

**GELLATLY INSURANCE LIMITED**

210 - 5399 Eglinton Ave W

Toronto, Ont., M9C 5K6

Phone: (416) 236-2321

Fax: (416) 236-2793

**APPLICATION FOR CLAIMS MADE  
ERRORS & OMISSIONS / PROFESSIONAL LIABILITY INSURANCE**

1. Name of Applicant:
  
2. Address & home telephone number of Applicant:
  
3. a) Please provide a full description of your operations:  
  
b) Are your operations controlled, owned or associated with any other firm, corporation or company?  
 Yes  No  
  
If yes, provide full detail
  
4. a) Is the applicant a licensed pharmacist in good standing with the Ontario College of Pharmacists?  
 Yes  No  
  
b) License Number
  
5. Does the Applicant belong to any related associations?  
 Yes  No  
  
If yes, indicate such memberships:
  
6. Has the Applicant ever been investigated by, or suspended from, practice by anybody governing the practice of his / her profession?  
 Yes  No  
  
If yes, provide full details of such investigation or suspension?

7. Provide details of all Errors and Omissions or Professional Liability Insurance carried in the past three years:

Insurer	Period	Limit	Deductible	Premium
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b) Indicate the type of Errors and Omissions or Professional Liability Insurance Carried:

Claims – Made  Occurrence Basis

8. Has applicant had similar insurance declined, cancelled or refused during the past five years.

Yes  No

If yes, provide details:

9. During the past five years, has the Applicant had one or more claims because of professional services, or is the Applicant aware of any facts or circumstances or allegations, which may give rise to a claim?

Yes  No

If you, provide details:

10. Limits of Liability requested:

Per occurrence \$ \_\_\_\_\_ Aggregate: \$ \_\_\_\_\_

## DECLARATION

The undersigned declares that all statements made in the Application and the information contained in documents submitted with it are true. Signing of this document does not bind the Applicant to complete the insurance, but it is agreed that the Application shall be the basis of the contract, should a policy be issued.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Please print name**

\_\_\_\_\_  
**Date**