



## HEALTHCARE MISCELLANEOUS ERRORS AND OMISSIONS INSURANCE APPLICATION

THIS APPLICATION IS FOR A CLAIMS MADE POLICY

PLEASE ENSURE THAT THE FOLLOWING ARE PROVIDED WITH THE APPLICATION

- Standard contract
- Descriptive or promotional materials
- Profile or resume of key personnel

### 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. Coverage Requested:

- Errors & Omissions:  \$1,000,000  \$2,000,000  Other: \$ \_\_\_\_\_
- Deductible:  \$5,000  Other: \$ \_\_\_\_\_
- Employment Practices Liability:  \$100,000  \$250,000

### 2. APPLICANT INFORMATION

4. Company Structure:  Sole Proprietor  Corporation  Partnership  Joint Venture  Franchise  Other \_\_\_\_\_

5. Year established : \_\_\_\_\_ Is the Company is Canadian registered ?  YES  NO

6. Number of Employees: Full-time: CDN \_\_\_\_\_ US \_\_\_\_\_ Part-time: CDN \_\_\_\_\_ US \_\_\_\_\_

7. Please describe in detail the activities for which coverage is requested:

8. Is the Applicant engaged in any business or profession other than as described in 4. above?  YES  NO  
If YES, please explain and include the estimated income: \_\_\_\_\_

9. Is the Applicant controlled, owned or associated with any other company, firm or corporation?  YES  NO  
If YES, please explain: \_\_\_\_\_

10. Please provide the following information:

FULL NAME OF ALL PRINCIPALS/PARTNERS/EMPLOYEES	PROFESSIONAL QUALIFICATIONS	DATE QUALIFIED	HOW LONG IN PRACTICE?	HOW LONG AS PRINCIPAL/PARTNER?

(Attach separate sheet if necessary)



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If YES, please describe in detail:

\_\_\_\_\_

\_\_\_\_\_

26. Has the Applicant, its partners, directors or officers ever had an Employment Practices Liability claim (whether insured or not)?  
If YES, please provide the following details on a separate sheet.  YES  NO

- |  |                    |  |
|--|--------------------|--|
| 1) Date of claim   | 2) Claimant's name | 3) Nature of claim                               |
| 4) Amount of indemnity payment and amount of defense costs |                    | 5) Final dispositions or current status of claim |

27. Is the Applicant, its partners, directors or officers aware of any situation which might give rise to an Employment Practices claim?  
If YES, please describe in detail:

\_\_\_\_\_

\_\_\_\_\_

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 of action subsequently emanating therefrom is excluded from coverage under the proposed insurance.

**4. NOTICE CONCERNING PERSONAL INFORMATION**

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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.

**5. WARRANTY STATEMENT**

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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.

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.

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_  
(Authorized Representative)

NAME (Please Print): \_\_\_\_\_ TITLE/POSITION: \_\_\_\_\_