

MEDICAL MALPRACTICE INDIVIDUAL HEALTHCARE PROFESSIONALS APPLICATION

General Information

Agent / Broker Details

Brokerage: _____ Broker Name: _____

Broker Email: _____ Broker Phone: _____

Insured details

1. Name of Health Professional/Institution/Company (include all subsidiaries):

Postal Address: _____

City: _____ Province: _____ Postal code: _____

Telephone no: _____ Email address: _____

Website Address (if applicable): _____

2. Are they operating a franchise? Yes No

3. Branch Office Locations: _____

4. Number of Years in Business: _____

If less than 3 years in business, attach the resume(s) of the principal(s).

5. Date of graduation/certification (principal employee): _____

A) Is the applicant currently enrolled as a student? Yes No

B) Are any of the employees currently enrolled as students? Yes No

C) In what capacity is the applicant and/or employees operating outside of the school or program? (ie. Performing services customers): _____

6. Number of Employees: Full time: Cdn \$ _____ US \$ _____

Part Time: Cdn \$ _____ US \$ _____

7. Are all employees covered by WCB? Yes No

If no, please explain: _____

8. Does the applicant/company have locations or operations outside of Canada? Yes No

19. These questions are only applicable to those involved in Home, Personal and Respite care:

A) Is the applicant a licensed nurse? Yes No

B) Does the applicant dispense medication? Yes No

C) What type of clients are services being provided to:

Adults with developmental disabilities

Senior

Individuals under the age of 16

Other (Please specify): _____

D) Do you or any of your employees provide any manual handling/lifting services?

Ie. Picking patients/residents up from their seats/beds? Yes No. If yes, please confirm the following:

I. What training have the applicant or any of the applicant's employees received?: _____

ii. How often are the employees retrained with manual handling/lifting services?: _____

iii. Is there a time where a client would require more than one person to assist? Yes No

Iv. Is there a manual handling/lifting services plan and/or safe patient handling program in place? Yes No

20. Do operations include laser vision correction? Yes No

21. This question is only applicable to those involved in 3D imaging, ultrasound, medical ultrasound and sonographer:

A) Are scans for medical diagnostic purposes? Yes No

B) Do you provide any diagnostic or interpretation of the scans to anyone? Yes No

22. Do operations/services include those traditionally done by a midwife? Yes No

23. Only for dieticians and nutritionists

Are recommendations made that exceed manufacturing or regulatory limits for dosage? Yes No

24. Do operations include the sale of medication on the internet? Yes No

25. Only for veterinarians-

A) Please state the largest value of animal that you perform services on: \$ _____

B) Do you provide services in commercial operations? Yes No

26. If laser treatment is performed, does this include tattoo removal? Yes No

27. If microdermabrasion and/or acid peels are performed, please state maximum % of concentration used: _____ %

28. These questions is only applicable to counselling, hypnotherapy and psychologists:

a) Do you use recovered/regression memory therapy? Yes No

b) Do you provide hypnosis services in a non-medical setting (ie. Entertainment, social purposes)? Yes No

29. Details on all partners and directors:

Name	Professional Qualifications	Date Qualified	Years in Practice	Years as Partner

Claims Information

30. Has the applicant/company, its partners, directors, officers or employees ever had an order to cease and desist or a written demand or civil proceedings for compensatory damages made against them in the past 5 years? Yes No

If yes, please attach an explanation on a separate sheet such as date of claim, claimant’s name, nature of claim, amount of indemnity payment, defense costs, final dispositions or status of claim.

31. Is the applicant/company, its partners, directors, officers or employees aware of any other fact, situation or circumstance that may result in a written demand or civil proceedings for compensatory damages? Yes No

32. Is the applicant/company, its partners, directors, officers or employees aware of any job disputes or fee disputes during the last 5 years? Yes No.

If yes, please describe in detail: _____

33. Has the applicant/company ever brought a claim or suit against another party? Yes No.

If yes, please describe: _____

34. Attach a list of all claims, disputes, suits or allegations of non-performance made during the past 5 years against the applicant/company or any director, officer, employee or partner (including any claims, disputes, suits or allegations of physical, mental or sexual abuse).

Previous Insurance Information

35. Has the applicant/company carried Errors & Omissions Insurance in the past 5 years? Yes No.

Please provide details:

Insurer	Term	Limit	Premium	Retroactive Date

36. Has the applicant ever had insurance refused or cancelled by this company? Yes No.

If yes, please explain: _____

Attachments:

- Resumes of all principals
- Standard contract form, guarantee clauses
- Brochures or promotional materials
- Supplemental Application
- Property Coverage

Coverage Summary

Date Coverage required: _____

Target Premium (if known): _____

COVERAGE	DEDUCTIBLE	LIMIT OF COVERAGE	PREMIUM
Medical Malpractice: Claims made form, costs inclusive	\$500	\$250,000/\$250,000	
	\$1000	\$500,000/\$500,000	
	\$2500	\$1,000,000/\$1,000,000	
	Other \$ _____	\$ _____ / \$ _____	
CGL: occurrence form Bodily Injury & Property Damage, Products & Completed Operations, Personal Injury Liability, Medical Payments (\$10,000)			
Tenant Legal Liability: broad form (\$250,000 incl.)			
SPF6- Standard Non-Owned Automobile:			

PLEASE READ THIS PARAGRAPH CAREFULLY BEFORE SIGNING THE DECLARATION It is essential that every Application, when seeking a quotation to take out or renew any insurance, discloses to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an Insurer in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Insurers, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

DECLARATION On behalf of the Applicant/s, I/we declare that, after full enquiry, the contents of this application are true and that I/we have not misstated, omitted or suppressed any material fact or information. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform the Insurer

Printed Name: _____ Date: _____

Position Held: _____ Applicant's Signature: _____