

Application



Errors and omissions insurance and commercial general liability insurance for design services, interior designers, design project managers and design builders

Applications can be submitted to submitapps.ca@victorinsurance.com. 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): _____

This application is not intended for use by persons professionally licensed or qualified as professional engineers or architects.

This application is intended for completion by persons/firms who are qualified as architectural or engineering technicians/technologists, by interior design firms whose primary business is design and by project managers (PMP).

Please provide:

- (a) detailed résumés for all principals, partners and professionals who perform professional services (this should include education/qualifications and professional experience);
- (b) a copy of a standard contract;
- (c) promotional literature/brochures.

The applicant

1. Name of applicant/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 (if any): _____

5. Date operations began (dd/mm/yyyy): _____

6. Describe all operations and services: _____

7. 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:

8. Please complete the following for each individual in the applicant's firm and provide résumés for the persons providing professional services:

Name	(a) Partner (b) Sole practitioner (c) Employee (d) Other	% of ownership in firm	Degree	Year of graduation	Province in which licensed to practice
		%			
		%			
		%			

If additional space is required, please provide a separate page with the above information.

9. Are there any engineers or architects on staff? YES ☐ NO ☐

Please note that coverage applied for does not extend to services rendered in the professional capacity of these individuals.

10. Does the applicant or any related company purchase and resell products? YES ☐ NO ☐

If yes, what is the percentage of the applicant's overall revenues: _____%

11. Is the applicant a member in good standing with the Canadian Construction Association (CCA)? YES ☐ NO ☐

12. Please provide the professional associations to which the applicant belongs:

13. (a) When undertaking design-build activities, the design is performed:

☐ In-house

☐ By a professional architectural/engineering subconsultant

☐ By an affiliated company in direct contract with the owner/client

☐ Other (specify): _____

- (b) The construction is performed:

☐ In-house

☐ By subcontract to a contracting firm which is a member in good standing with the CCA

☐ By an affiliated company in direct contract with the owner/client

☐ Other (specify): _____

14. (a) Annual gross revenues (this must be completed): \$ _____

- (b) Fees where the applicant designs and constructs from their own design and provides full technical support:

\$ _____

- (c) Fees where the applicant constructs and provides full technical supervision:

\$ _____

- (d) Fees where the applicant provides only design services and/or technical supervision:

\$ _____

15. Please indicate the percentage of total construction values derived from the following project types:

	Design only	Design and construction
Water and sewage systems	%	%
Bridges, tunnels and dams (describe length and use on a separate sheet)	%	%
Petrochemicals, refineries, fertilizer, ammonia, urea plants (describe type of work done on a separate sheet)	%	%
Hospitals, schools, municipal buildings or nursing homes	%	%
Churches, religious or other eleemosynary buildings	%	%
Industrial buildings	%	%
Commercial buildings	%	%
Private dwellings, apartments, condominiums	%	%
Parking	%	%
Other (specify):	%	%
Total	100%	100%

16. Does the applicant or any related company engage in or enter into contracts wherein they assume responsibility for actual decommissioning, remediation, cleanup, removal, containment, detoxification or neutralization of any property, pollutants or contaminants? YES ☐ NO ☐

17. Does the applicant wholly or partly own, manage or otherwise control any other firm or organization (whether directly or indirectly) or is the applicant wholly or partly owned, operated, managed or otherwise controlled by any other person, firm or organization (whether directly or indirectly)? YES ☐ NO ☐

If yes, please describe any interrelationship:

18. For project managers:

If the applicant is providing services as a project manager for guidance/supervision to implement a project, please complete the following section.

If the applicant is acting as a project manager procuring labour and/or materials and/or directing hands-on construction work, do not complete this application but refer to Victor.

(a) Does the applicant retain the services of a design firm? YES ☐ NO ☐

(b) If a new applicant, please provide a list of the three largest projects completed in the applicant's capacity as a project manager during the past five years using the following format and provide a company brochure.

Name of project	Brief description

Insurance coverage

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

19. (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)? _____

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

If yes, please provide details:

Knowledge of prior errors and omissions claims

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

21. (a) In the past, has the applicant or any of their employees ever had a claim or 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.

Errors and omissions insurance coverage requested

22. Please indicate the limits for which quotes are required:

- ☐ \$500,000 per claim/\$1,000,000 aggregate
☐ \$1,000,000 per claim/\$1,000,000 aggregate
☐ \$2,000,000 per claim/\$2,000,000 aggregate
☐ \$5,000,000 per claim/\$5,000,000 aggregate
☐ Other (specify): \$ _____

Commercial general liability insurance

Complete this section only if you require a CGL quotation.

23. What is your current policy renewal date? _____

24. Please list your present insurer and policy number:

25. (a) Location of premises:

- (i) _____
(ii) _____
(iii) _____

- (b) Fully describe operations at each location and if rented/leased to others:

- (i) _____
(ii) _____
(iii) _____

26. What type of work is sublet? _____

27. Are subcontractors required to carry liability insurance and submit liability certificates? YES ☐ NO ☐
28. Are all employees covered by workers' compensation? YES ☐ NO ☐
29. Watercraft exposure:
Do you own, charter or lease any watercraft? YES ☐ NO ☐
If yes, please provide details on the ownership, use and type of watercraft:

30. Do you charter, rent or lease any aircraft? YES ☐ NO ☐
31. Do you engage in any of the following operations?
☐ Demolition or wrecking ☐ Use of explosives
☐ Shoring ☐ Raising or moving
☐ Underpinning ☐ Tunnelling
☐ Caisson work ☐ Welding or torch cutting (on premises/off premises)
☐ Excavation
If yes, please provide details of work undertaken:

32. (a) Check coverage if required:
☐ Tenants' legal liability Limit: \$ _____
☐ Non-owned automobile liability Limit: \$ _____
☐ Employee benefits liability Limit: \$ _____
☐ Forest fire fighting expenses Limit: \$ _____
- (b) Non-owned automobile liability:
If non-owned automobile liability is required, please respond to the following questions:
(i) Please indicate the number of employees who regularly drive their own vehicle on company business:

(ii) Please indicate the approximate number of "rental days" in the next 12 months that your employees will rent a vehicle (short term) for the purpose of conducting company business in:
Canada: _____ United States: _____
(iii) Please indicate the typical type of vehicle rented: _____
and the typical value per rented vehicle: _____
33. Please indicate the limits for which quotes are required:
☐ \$1,000,000 per occurrence/\$1,000,000 aggregate
☐ \$2,000,000 per occurrence/\$2,000,000 aggregate
☐ \$5,000,000 per occurrence/\$5,000,000 aggregate
☐ Other (specify): \$ _____
34. Please provide claims experience for the last three years showing date, bodily injury, property damage and amount paid or outstanding (use back of form or separate sheet).
35. Has any insurer cancelled, declined or refused to renew or issue insurance of the type applied for? YES ☐ NO ☐
If yes, please provide details:

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.

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)