Victor Canada
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Ottawa, Ontario K1J 9B8
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Toll Free 800-267-6684
www.victorinsurance.ca

Application

Errors and Omissions Insurance for Ambulance Operators

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 of Firm: _____

   _____

   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. Location of Branch Offices: _____

5. Date operations began: _____

6. Please provide a complete description of the Applicant's activities and provide definitions for uncommon terms:

   _____

   _____

   _____

   _____

   _____

7. Total number of ambulances: Active: _____ Standby: _____ Mechanical Spare: _____

8. If air ambulance, how many flights last year: _____ Anticipated next year: _____

9. Other modes of patient transportation (i.e., snowmobiles, watercrafts)? _____

   _____

10. Radius of operation: _____ km

11. Number of calls per year: _____

12. (a) Please indicate the Applicant's gross annual fees or income:

    (i) Previous Year: $_____

    (ii) Anticipated for Next Year: $_____

    (b) Does the Applicant provide services or perform activities outside Canada or for clients who are outside Canada? YES ☐ NO ☐

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

    (c) Please provide a breakdown of the Applicant's fees by category of services:

Type of Service	% (total must be 100%)

13. (a) Total number of attendants in the firm: _____

    (b) Please provide the following information on each attendant in the firm:

Name	(a) Full Time (b) Part Time (c) Volunteer	Qualifications

If more attendants in the firm, please provide the above information on a separate page and attach to the application.

INSURANCE COVERAGE - **If you are renewing your policy with Victor, 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 provide the following details for the last three years:

Insurer	Policy 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: _____

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

15. 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.**

16. (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.

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.

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 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 further 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)