AVIVA

PHARMACIST'S PROFESSIONAL LIABILITY APPLICATION

BROKER NAME: _____ **BROKER NUMBER:** _____

BRANCH OFFICE _____ **FAX NO:** _____

PERSONAL INFORMATION

Pharmacist's Name:

_____

List any/all name changes (if applicable) _____

Pharmacist's Home Address: _____

City _____ Province _____ Postal Code _____

Main Telephone _____ Fax _____

Email _____ Website (if any) _____

Client Language ☐ English ☐ French

PROFESSIONAL INFORMATION

Employed by Pharmacy Name (if applicable): _____

College of Pharmacy Registration Number _____ Graduation Year _____

Registered in the province of: _____ (list all provinces applicable)

Are you a current member of the Ontario Pharmacist's' Association?
☐ Yes ☐ No Member # _____

Do you have any prior complaints or disciplinary action with your governing body?
☐ Yes ☐ No If yes, give details (an Addendum may be requested) _____

_____

_____

PRIOR CLAIMS INFORMATION

1. Has any claim been made or suit brought against you on account of any actual or alleged malpractice, error or mistake?
   ☐ Yes ☐ No
   If yes, give details (an Addendum may be requested) _____

   _____

2. Are you aware of any occurrence, fact, circumstances or allegations, which may give rise to a claim?
   ☐ Yes ☐ No
   If yes, give details. _____

   _____

3. Has any insurer ever cancelled, declined or refused to renew coverage?
   ☐ Yes ☐ No
   If "Yes", please explain: _____

   _____

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PROFESSIONAL LIABILITY - PRIOR COVERAGE INFORMATION

Please state your insurers (or employers) over the last three years

Insurer	Policy Effective Date	Policy Expiry Date	Deductibile	Claims Made?	Retroactive Date?
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	

UNDERWRITING INFORMATION

1. Describe methods of advertising (if applicable
2. Advise percentage of internet sales or advice (if applicable)
3. Do you manufacture or compound in bulk for others?
4. Do you provide natural or herbal remedies not regulated by Health Canada?
5. Do you require coverage for the U.S.? (an additional premium will apply).

Limits of Insurance Required:

Professional Liability

☐ $2,000,000 occurrence / $4,000,000 aggregate ☐ USA coverage

☐ $3,000,000 occurrence / $5,000,000 aggregate ☐ Legal Expense $25,000 / $50,000

☐ $5,000,000 occurrence / $5,000,000 aggregate ☐ Legal Expense $50,000 / $100,000

Warranty Statement

I am applying for insurance based on the information provided above. I authorize you to collect, use and disclose personal information gathered in connection with this application, as permitted by law, for the insurance or renewal, extension or variation thereof by Aviva Insurance Company of Canada for the purpose necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information and claims history

I warrant that to the best of my knowledge, the statements set forth in this application and any supplementary applications are true. I also warrant that I have not suppressed or misstated any material fact.

If the information provided in this Application should change between the date of the Application and the effective date of the policy, I warrant that I will immediately report such changes to the Insurer.

Name: (Please print) _____

Signed: _____

Dated: _____

Signing this Application does not bind the undersigned to purchase this insurance, nor does it bind the insurer to issue this insurance. However, should the insurer issue a policy, this Application shall service as the basis of such policy and will be attached to and form part thereof.