



ASSOCIATION OF CONSULTING
ENGINEERING COMPANIES | CANADA



Program sponsored by

Victor Canada
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Toll Free 800-267-6684
www.victorinsurance.ca

Application

Architects and Engineers

Small Firm Program

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 "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: _____ Website: _____

FEE BREAKDOWN

4. Fee income	Last 12 Months or Last Fiscal Year	Anticipated Next 12 Months or Next Fiscal Year
Gross fees (excluding disbursements and including fees paid to subconsultants)	\$ _____	\$ _____

SERVICES

5. (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 state 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.

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)