



Victor Canada
500-1400 Blair Place
Ottawa, Ontario K1J 9B8
Telephone 613-786-2000
Facsimile 613-786-2001
Toll Free 800-267-6684
www.victorinsurance.ca

Application

Errors and Omissions Insurance for Acupuncturists

Submitting Broker, please complete the following to assist us in processing this submission:

Name of Brokerage: _____
Name of Broker Contact: _____
Brokerage Address: _____ City: _____ Postal Code: _____
For renewal purposes only: Policy Number: _____ ISN (Client's Number): _____

Please answer all questions. If there is no answer, write "none" or "not applicable" in the space provided. Where space provided is insufficient to fully answer, please use separate sheet(s).

Please provide brochures and/or promotional literature.

THE APPLICANT

1. Name of Applicant: _____

If more than one legal entity, please indicate the relationship between each: _____

(Please note that an insurance policy cannot be shared unless there is a financial interest.)

2. Website Address (if applicable): _____

3. Address: _____

4. Location of Branch Offices: _____

5. Education in acupuncture:

(a) Degree: _____

(b) Year of graduation: _____

(c) Name of institution from which degree was obtained: _____

(d) Total number of course hours taken/years: _____

6. Province in which the Applicant is licensed to practice: _____

7. Number of years the Applicant has been practising acupuncture: _____
8. Does the Applicant use single-usage needles? _____
9. Does the Applicant treat professional athletes? YES NO
10. Does the Applicant have a medical designation (physician, chiropractor)? _____
 Year of graduation: _____
11. Does the Applicant belong to any related association? YES NO
 If yes, please list such associations: _____
12. Does the Applicant provide services or perform activities outside Canada or for clients who are outside Canada? YES NO
 If yes, please provide full details (country, licensing requirements, percentage of total practice).
13. Has the Applicant ever been investigated by or suspended from practice by any governing body of their profession? YES NO
 If yes, please provide details.

INSURANCE COVERAGE - If you are renewing your policy with Victor, do not complete this section.

14. (a) Has the Applicant ever previously purchased professional liability or errors and omissions insurance? YES NO
- (b) If yes, please provide the following details for the last three years:
- | Insurer | Policy Period | Expiring Premium | Limit | Deductible |
|---------|---------------|------------------|----------|------------|
| _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
- (c) With respect to (b) above, please indicate if such coverage was offered on an occurrence basis or claims-made basis: _____
 If claims-made, what was the retroactive date of the policy (dd/mm/yyyy)? _____
15. Has insurance coverage ever been declined or cancelled or the renewal thereof been refused? YES NO
 If yes, please provide details.

LOSS EXPERIENCE - If you are renewing your policy with Victor, do not complete this section.

16. (a) In the past, has the Applicant or any of their employees ever been the recipient of any allegations of professional negligence in writing or verbally? YES NO
- (b) Is the Applicant or any of their employees aware of any facts, circumstances or situations which may reasonably give rise to a claim, other than as advised above? YES NO
 If yes, please provide details.

WITHOUT LIMITATION OF ANY OTHER REMEDY AVAILABLE TO THE INSURERS, IT IS 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.

LIMITS REQUESTED

17. Per claim: \$ _____ Per policy period: \$ _____ Deductible: \$ _____

Please note that the proposed insurance will be effective at a date determined by the insurers.

APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to Victor Insurance Managers Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Victor Insurance Managers Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on Victor's privacy policy, please contact privacypolicyinquiries@victorinsurance.com.

DECLARATIONS AND SIGNATURE

The undersigned Applicant for this insurance declares that, to the best of their knowledge and belief, the statements set forth herein are true and correct, and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The undersigned agrees that, if any significant change in the condition of the Applicant is discovered between the date of this Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to the Insurance Manager.

Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant further agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will become part of the policy.

Name of Applicant (please print)

Signature of Applicant

Date (dd/mm/yyyy)

NOTE: Did you remember to include brochures and/or promotional literature.