

Supplementary questionnaire



ASSOCIATION OF CONSULTING ENGINEERING COMPANIES | CANADA



engineerscanada

Program sponsored by



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, circumstance 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 (dd/mm/yyyy)
	\$	\$	

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:

11. With respect to the Project Professional Liability Insurance policy deductible, is the applicant aware of the deductible amount, how it is payable in the event of a claim and their obligations to pay the deductible?

YES NO

If no, it is the applicant’s responsibility to obtain this information from the broker.

Applicant’s consent to the transmission of the information contained in the questionnaire

I hereby acknowledge that the information collected in the questionnaire is acquired by the 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 questionnaire, 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.

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 including applicable deductible obligations 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 their 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)