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Application

Errors and Omissions Insurance Program for Project Managers of Construction Projects

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): _____

Insurance issued subsequent to this Application would insure Project Managers of construction projects only in circumstances wherein their agreement with the project owner **DOES NOT MAKE THEM ASSUME CONTRACTUAL RESPONSIBILITY FOR ACTUAL CONSTRUCTION OF THE PROJECT**. Otherwise, application should be made for either Design-build or Contractors Errors and Omissions Insurance.

THE APPLICANT

1. Name of Applicant: _____

2. Address of head office: _____

3. Date established: _____ Telephone No.: _____ Facsimile No.: _____

4. Location of branch offices: _____

5. Predecessor firms: _____

6. Total number of: Project Management Professionals (with designation): _____

Engineers: _____ Architects: _____

Technical Personnel: _____ Others: _____

7. Names of partners, active directors (include sole practitioner)	University	Degree	Year of Graduation	% Ownership in Firm	Province or state in which registered to practice
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please attach curriculum vitae of those listed above.

8. Please list any association memberships of the firm: _____

9. Is the project management "team" for each project supervised by a professional architect, engineer, architectural technologist or engineering technologist? YES NO

If no, please provide the curriculum vitae of "team" supervisors not qualified as such.

INSURANCE

10. Has the Applicant or predecessor firm previously carried errors and omissions liability insurance? YES NO

	Company	Limits	Deductibles	Expiry Date	Premium
Previous Insurer	_____	_____	_____	_____	_____
Present Insurer	_____	_____	_____	_____	_____

11. 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

If yes, please provide details: _____

12. Please indicate the limit and deductible required.

- | | |
|---|---|
| <input type="checkbox"/> \$250,000 per claim/\$500,000 annual aggregate | <input type="checkbox"/> \$5,000 |
| <input type="checkbox"/> \$500,000 per claim/\$1,000,000 annual aggregate | <input type="checkbox"/> \$10,000 |
| <input type="checkbox"/> \$1,000,000 per claim/\$1,000,000 annual aggregate | <input type="checkbox"/> \$25,000 |
| <input type="checkbox"/> \$2,000,000 per claim/\$2,000,000 annual aggregate | <input type="checkbox"/> \$50,000 |
| <input type="checkbox"/> \$3,000,000 per claim/\$3,000,000 annual aggregate | <input type="checkbox"/> Other Deductible: \$ _____ |
| <input type="checkbox"/> \$4,000,000 per claim/\$4,000,000 annual aggregate | |
| <input type="checkbox"/> \$5,000,000 per claim/\$5,000,000 annual aggregate | |

13. In the firm’s capacity as project manager, does the Applicant usually request proof of professional liability insurance from architectural and engineering consultants rendering services in connection with projects? YES NO

If yes, please indicate the approximate percentage of contracts or mandates undertaken during the last 12 months for which proof of insurance was obtained from such consultants: _____%.

FEE BREAKDOWN

14. Fee income (excluding disbursements):	Last 12 Months or Last Fiscal Year	Anticipated Next 12 Months or Next Fiscal Year
(a) Gross fees [include all amounts in 14(b) to 14(g)]	\$ _____	\$ _____
(b) Fees emanating from projects for which the Applicant IS NOT CONTRACTUALLY RESPONSIBLE for project DESIGN	\$ _____	\$ _____
(c) Fees emanating from projects for which the Applicant IS CONTRACTUALLY RESPONSIBLE for project DESIGN	\$ _____	\$ _____
(d) Fees emanating from projects for which the Applicant IS CONTRACTUALLY RESPONSIBLE for ACTUAL project CONSTRUCTION	\$ _____	\$ _____
(e) Fees emanating from projects and joint ventures separately insured	\$ _____	\$ _____
(f) Fees emanating from services performed in USA or for U.S. projects (CAN \$)	\$ _____	\$ _____
(g) Fees emanating from services performed overseas or for overseas projects (CAN \$)	\$ _____	\$ _____
15. Total construction values (see Guidelines)	\$ _____	\$ _____

PROJECT CLASSIFICATIONS

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

Services not resulting in construction	_____ %
Buildings (excluding industrial)	_____ %
Industrial Buildings	_____ %
Municipal (water, sewage, etc.)	_____ %
Heavy Civil (bridges, dams, tunnels)	_____ %
Light Civil, Roads	_____ %
Marine	_____ %
Aviation	_____ %
Environmental	_____ %
Other (specify)	_____ %
	100%

(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: _____

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 manufacture, fabrication or assembly? YES NO

19. Does the Applicant or any related company assume responsibility for any of the activities mentioned in questions 17 and 18 above? YES NO

If the answer is "yes" to any of questions 17, 18 or 19, full details of operations must be provided.

DECLARATIONS

20. Does the Applicant or any of its partners, officers, directors or employees have any knowledge or information of:

(a) any error, omission or negligent act in the performance of professional services for others? YES NO

(b) any written or oral demand for money or any written or oral allegation of breach in the rendering or failure to render professional services (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, please provide full details of the circumstances.

Without limitation of any other remedy of the Insurers, it is agreed that, if the answer "yes" is given to any of the questions in 20, any claim arising from the facts or circumstances reported therein are excluded from coverage.

ADDITIONAL INFORMATION

Please list details of projects/joint ventures insured separately:

Name of Project/Joint Venture	Location	Insurer	Policy Term
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If a new Applicant, please attach a list of the 10 largest projects completed in the Applicant’s capacity as a project manager during the past five years using the following format and attach recent company brochures.

Name of Project	Location	Insurer	Policy Term
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Signature of Applicant (authorized representative)

Date (dd/mm/yyyy)