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# Application

## Professional Liability Insurance Program for Landscape Architects

**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: \_\_\_\_\_ Telephone No.: \_\_\_\_\_
- Address of head office: \_\_\_\_\_  
 \_\_\_\_\_  
 Location of other offices: \_\_\_\_\_  
 \_\_\_\_\_
- Predecessor firms: \_\_\_\_\_
- Total No.:
 

	Landscape Architects	_____	Full-time	_____	Part-time	_____
	Technical Personnel	_____	Full-time	_____	Part-time	_____
	Others	_____	Full-time	_____	Part-time	_____
- | Names of Applicant<br>Partners, Active Directors | University<br>Attended | Degree<br>Obtained | Year of<br>Graduation | % Ownership in<br>Firm | Province or<br>State in which<br>Registered to<br>Practice |
|--|------------------------|--------------------|-----------------------|------------------------|--|
| _____  | _____                  | _____              | _____                 | _____                  | _____  |
| _____  | _____                  | _____              | _____                 | _____                  | _____  |
| _____  | _____                  | _____              | _____                 | _____                  | _____  |
| _____  | _____                  | _____              | _____                 | _____                  | _____  |

Please attach the curriculum vitae of those listed above.

## INSURANCE

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8. 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	Limits	Deductible	Expiry Date	Named Insured
Previous Insurer	_____	_____	_____	_____	_____
Present Insurer	_____	_____	_____	_____	_____

9. Previous Insurance:

Has the 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

10. Limits applied for:

- \$250,000 per loss/\$500,000 per policy period  
 \$500,000 per loss/\$1,000,000 per policy period  
 \$1,000,000 per loss/\$1,000,000 per policy period

11. 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: \_\_\_\_\_%.

## NATURE OF PRACTICE

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12. 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	\$ _____	\$ _____
(d) Fees emanating from services performed in USA or for USA projects (CAN \$)	\$ _____	\$ _____
(e) Fees emanating from services performed overseas or for overseas projects (CAN \$)	\$ _____	\$ _____
(f) Market value of non-monetary compensation received in lieu of fees	\$ _____	\$ _____
13. Total Construction Values	\$ _____	\$ _____

14. Please indicate the percentage of gross consulting fees derived from the following: %
- |   |       |
|---|-------|
| (a) Services not resulting in construction, alteration or modification to a physical structure (i.e. feasibility studies, etc.) | _____ |
| (b) Residential projects (private)  | _____ |
| (c) Residential projects (multi unit)   | _____ |
| (d) Industrial projects   | _____ |
| (e) Recreational projects including parks, playgrounds, amusement fairs   | _____ |
| (f) Institutional projects  | _____ |
| (g) Commercial projects (including retail)  | _____ |
| (h) Municipal projects  | _____ |
| (i) Federal Government projects   | _____ |
| (j) Provincial Government projects  | _____ |
| (k) Other (specify): _____  | _____ |
| <b>Total</b> (should equal 100%)  | ===== |

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

16. Does the Applicant or any related company engage in actual construction, installation or erection? YES  NO

17. Does the Applicant or any related company engage in actual manufacture, fabrication or assembly? YES  NO

18. Does the Applicant or any related company enter into contracts wherein they assume responsibility for any of the activities mentioned in Questions 16 and 17 above? YES  NO

19. Do more than 25% of the Applicant's fees emanate from a single client? YES  NO

If yes, please state the client's name: \_\_\_\_\_

NOTE: IF THE ANSWER IS "YES" TO ANY OF THE QUESTIONS 16, 17 AND 18, FULL DETAILS OF OPERATIONS AND PERSONNEL INVOLVED MUST BE INCLUDED.

## DECLARATIONS

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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 their 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**

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PLEASE PROVIDE DETAILS WHERE YOUR ANSWER WAS "YES" TO QUESTIONS 9, 16, 17, 18 AND 20. (Indicate amount claimed.)

PLEASE PROVIDE A LIST OF THE 10 LARGEST PROJECTS COMPLETED IN THE PAST FIVE YEARS USING THE FOLLOWING FORMAT. (Also attach recent company brochure.)

Name of Project and Location	Applicant's Contract Value	Date Completed
_____	_____	_____
_____	_____	_____

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**

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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).

## **DECLARATIONS AND SIGNATURE**

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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)