

# Application



## Professional Liability Insurance Program for Landscape Architects

Applications can be submitted to [submitapps.ca@victorinsurance.com](mailto: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

- Name of applicant (if sole practitioner): \_\_\_\_\_
- Name of applicant (if firm, indicate name of firm): \_\_\_\_\_  
 \_\_\_\_\_
- If you have responded to 2 above, please indicate:  
 Date established (dd/mm/yyyy): \_\_\_\_\_ Telephone: \_\_\_\_\_ Website: \_\_\_\_\_
- Address of head office: \_\_\_\_\_  
 \_\_\_\_\_  
 Location of other offices: \_\_\_\_\_  
 \_\_\_\_\_
- Firm contact: \_\_\_\_\_ Email: \_\_\_\_\_
- Predecessor firms: \_\_\_\_\_
- Total number of employees:

Employee	Full-time	Part-time
Landscape Architects		
Technical Personnel		
Others		

8.

Names of Applicant, Partners, Active Directors	University Attended	Degree Obtained	Year of Graduation	% Ownership in Firm	Province or State in Which Registered to Practice

Please attach the curriculum vitae of those listed above.

### Insurance

9. Has the applicant or firm previously carried professional liability insurance on a "claims-made" basis? YES  NO

If yes, please provide the following details:

	Company	Limit	Deductible	Expiry Date (dd/mm/yyyy)	Named Insured
Previous Insurer		\$	\$		
Present Insurer		\$	\$		

10. Previous insurance—Has any application for insurance been made on behalf of the applicant, or any of the present partners, officers, directors or employees or, to the knowledge of the firm, on behalf of their predecessors in business been declined or cancelled, or has renewal been refused in the past five years? YES  NO
11. Please indicate the limit required:  
 Limit:  \$250,000 per claim/\$500,000 annual aggregate?  
 \$500,000 per claim/\$1,000,000 annual aggregate?  
 \$1,000,000 per claim/\$1,000,000 annual aggregate?
12. Does the applicant usually require proof of professional liability insurance from subconsultants? YES  NO   
 If yes, indicate approximate percentage of contracts or mandates undertaken during the last 12 months for which proof of insurance was obtained from all subconsultants: \_\_\_\_\_%.

**Fee breakdown**

13. Fee income:

	Last 12 Months or Last Fiscal Year	Anticipated Next 12 Months or Next Fiscal Year
(a) Gross fees	\$	\$
(b) Fees paid to subconsultants	\$	\$
(c) Fees emanating from projects and joint ventures separately insured <b>Please complete the attached Separately Insured Project Application Addendum</b>	\$	\$
(d) Fees emanating from projects or services performed in the U.S. (CAN \$)	\$	\$
(e) Fees emanating from projects or services performed outside of Canada or the U.S. (CAN \$)	\$	\$
(f) Market value of non-monetary compensation received in lieu of fees	\$	\$

14. Total construction values \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Projects**

15. (a) Please indicate the percentage of gross consulting fees derived from the following:

Project	Percentage
Services not resulting in construction, alteration or modification to a physical structure (i.e. feasibility studies, etc.)	%
Residential projects (private)	%
Residential projects (multi-unit)	%
Industrial projects	%
Recreational projects (including parks, playgrounds, amusement fairs)	%
Institutional projects	%
Commercial projects (including retail)	%
Municipal projects	%
Federal government projects	%
Provincial government projects	%
Other (specify)	%
<b>Total</b>	<b>100%</b>

(b) Do more than 25% of the applicant's fees emanate from a single client? YES  NO   
 If yes, please provide the client's name: \_\_\_\_\_

16. Please indicate the percentage of gross fees passed on to subconsultants: \_\_\_\_\_%

## Other activities

17. Does the applicant or any related company engage in actual construction, installation or erection? YES  NO
18. Does the applicant or any related company engage in actual manufacturing, fabrication or assembly?  
YES  NO
19. Does the applicant or any related company enter into contracts wherein they assume responsibility for any of the activities mentioned in questions 17 and 18 above? YES  NO

Note: If the answer is yes to questions 17, 18 and 19, full details of operations and personnel involved must be included.

## Knowledge of prior errors or claims

20. Does the applicant or any of its partners, officers, directors or employees have any knowledge or information of:
- (a) any alleged error, omission or negligent act which might reasonably give rise to a claim against them? YES  NO
- (b) any claim made or threatened to be made against them in the last five years? YES  NO
- (c) any unresolved job dispute or circumstance which might reasonably result in a claim? YES  NO
- (d) having been called upon to make any payment or to forego any claim for fees as a result of any job dispute during the past five years? YES  NO
- (e) their licence having been suspended or them having been fined or reprimanded during the past five years? YES  NO

In the event that the answer yes is given to any of the above questions, full details of the circumstances must be provided.

## Additional information

21. If you answered yes to questions 10, 17, 18, 19 and 20, please provide details (indicate the amount claimed):

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22. Please provide a list of the 10 largest projects completed in the past five years using the following format (also attach a recent company brochure):

Name of Project and Location	Applicant's Contract Value	Date Completed (dd/mm/yyyy)

Without limitation or any other remedy available to the insurer, it is agreed that, if there be knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating therefrom is excluded from coverage under the proposed insurance.

## 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](mailto: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](http://www.victorinsurance.ca).

## Declarations and signature

The applicant has read the foregoing and understands that completion of this application does not bind the insurers or the broker to complete the insurance. It is agreed, however, that this application is complete and correct to the best of his or her knowledge and belief, and that all particulars which may have a bearing upon his or her acceptability as a professional liability insurance risk have been revealed. 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 20 of this application, such information shall be revealed immediately to the insurance manager.

For Quebec applicants only:

The undersigned has requested this application form and ensuring policy (if applicable) in the English language.

Le proposant nommé ci-après a demandé cette proposition ainsi que toute police qui pourrait être requise dans la langue anglaise.

\_\_\_\_\_  
Signature of applicant (authorized representative)

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