21.

22. Please provide total construction values for each of the past five years:

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
(most recent)

23. Please list below (or on a separate sheet) your **10** largest projects in terms of construction values during the past **five** years. Provide name, location, type, client, nature of services rendered and status:

24. (a) Has any insurer declined, cancelled or refused to renew insurance for your firm or any predecessor firm? YES NO

(b) Has professional liability insurance been issued previously to any of the firms named in question 1? YES NO

If yes, please complete the following:

Company	Policy Number	Limit	Deductible	Dates	Premium
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$

(c) Retroactive coverage date in current policy: _____

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.

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 21 of this Application, such information shall be revealed immediately in writing to the Insurer.

Name of Principal, Partner or Officer: _____
(Type or print)

Title: _____

Signature: _____ Date: _____
(Principal, Partner or Officer) (dd/mm/yyyy)

NOTE: This Application must be reviewed, signed and dated by a principal, partner or officer of the applicant firm.