

**MEDICAL MALPRACTICE PROPERTY SUPPLEMENTAL APPLICATION**

**\*\*Please complete a separate form for each location\*\***

**PROPERTY INSURANCE:**

**Location to be Insured:** \_\_\_\_\_

Distance to hydrant: \_\_\_\_\_ Distance to responding fire department: \_\_\_\_\_

Year Built: \_\_\_\_\_ # of Stories: \_\_\_\_\_ Building Construction Type: \_\_\_\_\_

Heating: Gas  Electric  Oil  Other: \_\_\_\_\_ Electrical:  100 amp Breakers  Fuses

Updates to above (include date of updates to each): \_\_\_\_\_

Occupancy: 1st Floor: \_\_\_\_\_ 2nd Floor \_\_\_\_\_ 3rd Floor: \_\_\_\_\_

Burglary Alarm: Yes  No  Monitored: Yes  No  Sprinklered: Yes  No

**COVERAGE SUMMARY:**

Date Coverage required:	Deductible	Limit	
Building – All Risk – 90 co insurance			
Contents - All Risk - 90 co insurance			
Equipment - All Risk - 90 co insurance			
Miscellaneous Property			
- Computer Equipment (incl. Laptop)			
- Tools			
- Portable Equipment			
- Medical Equipment			
Profits			
Extra Expense			
Crime Limit			
Employee Dishonesty Limit			
Earthquake	10%		
Flood Coverage	\$10,000		

Optional Equipment Breakdown if required:	Deductible	Limit	Premium
Coverage	\$ 1,000		
Expediting expenses		\$ 10,000	
Hazardous Substances		\$ 10,000	
Spoilage		\$ 10,000	
Off-Premises Power		Included	
Repair or Replacement		Included	
Equipment Breakdown		Included	

**PLEASE READ BEFORE SIGNING:** A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

**NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.**

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Held: \_\_\_\_\_ Signature: \_\_\_\_\_

Brokerage: \_\_\_\_\_ Broker Name: \_\_\_\_\_

Broker Email: \_\_\_\_\_ Broker phone: \_\_\_\_\_

*Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).*

**\*\* Email application and attachments to - [newbizprofessional@premiergroup.ca](mailto:newbizprofessional@premiergroup.ca) \*\***

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