

Application for Pharmacists' Liability Insurance

All questions are to be answered as completely as possible. If a question is not applicable to your situation state N.A. If insufficient space, attach full details.

1. Name of Applicant:

Postal Address:

(Number)

(Street)

(City)

(Prov.)

(Postal Code)

2. Location of all pharmacies owned, rented or controlled by Applicant. If more than 3 locations, attach schedule.

1.

2.

3.

3. Applicant is an ☐ Individual ☐ Partnership ☐ Corporation ☐ Employee

☐ Other (give details):

4. Applicant is a ☐ Franchisee ☐ Franchisor

5. How long has applicant been engaged in his/her current occupation or business?

Has applicant operated under a different corporate name in the past?

☐ Yes

☐ No

If yes, give details:

6. Is Applicant engaged in any business other than as described in Item 5?

☐ Yes

☐ No

If yes, please explain:

7. a) Estimated gross receipts (all income, fees and commissions before deduction of expenses) for Applicant's profession or business activity for the coming policy year:

\$

b) Does the Applicant provide services or perform activities outside of Canada?

☐ Yes

☐ No

If yes, give full details indicating the services provided as well as the location and gross annual receipts:

8. List the educational and training requirements the Applicant has met as a prerequisite to operating in his/her profession. *(Provide dates and name of institution, where possible.):*

9. Indicate the number of employees actively engaged in any phase of the Applicant's profession or business:

Pharmacists:

Other:

10. Is the Applicant involved in any process of manufacture, construction design, testing or servicing of any equipment?

☐ Yes ☐ No

If yes, give details:

11. a) Does the Applicant issue guarantees and/or warranties to customers?
If yes, attach full details and a copy of Applicant's form of guarantee or warranty.

☐ Yes ☐ No

- b) Does the Applicant agree to hold any person or organization harmless against claims or suits arising out of Professional Liability?

☐ Yes ☐ No

If yes, give full details:

12. Give particulars of all professional liability insurance held by the Applicant for the past three (3) years.

Type of Policy		Policy Number	Insurer	Policy Limit	Policy Period
Claims Made	Occurrence				
*					
*					
*					
*					

** If the policy is subject to a Retroactive Date, give details:*

13. Give details of all Professional Liability claims brought against the Applicant during the past five (5) years:

Date of Accident	Amount		Details
	Paid	Outstanding	

14. Do these paid or outstanding amounts reflect any deductible provision(s) contained in existing or previous insurance policies?

☐ Yes ☐ No

If yes, to what coverage(s) does/did the deductibles apply and what is/was the deductible amount?

15. Has the Applicant any knowledge of any circumstances which could result in claim or suit being brought against the Applicant?

☐ Yes ☐ No

If yes, give details:

16. Limits of Insurance desired: \$ Each Occurrence
\$ Aggregate



I/We declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of liability insurance and that this application discloses the hazards known to exist at the date of this application.

I/We declare that the statements made herein are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.

Signed by: _____

Date: _____

Position: _____

Broker: _____

Signing of this form does not bind the Applicant to complete the insurance.