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Application

Errors and Omissions Insurance for Medical Doctors

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): _____

THE APPLICANT

1. Name: _____

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. Date of Graduation: _____

5. Number of employees for whom you are responsible:

Nurses: _____ Medical Assistants: _____

Nursing Assistants: _____ Paramedics: _____

Laboratory Technicians: _____ Others (specify): _____

PROFESSIONAL INFORMATION

6. Are you now or have you ever practised subject to any restriction imposed on your licence? YES NO

If yes, please provide details on the reverse side of this page.

7. Have you ever been disciplined by a medical licensing body? YES NO

If yes, please provide details on the reverse side of this page.

8. Do you work in a medical clinic? YES NO

If yes, does the clinic carry Errors and Omissions insurance? YES NO

9. Do you provide services or perform activities outside Canada or to patients who are from a country other than Canada? YES NO

If yes, please provide full details for our review and acceptance, and indicate the services provided as well as the percentage of the gross annual fees or income from the past year and anticipated for the next year.

10. Do you treat professional athletes? YES NO

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

If yes, please provide details.

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

12. (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.

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.

PLEASE MAKE YOUR SELECTION FROM THE GROUP CLASSIFICATIONS ON THE NEXT PAGE.

Group: _____ **Limit Requested:** _____

DATE COVERAGE REQUIRED: _____
(Or the date Application is received by Victor, whichever is later.)

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 further 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 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)

<p><u>Group 1</u></p> <ul style="list-style-type: none"> • General practice without Emergency Room and/or obstetrics but may include occasional deliveries 	<p><u>Group 2</u></p> <ul style="list-style-type: none"> • General practice including Emergency Room, without obstetrics, but may include occasional deliveries
<p><u>Group 3</u></p> <ul style="list-style-type: none"> • General practice with obstetrics (includes Emergency Room) 	<p><u>Group 4</u></p> <ul style="list-style-type: none"> • Administrative medicine – no clinical activity
<p><u>Group 5</u></p> <ul style="list-style-type: none"> • Allergy • Dermatology • Endocrinology • Genetics • Geriatrics • Haematology • Immunology • Internal medicine • Interns and residents • Microbiology • Oncology • Paediatrics • Pathology • Respiriology • Rheumatology • Sports medicine and rehabilitation 	<p><u>Group 6</u></p> <ul style="list-style-type: none"> • Psychiatry
<p><u>Group 7</u></p> <ul style="list-style-type: none"> • Cardiology • Diagnostic imaging • Gastroenterology • Neo-natal • Nephrology • Neurology • Nuclear medicine • Ophthalmology 	<p><u>Group 8</u></p> <ul style="list-style-type: none"> • Anaesthesiology • E.N.T. • General surgery • Gynaecological surgery • Paediatric surgery • Thoracic surgery • Urology • Vascular surgery
<p><u>Group 9</u></p> <ul style="list-style-type: none"> • Cardiovascular surgery • Cosmetic surgery • Neurosurgery • Orthopaedic surgery 	<p><u>Group 10</u></p> <ul style="list-style-type: none"> • Obstetrics