

## REGISTERED PROFESSIONALS' ASSURANCE & PROOF OF INSURANCE

**DATE SUBMITTED:**

**BUILDING BYLAW NO. 903**

Town of Qualicum Beach  
201 660 Primrose Street  
P.O. Box 130 Qualicum Beach,  
BC V9K 1S7  
Attention: Building Official, Town of Qualicum Beach

**RE:** (civic address of project)

The undersigned hereby gives Assurance that:

- a. I have fulfilled my obligation to obtain a policy of professional liability insurance as outlined in section 10.4 of Building Bylaw No. 903;
- b. I have enclosed a copy of my certificate of insurance showing the errors & omissions liability amount of not less than \$2,000,000.00;
- c. I am a registered professional as defined in the current edition of the British Columbia Building Code.

**Name of Registered Professional (print)**

**Signature of Registered Professional**

**Name of Firm**

**Date**

**APPLICATION CAN BE SUBMITTED BY ONE OF THE FOLLOWING METHODS:**

**IN PERSON:** #201-660 Primrose Street, Qualicum Beach, BC - 9:00 am to 4:00 pm, Monday to Friday.

**EMAIL:** [qbtown@qualicumbeach.com](mailto:qbtown@qualicumbeach.com)

*Personal information on this form is collected under the guidelines of the Freedom of Information and Protection of Privacy Act ("FIPPA") and will only be used for the purpose of administering the Engineers' Required Proof of Issuance. Questions about this collection can be directed to the Corporate Administrator, Box 130, Qualicum Beach, BC or at 250-752-6921.*