PREMIER canada

MEDICAL MALPRACTICE RENEWAL APPLICATION

Insured Name: _____ Policy No.: _____

BUSINESS OPERATION:

1. Fees from Applicant's operations:

Last 12 months (expiring)	Next 12 months (estimates)
$ _____	$ _____

2. List all the business activities that coverage is being requested for:

Activity	Percentage of Income
	%
	%
	%

Please indicate below if there have been any changes to the Insured's operations since the last policy term:

(If no changes please state "**NO CHANGES**").

_____

_____

_____

Additional Insured(s) (If applicable): _____

CLAIMS:

Has the Applicant/Company, its partners, directors, officers or employees ever had an order to cease & desist or a written demand or civil proceedings for compensatory damages made against them in past 5 years? ☐ YES ☐ NO

If YES, please provide an explanation on a separate sheet: such as Date of claim, Claimant's name, Nature of claim, Amount of indemnity payment, Defense costs, Final dispositions or current status of claim.

Is the Applicant/Company, its partners, directors, officers or employees aware of any job disputes or fee disputes during the last five (5) years? ☐ YES ☐ NO

If YES, please describe: _____

Is the Applicant/Company, its partners, directors, officers or employees aware of any other fact, situation or circumstance, that may result in a written demand or civil proceedings for compensatory damages? ☐ YES ☐ NO

If YES, please describe in detail: _____

Has the Applicant/Company ever brought a claim or suit against another party? ☐ YES ☐ NO

If YES, please describe: _____

Attach a list of all claims, disputes, suits or allegations of non-performance made during the past 5 years against the Applicant/Company or any director, officer, employee or partner.(including any claims, disputes, suits or allegations of physical, mental or sexual abuse)

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.

Signature of Applicant:	Date:	
Signature of Broker:	Date:	
Broker Firm:	Broker AGT #:	
Broker Email:	Tel:	Fax:

NOTE: THERE IS NO AUTOMATIC RENEWAL. WE REQUIRE THIS FORM COMPLETED AND RETURNED PRIOR TO THE EXPIRY DATE IN ORDER FOR US TO OFFER RENEWAL TERMS.

**** Email application and attachments to - processingcommercial@premiergroup.ca ****

Vancouver - T 604.669.5211 F 604.669.2667 **London - T 519.850.1610 F 519.850.1614**