

Application



Professional Liability Insurance Program for Land Surveyors

Applications can be submitted to submitapps.ca@victorinsurance.com. 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: _____

2. Address of head office: _____

3. Date established (dd/mm/yyyy): _____ Telephone: _____ Website: _____

4. Firm contact: _____ Email: _____

5. Name and professional qualifications of partners:

6. Number of surveyors, engineers, draftsmen and fieldsmen (other than those listed in question 5): _____

7. Number of all other employees: _____

8. Fee income

Total gross receipts* last year \$ _____

Estimated gross receipts this year \$ _____

Indicate the percentage of fees derived from surveying _____%

Indicate the percentage of fees derived from other professional services _____%

Please specify what other professional services you provide:

*Gross Receipts are the total receipts from billing of professional services. The only deductions that should be made from gross billings are those extraordinary costs such as travel and living expenses in remote areas and rental of special equipment and conveyances such as aircraft.

9. Is work undertaken in the United States? YES ☐ NO ☐

If yes, percentage of practice: _____%

10. (a) Name of present/previous insurance carrier: _____ Limits: \$ _____

(b) Date this insurance expires (dd/mm/yyyy): _____ Deductible: \$ _____

11. Is the applicant a member of any association of land surveyors? YES ☐ NO ☐
Which one(s)? _____
12. Indicate if the firm requires coverage with respect to:
Ground testing YES ☐ NO ☐
Subsurface conditions survey YES ☐ NO ☐
13. Is the firm aware of any circumstances which may result in any claim being made against the firm, their predecessors in business or any of the present or past partners? YES ☐ NO ☐
If yes, please provide details:

14. Has any claim such as would be covered by the proposed insurance been made against the firm or against any of the persons above? YES ☐ NO ☐
If yes, state briefly the nature of the claim, the amount involved and the result, the date when the claim was made and the date when the act was committed:

15. Has any application for insurance been made on behalf of the firm or any of the present partners or, to the knowledge of the firm on behalf of their predecessors in business, ever been declined, or has any such insurance ever been cancelled or renewal refused? YES ☐ NO ☐
If yes, please provide details:

16. Please indicate the limit and deductible required:
Limit: ☐ \$250,000 per claim/\$500,000 aggregate
☐ \$500,000 per claim/\$1,000,000 aggregate
☐ \$1,000,000 per claim/\$1,000,000 aggregate
Deductible: ☐ \$5,000 ☐ \$10,000
Other limit or deductible: \$ _____

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 to risk management information

Please complete the information below to subscribe to and receive risk management information:

☐ Yes, I would like to subscribe to 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

I/we hereby declare that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with the Insurers.

It is understood and agreed that the completion of this application does not bind the Insurers nor does it obligate the applicant to purchase this insurance.

Name of firm

Signature by senior member

Date (dd/mm/yyyy)