E&O INSURANCE NEW APPLICATION FOR NEIGHBOURLY PHARMACY INC.

Please note: This is an Annual Insurance program that has a common renewal date of **July 1**, each year.

Please indicate requested starting date _____

Your Name _____

Address _____

City _____ Province _____ Postal Code _____

Email Address _____ Phone Number _____

Store Number: _____ ☐ Pharmacist ☐ Pharmacy Technician

Degree _____ Year of graduation _____

License # _____ # of years practicing in Canada: _____

Do you have Advanced Prescribing Authorization?	Yes ☐	No ☐
Are you currently prescribing medication without a doctor's prescription in your practice (excluding minor ailments/generic substitution)?	Yes ☐	No ☐
Is the applicant a member in good standing as a licensed pharmacist/pharmacy technician?	Yes ☐	No ☐
Has the applicant ever been investigated by or suspended from practice by any governing body of their profession? If yes, please attach details.	Yes ☐	No ☐
Does the applicant provide services or perform activities outside Canada or for clients outside Canada? If yes, please attach details.	Yes ☐	No ☐
Has insurance coverage ever been declined or cancelled, or the renewal thereof been refused? If yes, please attach details.	Yes ☐	No ☐
Do you practice in one of the Neighbourly Compounding hub?	Yes ☐	No ☐
Are consulting with the patient's physician to advise they are altering the medication.	Yes ☐	No ☐

This is an Occurrence Base policy. The following limits are available:

Per Occurrence	Aggregate	Please Indicate your choice
$2,000,000	$4,000,000	☐
$5,000,000	$5,000,000	☐

COMPOUND PHARMACIST MUST SELECT $5,000,000

COVERAGE CANNOT BE BOUND UNTIL PAYMENT IS RECEIVED. ANNUAL PREMIUM IS FULLY RETAINED.

Westland MyGroup
4-201 Brownlow Avenue Dartmouth, NS B3B 1W2
westlandmygroup.ca

T: 1-844-999-7687 ext. 2175
F: 1-866-966-0969
commercialprograms@westlandmygroup.ca

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

Insurer	Period	Limit	Deductible

With respect to 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)? _____

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 ☐

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 to either of the above, please attach 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.

COVERAGE CANNOT BE BOUND UNTIL PAYMENT IS RECEIVED. ANNUAL PREMIUM IS FULLY RETAINED.

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 _____ Dated _____

Please note: You will be responsible for the difference in premium between $2,000,000 and $5,000,000
***** Compound Pharmacist do not to need to complete the payment section *****

Payment options: **VISA** or **MASTERCARD** only

Total to be applied to credit card*:$ _____

*Plus applicable taxes where taxes apply. (Newfoundland -15%, Ontario - 8%, Manitoba - 7%, and Saskatchewan - 6%)

Credit card number _____

Expiry date: (mm/yy) _____ CVV _____

Name on card (please print): _____

Signature _____

Please email this application to commercialprograms@westlandmygroup.ca or fax to 1-866-966-0969
If you have any questions, please call us at 1-844-999-7687 ext. 2175. Your policy documents will follow shortly. Thanks for your business!

☐ I would like to receive additional insurance information that may benefit me and/or my business.

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

COVERAGE CANNOT BE BOUND UNTIL PAYMENT IS RECEIVED. ANNUAL PREMIUM IS FULLY RETAINED.

Westland MyGroup
4-201 Brownlow Avenue Dartmouth, NS B3B 1W2
westlandmygroup.ca

T: 1-844-999-7687 ext. 2175
F: 1-866-966-0969
commercialprograms@westlandmygroup.ca