

Errors and Omissions Insurance for Members of the Pharmacist and Pharmacist Technician Program for Neighbourly Pharmacy Inc.

Please note: This is an annual insurance program that has a common effective/renewal date of **July 1** each year.

1. Name: _____
2. Address: _____
City: _____ Province: _____ Postal code: _____
3. Email Address (if applicable): _____ Telephone: _____
4. Store number: _____
5. Applicant is (please check one box): Pharmacist Pharmacy Technician
6. Degree: _____ Year of graduation: _____
Licence number: _____ Number of years practicing in Canada: _____
7. Is the applicant a member in good standing as a licensed pharmacist? YES NO
8. Do you have advanced prescribing authorization? YES NO
9. Are you currently prescribing medication without a doctor's prescription in your practice (excluding minor ailments/generic substitution)? YES NO
10. 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:

11. Does the applicant provide services or perform activities outside Canada or for clients outside Canada? YES NO
12. Has insurance coverage ever been declined or cancelled or the renewal thereof been refused? YES NO
If yes, please provide details:

13. Limits selected:
 \$2,000,000 per claim/\$4,000,000 aggregate
 \$5,000,000 per claim/\$5,000,000 aggregate

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)? _____

Loss experience

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

15. (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.

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.

Signature of applicant

Date (dd/mm/yyyy)

Please note: You will be responsible for the difference in premium between \$2,000,000 and \$5,000,000 plus applicable taxes where taxes apply (Newfoundland 15%, Ontario 8%, Manitoba 7% and Saskatchewan 6%).

Credit card number: _____

Expiry date (mm/yy): _____

Name on card (please print): _____

Signature: _____

Please forward application and any questions to: Westland MyGroup
4-201 Brownlow Avenue
Dartmouth NS B3B 1W2
Email: commercialprograms@westlandmygroup.ca
Telephone: 1-844-999-7687, ext. 2175
Facsimile: 1-866-966-0969

Report claims electronically via E-notice of Claim form on website (www.victorinsurance.ca) or by emailing your notice to newclaims.ca@victorinsurance.com.