



Victor Canada
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Application

Errors and Omissions Insurance for Urban Planners

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. Number of Employees:

Profession	Number of Employees	
	Full-time	Part-time
Urban Planners	_____	_____
Technical Personnel	_____	_____
Other (please specify _____)	_____	_____
TOTAL	_____	_____

7. Please complete the following:

Name of Applicant, Partners, Active Directors	University or Equivalent	Degree and Year of Graduation	% Ownership in Firm	Province in which Registered to Practice
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PLEASE PROVIDE RÉSUMÉS OF THOSE LISTED ABOVE.

8. Please indicate the Applicant's gross annual revenue: \$ _____

9. Fee Income:

	Last 12 Months/ Fiscal Year	Anticipated Next 12 Months/ Fiscal Year
Gross fees	_____	_____
Fees paid to subconsultants	_____	_____
Market value of non-monetary compensation received in lieu of fees	_____	_____
TOTAL	_____	_____

10. Please indicate the percentage of gross consulting fees derived from the following:

Services	Percentage
Services not resulting in construction, alteration or modification to a physical structure (i.e., feasibility studies, etc).	_____
Residential projects (private)	_____
Residential projects (multi-unit)	_____
Industrial projects	_____
Recreational projects including parks, playgrounds, amusement fairs	_____
Institutional projects	_____
Commercial projects (including retail)	_____
Municipal projects	_____
Federal Government projects	_____
Provincial Government projects	_____
TOTAL	100%

11. Please indicate the percentage of gross fees passed on to subconsultants: _____%

12. Does the Applicant or any related company:

- (a) engage in actual construction, installation or erection? YES NO
- (b) engage in actual manufacture, fabrication or assembly? YES NO
- (c) enter into contracts wherein they assume responsibility for any of the activities to be insured? YES NO

If yes, please provide full details of operations and personnel involved.

13. Do more than 25% of the Applicant's fees emanate from a single client? YES NO

If yes, please provide the client's name: _____

14. Please append a list of the ten (10) largest projects completed in the past five (5) years listing name of project and location, Applicant's contract value and date completed.

15. 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.

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

16. (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)? _____

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

If yes, please provide details.

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

18. (a) In the past, has the Applicant or any of their employees ever 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.

LIMITS REQUESTED

19. Per claim: \$ _____ Per policy period: \$ _____ Deductible: \$ _____

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

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)