TOTTEN GROUP
INSURANCE

Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205
New Submissions: professionalliability@tottengroup.com Website: www.tottengroup.com

MEDICAL CLINICS APPLICATION

Underwriters will rely upon each and every response given in this Application Form and any Supplementary Application Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

Submitting Broker, please complete the following to assist us in processing this submission:

Name of Brokerage _____

Name of Broker Contact _____

Address _____ City _____ Postal Code _____

For renewal purposes only Policy No _____ ISN (Client No. _____

1. Name of Applicant _____

   Business/Operating Name _____

   If more than one legal entity, please indicate the relationship between each _____

2. Form of Business ☐ Individual ☐ Corporation or Other Organization ☐ Partnership or Joint Venture
3. Website _____
4. List all locations _____

5. Date operations began _____
6. Please indicate the Applicant's gross annual revenue
   a) Previous year $ _____
   b) Anticipated for next year $ _____
   c) If a new business, please provide estimated income for the next 12 months $ _____

THIS QUESTION MUST BE ANSWERED.

7. a) Please indicate the number of visits/consultations/treatments/sessions during the past year
   b) Do you treat minors? ☐ Yes ☐ No
   If yes, do you obtain written parental agreement? ☐ Yes ☐ No
8. Please give full details of where and how are medical records kept and for how long they are retained _____

9. Schedule of Services - **Medical Clinic**

☐ General Family Medicine	_____%	☐ Pain Management Clinic	_____%
☐ Homeopathic Clinic	_____%	☐ Physiotherapy Clinic	_____%
☐ Laser Clinic	_____%	☐ Ultrasound Clinic	_____%
☐ Naturopathic Clinic	_____%	☐ X-Ray Clinic	_____%
☐ Occupational Health Clinic	_____%		

Do you provide any services not listed above? ☐ Yes ☐ No

If yes, please provide full details _____

Does the Applicant use single-usage needles? ☐ Yes ☐ No

If no, please provide full details of sterilization procedures _____

10. Please indicate the average billing per patient

11. Are all employee references and qualifications vetted to determine validity? ☐ Yes ☐ No

12. a) List the name and discipline of every physician, surgeon and dentist working at the clinic and state the name of the professional liability insurer of each.
NB: PLEASE NOTE THAT THIS PROPOSED ERRORS AND OMISSIONS LIABILITY INSURANCE FOR MEDICAL CLINICS EXCLUDES THE SERVICES OF PHYSICIANS, SURGEONS AND DENTISTS WHEN THEY CARRY OUT OR NEGLECT TO CARRY OUT AN ACT IN THE PRACTICE OF THIER PROFESSION.

Name	Professional Designation	Professional Liability Insurer

b) Complete the following for ALL employees not listed in question 12. Use a separate sheet if necessary.

Name	Services/Duties	Qualification/Education (include name of institution and if provincially regulated)	Years of Exp.

c) Are you now or have you, within the past five years, practised subject to any restriction or limitation imposed upon your license? ☐ Yes ☐ No

If yes, please provide details. _____

d) Have you ever been disciplined by a licensing body? ☐ Yes ☐ No

If yes, please provide details. _____

13. Does the Applicant provide services or perform activities outside Canada or for clients who are outside Canada? ☐ Yes ☐ No

INSURANCE COVERAGE - If you are renewing your policy, do not complete this section.

14. a) Has the Applicant ever previously purchased professional liability or errors and omissions insurance? ☐ Yes ☐ No

b) If yes, please give the following details for the last three years:

Insurer	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 ☐ Yes ☐ No

If claims-made, what was the retroactive date of the policy (dd/mm/yy)? _____

15. Has insurance coverage ever been declined or cancelled or the renewal thereof been refused? ☐ Yes ☐ No

If yes, please attach details.

LOSS EXPERIENCE

16. a) With respect to the coverage applied for by this application, has the Applicant or any of his/her employees ever been the recipient of any allegations/claims? ☐ Yes ☐ No

b) Is the Applicant or any of his/her 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 attach details of dates, amounts claimed/paid/outstanding, including the nature of the allegations.

WITHOUT LIMITATION OF ANY OTHER REMEDY AVAILABLE TO THE INSURER, 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.

LIMITS REQUESTED

17. Per claim: _____ Per policy period: _____ Deductible: _____

Please note that the proposed insurance will be effective at a date determined by the insurers.

LIABILITY INFORMATION - (Only complete this section if you also require a quote for Commercial General Liability)

18. Product Sales

Full Description of Product Sales	Gross Receipts (including subcontractors) Estimate Next Year	Current Year	Prior Year

% U.S. _____ % Foreign _____ Details _____

Area of Operation: _____

19. Additional Locations List locations and occupations:

Address	% occupied by Applicant		Square Footage	R/Cost of Rented Portion
a)		☐ Owned		
		☐ Rented		
b)		☐ Owned		
		☐ Rented		
c)		☐ Owned		
		☐ Rented		

20. Is Tenants Legal Liability required? ☐ Yes ☐ No

If Yes, state limits required for each location _____

AUTOMOBILE

21. Provide details of unlicensed automobiles or specially licensed automobiles for which compulsory automobile insurance does not apply?

a) Is there an automobile policy covering these vehicles? ☐ Yes ☐ No

b) How many employees regularly drive their own vehicles on company business? _____

c) What is the cost of hired automobiles? _____

AIRCRAFT

22. Does the Insured do any work on airport premises? ☐ Yes ☐ No

a) Is there any aircraft exposure by way of ownership, maintenance, use or operation of any aircraft by or on behalf of the Applicant? ☐ Yes ☐ No

If yes, please describe _____

WATERCRAFT

23. Is there any owned or non-owned watercraft exposure or ownership, maintenance, use or operation of any watercraft by or on behalf of the Applicant? ☐ Yes ☐ No

If yes, please describe _____

CONTRACTUAL OBLIGATIONS

24. Are there any known contractual obligations where the Applicant has to provide insurance on behalf of another or hold another harmless? ☐ Yes ☐ No

If yes, please list all lease agreements, railway siding agreements, etc. & provide copies of agreements.

a) Are there any additional Insureds to be added to the policy? ☐ Yes ☐ No

If yes, list and state purpose:

Name	In Connection With

INSURANCE

25. a) Name of Present Insurer _____

b) Policy Period _____

26. Has any insurer cancelled, declined or refused to renew or issue insurance of the type applied for? ☐ Yes ☐ No

If yes, please provide details _____

CLAIMS HISTORY

27. Have there been any liability claims or potential claims that have come to the Applicant's attention during the past three years? ☐ Yes ☐ No

If yes, for each incident, please detail the date of the loss, the nature and cause of the claim, the amount claimed, the costs actually incurred (claim investigation, defence costs and damages) and the status of the claim. Please use additional paper if necessary.

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 Totten Insurance Group for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Totten Insurance Group, 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.

DECLARATIONS AND SIGNATURE

The undersigned Applicant for this insurance declares that, to the best of his/her 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