Victor Canada
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Application

Errors and Omissions Insurance for Nursing Placement Agencies

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 Applicant: _____

   _____

   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. Total gross receipts:

   (a) Previous Year: $_____

   (b) Anticipated for Next Year: $_____

7. Please provide details of the following:

	Hours Billed Per Year			
	Institution	Private Home	Hourly Rate	No. of Employees
Registered Nurses				
Registered Nursing Assistants				
Nurses Aides				
Home Aides				
Other Employees (please specify)				
TOTAL				

8. Of the individuals mentioned in question 6, are there any who have ever been suspended, prohibited from practising or the recipient of a disciplinary complaint relating to their respective profession? YES ☐ NO ☐

   For an affirmative response, please provide names and details.

9. 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.

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

10. (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)? _____

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.

LIMITS REQUESTED

13. 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)