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35. Has any insurer cancelled, declined or refused to renew or issue insurance of the type applied for? YES  NO

If yes, please provide details: \_\_\_\_\_

## **EMPLOYMENT PRACTICES**

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Victor offers optional coverage for Employment Practices Wrongful Act Liability, subject to a sublimit of \$250,000 per claim and in the aggregate. Please indicate if you wish to receive more details and a quotation for this coverage. YES  NO

Answer the questions in 36 only if this is the first time you are applying for the Employment Practices Wrongful Act Liability coverage extension endorsement.

36. (a) In the past three years, has the Applicant had or does the Applicant presently have any employment-related disputes including but not limited to: complaints, charges, arbitrations, litigation, human rights complaints or other administrative proceedings or negotiated settlements, concerning issues related to hiring, termination, promotion, negligent evaluation, misrepresentation, discrimination, harassment, defamation, discipline or retaliation? YES  NO

(b) Is the Applicant aware of any facts or circumstances that may result in an employment-related claim being made against the Applicant? YES  NO

If the answer to any of the questions in 36 is yes, please provide details below, including dates, names, amount claimed, nature of claim, total amounts paid, reserves and insurer(s) involved.

Without limitation of any other remedy of the insurers, it is agreed that, if the answer yes is given to either of the questions in 36, any claim arising from the facts or circumstances reported therein are excluded from coverage.

## **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 undersigned Applicant for this insurance declares that, to the best of their knowledge and belief, the statements set forth herein are true and correct, and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The undersigned further agrees that, if any significant change in the condition of the Applicant is discovered between the date of this Application form and the effective date of

the policy which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to the Insurance Manager.

Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will become part of the policy.

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Name of Applicant (please print)

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Signature of Applicant

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Date (dd/mm/yyyy)