

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 | |

DECLARATION / CONSENT:

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 ****

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