



Pharmacist's & Pharmacy Technician's Professional Liability Application

1. Name & Home Address of Applicant:

2. Home Phone #:
Work Phone #:
Email:

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) O.C.P. 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?



GELLATLY INSURANCE LIMITED
5399 Eglinton Ave. West.
Etobicoke, Ont., M9C 5K6
Phone: (416) 236-2321
Fax: (416) 236-2793

7. **Professional Liability – Prior Coverage Information**

Please state your insurers (or employers) over the last three years:

Insurer	Policy Effective Date	Policy Expiry Date	Deductible	Claims Made or Occurrence?
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8. **Underwriting Information**

1. Describe methods of advertising (if applicable)
2. Advise percentage of Internet sales or advice (if applicable)
3. Do you manufacture or compound in bulk for others?
4. Do you provide natural or herbal remedies not regulated by Health Canada?
5. Do you require coverage for the U.S.? (additional premium will apply)

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

Yes No

If yes, provide details:

10. 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:



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Limits Available:

\$2,000,000 per occ. with \$4,000,000 annual aggregate
or
\$5,000,000 per occ. with \$5,000,000 annual aggregate

with \$50,000 Legal Expense with \$100,000 annual aggregate

11. Limits of Liability requested:

Per occurrence \$ _____ Aggregate: \$ _____

Warranty Statement

I am applying for insurance based on the information provided above. I authorize you to collect, use and disclose personal information gathered in connection with this application, as permitted by law, for the insurance or renewal, extension or variation thereof by Aviva Insurance Company of Canada for the purpose necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information and claims history.

I warrant that to the best of my knowledge, the statements set forth in this application and any supplementary applications are true. I also warrant that I have not suppressed or misstated any material fact.

If the information provided in this application should change between the date of the application and the effective date of the policy, I warrant that I will immediately report such changes to the insurer.

Signature

Please print name

Date

Signing this application does not bind the undersigned to purchase this insurance, nor does it bind the insurer to issue this insurance. However, should the insurer issue a policy, this application shall service as the basis of such policy and will be attached to and form part thereof.