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Application

Excess Errors and Omissions Insurance for Lawyers

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: _____

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. Website Address (if applicable): _____

3. Address: _____

4. Location of Branch Offices: _____

5. Date operations began: _____

6. Predecessor Firms

Please list all former names, firms, practices purchased or dissolved where the Applicant is responsible for maintaining in force the professional liability and requires coverage.

Name of Firm	Date Established	Date Ceased to Operate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Nature of the Firm: Private Practice In-house Corporate Counsel

8. (a) Please provide the following information for each lawyer in the Firm (including the Applicant if an individual). If insufficient space, supply information on a schedule.

Name	Year Admitted to the Bar	In the Applicant's service since	(a) Partner (b) Employee (c) Counsel (d) Other (specify)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(b) Please indicate the number of individuals for each category.

Support Staff	Number of Individuals
Articling Student	_____
Legal Technicians	_____
Other Para-Legals	_____
Secretaries, Clerks	_____
Other (specify)	_____
TOTAL	_____

9. Does the Firm 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.

FIELDS OF PRACTICE

10. Please describe your practice by giving the percentage of time spent on each of the following activities during the past year.

Activities	%	Activities	%
Administrative	_____	Labour	_____
Civil General	_____	Litigation	_____
Corporate or Commercial	_____	Mergers and Acquisitions	_____
Criminal	_____	Municipal	_____
Environment	_____	Patents, Copyright	_____
Estates and Wills	_____	Real estate Residential	_____
Expropriation	_____	Commercial	_____
Family	_____	Securities ¹	_____
Immigration	_____	Tax	_____
Insurance	_____	Teaching or Research	_____
International	_____	Transport	_____
		Other (specify)	_____
		TOTAL	_____

¹ If you do any securities, you will be asked to fill out a separate questionnaire.

PROCEDURES AND CONTROLS

11. LIMITATION OF ACTIONS

(a) What system do you use to control limitation of actions? _____

CONFLICT OF INTEREST

(b) Do you have a written control system for maintaining client lists and identifying actual or potential conflicts of interest? YES NO

(c) How does the Firm maintain its conflict of interest avoidance system? _____

INSURANCE COVERAGE

12. Schedule of Underlying Insurance:

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

13. (a) Has the Applicant ever previously purchased excess 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
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

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

If yes, please provide details.

LOSS EXPERIENCE

15. (a) With respect to the coverage applied for by this application, has the Applicant or any of their employees ever been the recipient of any allegations/claims in the past five (5) years? YES NO

If yes, please complete the attached Appendix "A".

(b) Is the Applicant or any of their employees aware of any facts, circumstances or situations which may reasonably give rise to a claim in the past five (5) years, 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.

SUSPENSION, DISCIPLINARY MATTERS

16. Of the lawyers mentioned in question 8 above, are there any who have ever been suspended, prohibited from practicing or the recipient of a disciplinary complaint? YES NO

LIMITS REQUESTED

17. Per claim: \$ _____ Per policy period: \$ _____

Please note that the proposed insurance will be effective at a date determined by the insurers.

THE POLICY TO BE ISSUED, IF SO REQUIRED, CONTAINS THE FOLLOWING CONDITIONS:

The limits of the RETAINED AMOUNT and deductible thereunder shall be maintained by the INSURED in full effect during the currency of this policy except for reduction of such limits by exhaustion of aggregate limit (if any) contained therein solely by payment of LOSSES covered under the RETAINED AMOUNT. Failure of the INSURED to comply with the foregoing shall not invalidate this policy, but in the event of such failure, the INSURERS shall be liable only to the extent that they would have been liable had the INSURED complied therewith.

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 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 further 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)

*****NOTE: PLEASE ATTACH A SAMPLE OF THE FIRM'S LETTERHEAD*****

