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Program sponsored by

Supplementary Questionnaire

Single Project Professional Liability Insurance Program Notification of Professional Consultant

1. Name of Project: _____

2. Name of Consultant to be Insured: _____

3. Address of Consultant's Head Office: _____

4. Name and qualifications of individuals involved in the project:

Name	Degree	Profession	Province in which registered to practice
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Provide below a brief description of the Applicant's mandate for the project:

6. Indicate fee to be derived from the project: \$_____

7. Claims or potential claims:

(a) Has the Applicant been made aware of any error, omission, negligent act or unresolved dispute which may result in a claim concerning the project? YES NO

(b) Has the Applicant been made aware of any error, omission or negligent act or unresolved dispute which has or may result in a claim concerning services provided by the Applicant other than for this project in the past five years? YES NO

8. If the Applicant responded "yes" to question 7 (a) or (b), please provide details including quantum:

9. Does the Applicant carry professional liability insurance? YES NO

If yes, please provide the following:

Insurer	Limits	Deductible	Expiry Date
_____	_____	_____	_____

10. With respect to the project, does the Applicant provide any services where actual construction, installation, erection, fabrication, assembly or manufacture thereof is performed by or on behalf of the Applicant, or by or on behalf of an associated business enterprise? YES NO

If yes, please provide details: _____

DECLARATIONS AND SIGNATURE

The Applicant has read the foregoing and understands that completion of this Questionnaire does not bind the Insurer or the Broker to complete the insurance on the terms requested or at all. Terms and conditions of coverage are as set out in the policy without reference to the terms and conditions requested in the Questionnaire herein or otherwise.

The Applicant declares that this Questionnaire is complete and accurate to the best of his or her knowledge and belief, and that all particulars which may have a bearing upon the Applicant's acceptability as a professional liability insurance risk have been revealed. It is understood that this Questionnaire shall form the basis of the contract should the Insurer approve the coverage.

Name of Firm: _____

Signature: _____

Date (dd/mm/yyyy): _____