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Program sponsored by

Application

Professional Liability Insurance for Individual Architects and Engineers

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): _____

Coverage for INDIVIDUAL employees of a non-consulting firm. Please note that this application is for the purpose of obtaining a quotation for the PERSONAL LIABILITY of INDIVIDUAL professionals and NOT the CORPORATE LIABILITY of the company by which they are employed.

Applicant's name: _____ (please include your résumé)

Home address of Applicant: _____

Name and address of present employer: _____

Please include your employer's company brochure or website: _____

Number of years employer is in business: _____

Percentage of operations: Canada: _____% United States: _____% Foreign: _____%

1. Is your employer: Contractor Manufacturer Supplier Installer
 Other _____

2. Description of your services: _____

3. (a) Title or position: _____

(b) Are you an officer or director of the company? YES NO

If yes, please state position: _____

(c) Do you have any ownership in the firm? YES NO

If yes, please state the percentage: _____%

4. Do you perform professional services for others outside your regular and full-time employment? YES NO

If yes: (a) Under what name do you perform these services: _____

(b) Description of services: _____

(c) Gross fees billed in the past 12 months: _____ Next 12 months: _____

(d) Do you currently carry any form of professional liability insurance for these services? YES NO

5. Please indicate if you perform services in connection with the following types of projects (please answer all categories):

Surveys of Subsurface Conditions	YES <input type="checkbox"/> NO <input type="checkbox"/>
Environmental Testing	YES <input type="checkbox"/> NO <input type="checkbox"/>
Temporary Fair or Exhibition Structures	YES <input type="checkbox"/> NO <input type="checkbox"/>
Aviation Engineering	YES <input type="checkbox"/> NO <input type="checkbox"/>
Naval Architecture or Marine Engineering	YES <input type="checkbox"/> NO <input type="checkbox"/>
Automotive Engineering	YES <input type="checkbox"/> NO <input type="checkbox"/>

To consider coverage for any of these categories, a complete list of your previous experience in this work is required. This list should include project descriptions, construction values, locations and completion dates.

6. (a) Are you aware of any error, omission, negligent act, unresolved job dispute or circumstance(s) which may result in a claim being made against you? YES NO

(b) Has any claim, as would be covered by the proposed insurance, been made against you in the past five years? YES NO

If the answer to either of these questions is "yes", please state briefly the nature of the circumstance(s) involved, including the date you became aware of the situation, the name of the claimant, name of the project, amount involved, current status and whether this claim has been reported to any other insurer.

7. Has any application for professional liability insurance made on your behalf been declined, or has any such policy been cancelled or refused renewal in the past five years? YES NO

8. Indicate here any amplification required of answers to questions 6 and 7.

9. State the Limit/Deductible option required:

- \$250,000 per claim and policy period aggregate/\$2,000 deductible
 \$500,000 per claim and policy period aggregate/\$2,000 deductible
 \$1,000,000 per claim and policy period aggregate/\$5,000 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.

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. It is agreed, however, that this Application is complete and correct to the best of the Applicant's knowledge and belief and that all particulars which may have a bearing upon 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 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 7 of this Application, such information shall be revealed immediately in writing to the Insurer.

I hereby declare that the above statements and particulars are true to the best of my knowledge and that I have not suppressed or misstated any material facts and I agree that this application shall be the basis of the contract with the insurance company.

It is understood and agreed that the completion of this Application does not bind the insurance company to sell nor the Applicant to purchase the insurance.

Signature of Applicant

Date (dd/mm/yyyy)