



Victor Canada
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Application

Errors and Omissions Insurance and Commercial General Liability Insurance

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 Errors and Omissions Insurance. Please indicate if you are also applying for the following optional coverages:

- Commercial General Liability Insurance Employment Practices (for firms with more than two employees but less than 50)

THE APPLICANT

1. Name of Applicant/Firm: _____

If more than one legal entity, please indicate the relationship between each (please note that an insurance policy cannot be shared unless there is a financial interest): _____

2. Applicant is: Individual Partnership Corporation
 Other (please explain) _____

3. Website Address (if applicable): _____

4. Address: _____

5. Location of branch offices: _____

6. Date operations began: _____

7. Please provide a complete description of the Applicant's activities and provide any brochures and/or promotional literature:

8. (a) Please indicate the Applicant's gross annual revenue:
 Previous Year: \$ _____ Anticipated: \$ _____

(b) Does the Applicant provide services or perform activities outside Canada or for clients who are outside Canada? YES NO
 If yes, please provide full details for our review and acceptance, and indicate the services provided as well as the location and the gross annual fees or income from the past year and anticipated for the next year.

(c) Please provide a breakdown of the Applicant's fees by category of services:

Type of Service	% (total must be 100%)
_____	_____
_____	_____
_____	_____

(d) Please provide annual payroll: \$ _____

9. To whom does the Applicant provide services: _____

10. (a) Please complete the following and provide résumés for any person performing activities mentioned in question 7:

Name	Duties/Title	Education	Years of Experience
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(b) Additional employees to those listed in 10 (a) in the following categories:

Clerical: _____ Others (specify): _____

11. Does the Applicant belong to any related association? YES NO

If yes, please list such associations: _____

12. Has the Applicant ever been investigated by or suspended from practice by any governing body of their profession? YES NO

If yes, please provide details.

PREVIOUS ERRORS AND OMISSIONS INSURANCE

If you are renewing your policy with Victor, do not complete this section.

13. (a) Has the Applicant ever previously purchased professional liability or errors and omissions insurance? YES NO

(b) If yes, please provide the following details for the last three years:

Insurer	Policy Period	Expiring Premium	Limit	Deductible
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

(c) With respect to (b) above, please indicate if such coverage was offered on an occurrence basis or claims-made basis:

If claims-made, what was the retroactive date of the policy (dd/mm/yyyy)? _____

14. Has insurance coverage ever been declined or cancelled or the renewal thereof been refused? YES NO

If yes, please provide details.

KNOWLEDGE OF PRIOR ERRORS AND OMISSIONS CLAIMS

If you are renewing your policy with Victor, do not complete this section.

15. (a) In the past, has the Applicant or any of their employees ever had a claim or been the recipient of any allegations of professional negligence in writing or verbally? YES NO

(b) Is the Applicant or any of their employees aware of any facts, circumstances or situations which may reasonably give rise to a claim, other than as advised above? YES NO

If yes, please provide details.

WITHOUT LIMITATION OF ANY OTHER REMEDY AVAILABLE TO THE INSURERS, IT IS AGREED THAT, IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

ERRORS AND OMISSIONS COVERAGE REQUESTED

16. Please indicate the limits for which quotes are required:

- \$500,000 per claim/\$1,000,000 aggregate
- \$2,000,000 per claim/\$2,000,000 aggregate
- Other (please specify) _____
- \$1,000,000 per claim/\$1,000,000 aggregate
- \$5,000,000 per claim/\$5,000,000 aggregate

EMPLOYMENT PRACTICES

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 17 only if this is the first time you are applying for the **Employment Practices Wrongful Act Liability** coverage extension endorsement.

17. (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 17 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 17, any claim arising from the facts or circumstances reported therein are excluded from coverage.

COMMERCIAL GENERAL LIABILITY – Complete this section only if you require a CGL quotation.

CGL is offered only to Applicants whose E&O insurance is placed with Victor.

18. Please list all locations at which business is conducted, providing details indicated below:

Address	Rent or Own	Area (m ²)	Age	Construction (frame, brick, etc.)	No. of Stories	Tenants' Legal Liability Limit Requested
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

If the location(s) is owned, please describe other occupancies (if any): _____

19. Please provide a full description of product sales, if any:

Type of Product	Estimated Current Fiscal Year
_____	_____
_____	_____

COMMERCIAL GENERAL LIABILITY COVERAGE REQUESTED

20. Please indicate the limits for which quotes are required:
- \$1,000,000 per occurrence/\$1,000,000 aggregate
 - \$2,000,000 per occurrence/\$2,000,000 aggregate
 - \$5,000,000 per occurrence/\$5,000,000 aggregate
 - Other (please specify) \$ _____

EXTENSIONS

21. (a) Non-owned Automobile Liability
- If non-owned automobile liability is required, please respond to the following questions:
- (i) Please indicate the number of employees who regularly drive their own vehicle on company business:
- _____
- (ii) Please indicate the approximate number of “rental days” in the next 12 months that your employees will rent a vehicle (short term) for the purpose of conducting company business in:
- Canada: _____ United States: _____

- (b) Employee Benefits Liability
- (c) Employers' Bodily Injury Liability

PREVIOUS COMMERCIAL GENERAL LIABILITY INSURANCE

- 22. (a) Name of Present Insurer: _____
 - (b) Policy Period: _____
 - (c) Limit and Deductible: \$ _____
23. Has any insurer cancelled, declined or refused to renew or issue insurance of the type applied for? YES NO
- If yes, please provide details: _____
- _____

CLAIMS HISTORY – Applicable to Commercial General Liability.

24. Please provide details (dates, nature of claim, amounts, status) of all Commercial General Liability Insurance claims that you have experienced in the past three years. Use additional pages if necessary.
- _____
- _____
- _____
- _____
- _____

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 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.

Name of Applicant (please print)

Signature of Applicant

Date (dd/mm/yyyy)