

Application addendum



ASSOCIATION OF CONSULTING ENGINEERING COMPANIES | CANADA



engineerscanada

Program sponsored by



Separately insured project

Must be completed for firms who declare separately insured fees.

Name of firm: _____

Please list details of each project/joint venture insured separately:

1. Name of project/joint venture: _____
Location of project: _____
Earned fees (last 12 months): \$ _____
Anticipated fees (next 12 months): \$ _____
Insurer: _____
Policy number: _____
Policy limit: \$ _____
Policy term (including ERP): _____
Deductible: \$ _____
2. Name of project/joint venture: _____
Location of project: _____
Earned fees (last 12 months): \$ _____
Anticipated fees (next 12 months): \$ _____
Insurer: _____
Policy number: _____
Policy limit: \$ _____
Policy term (including ERP): _____
Deductible: \$ _____
3. Name of project/joint venture: _____
Location of project: _____
Earned fees (last 12 months): \$ _____
Anticipated fees (next 12 months): \$ _____
Insurer: _____
Policy number: _____
Policy limit: \$ _____
Policy term (including ERP): _____
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.

I acknowledge that specific details of Victor's Privacy Notice can be found at www.victorinsurance.ca.

Signature

Signature of applicant (authorized representative)

Date (dd/mm/yyyy)