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Renewal Application

for All Technology Lines (E&O and CGL)

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): _____

THE APPLICANT

1. Name of Firm or Legal Entity: _____

2. Address: _____

3. Website address: _____
4. (a) During the past policy period, or the forthcoming year, has there, or will there be, any changes in the nature of services offered? YES NO
- (b) During the past policy period, have any of the Applicant's physical premises changed? YES NO
- (c) Has the Applicant purchased, merged or consolidated in the past policy period? YES NO
- (d) Does the Applicant intend to purchase, merge or consolidate in the next 12 months? YES NO

If you answered yes to any of the above questions, please attach an explanation.

5. (a) Please indicate the total annual gross revenues from operations *in Canadian dollars* for the past 12 months. Also include a breakdown of revenue by territory.

Year	Revenue	% Canada	% United States	% Foreign
_____	_____	_____	_____	_____
- (b) Please indicate the total annual gross revenues from operations *in Canadian dollars* for the next 12 months. Also include a breakdown of revenue by territory.

Year	Revenue	% Canada	% United States	% Foreign
_____	_____	_____	_____	_____
- (c) Please provide the top three countries where "foreign" services are performed and/or where "foreign" clients are located:

6. Please indicate the number of employees by the following classifications:
 Canada: _____ United States: _____ Foreign (specify): _____

COVERAGE REQUESTED

7. **Errors and Omissions (claims-made form)**

Same as expiring policy? YES NO

If no, please indicate: Limit per claim: _____ Per policy period: _____ Deductible: _____

8. **Commercial General Liability (occurrence form)**

Same as expiring policy? YES NO

If no, please indicate: Limit per occurrence: _____ Per policy period: _____ Deductible: _____

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 his/her 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)

Title/Position

Signature of Applicant

Date