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Application

Errors and Omissions and Commercial General Liability Insurance for Members of the Paralegal Society of Canada

THE APPLICANT

1. Name of Applicant: _____

The name of the Applicant must be the name of the individual paralegal or an entity not exceeding a maximum of three paralegals. All paralegals must be listed.

2. Address: _____

3. Limit/Aggregate/Deductible requested: \$ _____

4. Has the Applicant ever been investigated or charged for a criminal act? YES NO

If yes, please provide details:

5. (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:

6. (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)? _____

7. Has insurance coverage ever been declined or cancelled or the renewal thereof been refused? 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.

COMMERCIAL GENERAL LIABILITY

8. Form of Business: Individual Partnership or Joint Venture Corporation or Other Organization

9. List all locations at which business is conducted, providing details indicated below:

Location/Address	Occupancy	Square Feet	Owned or Leased?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Provide a complete description of the Applicant's:

(a) Products manufactured, distributed or sold: _____

(c) Work conducted away from the Applicant's premises in connection with repair, service, maintenance or installation of products sold or distributed:

11. Provide details of any aircraft or watercraft owned, operated or maintained by the Applicant:

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.

Signature of Applicant

Date (dd/mm/yyyy)