Application

Architects and Engineers Small Firms Program

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): _____

This is an application for Professional Liability Insurance. If you would like to obtain a quotation for Commercial General Liability Insurance, please also complete the "Application Addendum Commercial General Liability Insurance for Architects and Engineers".

This application is designed for architectural and engineering firms in private practice:
- **whose billings are less than $500,000 per annum;**
- **whose practice is in a wide variety of disciplines, including electrical, civil, mechanical, structural engineering and project management, but not including the disciplines of nuclear, geotechnical/soils or marine engineering;**
- **whose services are not rendered to the automotive, aircraft or railway industries; and**
- **who have been claims-free for the past five years.**

1. The firm's ownership is held by a licensed architect or engineer. YES ☐ NO ☐

2. The applicant's services fall within the criteria for qualification outlined above. YES ☐ NO ☐

3. The applicant (or any related business enterprise) **does not** engage in or assume contractual responsibility for any manufacturing, fabrication, construction, erection, installation or assembly. YES ☐ NO ☐

4. The applicant's services in connection with pollution, environmental services, home inspections, industrial process and/or software design are less than 15%. YES ☐ NO ☐

5. The applicant's fees emanating from clients located outside Canada or from services performed outside Canada do not exceed 35%. YES ☐ NO ☐

If your response to all the statements is "yes", continue completing the application form. If you answered "no" to any question, please ask your broker for the appropriate application and we will be pleased to consider you under our regular program.

The applicant

1. Name of firm or legal entity: _____

   Please indicate: ☐ Architect or ☐ Engineer

2. Address of head office: _____

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

4. Firm contact: _____ Email: _____

Fee breakdown

5. Fee Income:

	Last 12 Months or Last Fiscal Year	Anticipated Next 12 Months or Next Fiscal Year
(a) Gross fees (excluding disbursements and including fees paid to subconsultants)	$	$
(b) Fees emanating from projects and joint ventures separately insured **Please complete the attached Separately Insured Project Application Addendum**	$	$

Services

6. (a) Please provide a complete description of the applicant's operations:

    _____

    _____

    (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:　_____

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 for architects and engineers:

☐ Yes, I would like to subscribe to and receive emailed risk management information.

Name: _____

Email address: _____

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Declarations and signature

The undersigned applicant declares that the statements made in this application are accurate and complete, and acknowledges that the insurers are relying on these statements in the issuance of any quotation, binder or policy arising out of this application. Should a policy be issued to the applicant, this application and its attachments, if any, shall form the basis of the policy and be binding on all insureds under the policy. The applicant agrees that, if any statements made in this application change between the date of this application and the effective date of the policy, the applicant will provide written notice of such changes immediately to Victor, and Victor may withdraw or modify any outstanding quotation(s) or agreement(s) to bind coverage.

_____

Name of applicant (please print)

_____　　_____

Signature of applicant (authorized representative)　　Date (dd/mm/yyyy)