



Phone 1 877 814 7778

submissions.canada@beazley.com

renewals.canada@beazley.com

info.canada@beazley.com

www.beazley.ca

Beazley Canada Limited

550-55 University Avenue

Toronto, Ontario M5J 2H7

Phone (416) 601 2155

Fax (416) 601 2166

310-1130 Sherbrooke Street West

Montreal, Quebec H3A 2M8

Phone (514) 350 4848

Fax (514) 350 0843

500-666 Burrard Street

Vancouver, British Columbia V6C 3P6

Phone (778) 373 4432

MEDICAL MALPRACTICE INSURANCE APPLICATION

THIS APPLICATION IS FOR A CLAIMS MADE POLICY

PLEASE PROVIDE THE FOLLOWING WITH THE APPLICATION WHERE APPLICABLE

Résumés / Certifications for Principals and Key Employees

Consent Forms / Waivers / Protocols

1. GENERAL INFORMATION

1. Name of Organization or Legal Entity (Applicant) including any subsidiaries:

_____ (please show complete name as you wish it to appear on the policy)

2. Address (Not P.O. Box):

Website: _____

3. How many locations are there? _____

Please list all other locations including full address on a separate sheet.

4. Coverage requested:

Limit of Liability: \$1,000,000 \$2,000,000 \$5,000,000 Other: \$ _____

Deductible: \$1,000 \$5,000 \$10,000 Other: \$ _____

Target Premium: \$ _____

2. CLINIC INFORMATION

5. Type of Organization (please provide full details of all activities):

6. Date operations began: _____

7. Ownership structure (please identify partners and percentages of ownership):

8. Within the next twelve (12) months are there plans to obtain another locations or expand operations?
If YES, where and how? _____

YES NO

9. Name of Principal(s): _____

10. Qualifications of Principal(s): _____

11. Number of Employees: Full-time: _____

Part-time: _____

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12. Please complete the following:

STAFF DETAILS	NEXT YEAR	CURRENT YEAR	LAST YEAR
NUMBER OF FULL TIME PRACTITIONERS			
NUMBER OF PART TIME PRACTITIONERS			
NUMBER OF NURSING STAFF			
NUMBER OF ADMINISTRATION STAFF			
OTHER (describe) _____			

13. If applicable, are all practitioners operating in the Organization licensed/certified to practice in the province? YES NO
 If NO, please provide a reason: _____

14. Please provide the numbers of practitioners in the Clinic by category (if applicable):

Audiologists	_____	Laboratory Technicians	_____
Optometrists	_____	Chiropractors	_____
Perfusionists	_____	Physical Therapists	_____
Psychologists	_____	Pulmonary Therapists	_____
Massage Therapists	_____	Registered Pharmacists	_____
X-ray Technicians	_____	Dentists	_____
Gynecologists	_____	Surgeons	_____
General Practitioners	_____	Other (please identify practice):	_____

PLEASE NOTE THAT THIS PROPOSED INSURANCE WILL NOT INCLUDE COVERAGE FOR ANY PHYSICIAN, DOCTOR, SURGEON OR DENTIST.

15. Do practitioners carry their own professional liability coverage? YES NO
 If YES, are you seeking entity coverage only? YES NO

16. Does the clinic perform any type of surgery? YES NO
 If YES, please provide details: _____

17. Please provide the total number of patient or client visits per year:
 Last 12 months _____ Next 12 months _____

18. Please provide the Organization's total gross revenue:
 Last 12 months \$ _____ Next 12 months \$ _____

19. Please provide average billing per patient/client: \$ _____

20. Are any services performed outside of Canada or for patients/clients residing outside of Canada? YES NO
 If YES, please provide details on a separate sheet.
 What percentage of gross revenues are attributed to non-Canadian clients? _____ %

21. Does the Organization attract patients/clients because of reputation in any particular field? YES NO
 If YES, please explain: _____

22. Does the Organization own, control or staff one or more of the following:

- Facilities for overnight care? YES NO
- Substance abuse program? YES NO
- Laboratory? YES NO
- Emergency vehicles? YES NO
- Pharmacy? YES NO

3. QUALITY CONTROL

23. Does the Organization have a written quality control program for care and services?
How are complaints handled? YES NO
-
24. Does the Organization provide for continuing education programs? YES NO
25. Is there any research or teaching activities being conducted? YES NO
26. How are qualifications of new staff checked?

27. Is proof of insurance required of subcontracted employees?
If NO, please explain: YES NO
-
28. If applicable, do you comply with the current guidelines for the safe handling, collection or disposal of dressings, surgical or clinical waste, sharps and of any blood or blood products? YES NO
If NO to any of the above, provide details:

29. How long are records kept? _____
30. Where and how are records kept? _____

4. PRIVACY

31. Do you collect, process or maintain private or personal information as part of your business activities? YES NO
If YES, please identify which Personal Identifiable Information is being held:
- | | | | |
|-------------------------|--------------------------|-----------------------------------|--------------------------|
| Social Security Numbers | <input type="checkbox"/> | Bank Account Information | <input type="checkbox"/> |
| Credit Card Information | <input type="checkbox"/> | Individual Names and Addresses | <input type="checkbox"/> |
| Employee Information | <input type="checkbox"/> | Third Party Corporate Information | <input type="checkbox"/> |
| Personal Health Data | <input type="checkbox"/> | Other (Specify below) | <input type="checkbox"/> |
-
32. Provide the number of records maintained by the Applicant containing the above information (approx.):
 0 – 2,500 2,501 – 5,000 > 5,000
33. Do you comply with the protected health information as defined in provincial legislation in Canada? YES NO
34. Do you have written procedures in place to comply with laws governing the handling and/or disclosure of such information? YES NO
35. Do you have a legally reviewed privacy policy? YES NO
36. Do you share private or personal information gathered from customers (by the Applicant or others) with third parties? YES NO
37. Have you ever been investigated in respect to safeguards for personally identifiable information?
If YES, please provide a detailed explanation: YES NO
-
38. Have you ever received a complaint about mishandling of someone’s personally identifiable information?
If YES, please provide a detailed explanation: YES NO
-

For example, but not by way of limitation, an employment practices claim would result from a current or former employee's dissatisfaction with an employment relationship or application process by complaining of discrimination, harassment or unfair treatment.

Without limitation of any other remedy available to the insurer, it is hereby 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.

7. NOTICE CONCERNING PERSONAL INFORMATION

By purchasing insurance from Beazley Canada Limited, a customer provides Beazley with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law.

For the purposes identified above, personal information may be disclosed to Beazley's related or affiliated companies and service providers.

Further information about Beazley's personal information protection policy may be obtained by contacting their privacy officer at 416-601-2155.

8. WARRANTY STATEMENT

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. The undersigned also warrants that they have not suppressed or misstated any material facts.

If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants he or she will immediately report such changes to the Insurer.

Signing of this Application does not bind the undersigned to purchase this insurance, nor does it bind the Insurer to complete this insurance. However, should the Insurer bind and issue a policy, this Application shall serve as the basis of such contract and will be attached to and form part of the policy.

SIGNED: _____
(Authorized Representative)

DATED: _____

NAME (Please Print): _____

TITLE/POSITION: _____