



Member Benefit Partner

# Professional Liability Insurance



## A P P L I C A T I O N

2009/2010

Applicant name	Last		First	
Are you a practice owner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Corporation name* see below	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Does your professional corporation operate any other type of business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes, please specify -				
College certificate of registration #		Individual <input type="checkbox"/>	Partnership <input type="checkbox"/>	
Home address	Street		Suite #	
Town/ city			Postal Code	
Business address	Street		Unit/suite #	
Town/city			Postal Code	
Phone	Home	Bus.	Email	
Are you a new graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If no -	Current/last insurance company		Policy number	
			Expiry date	
Have you incurred any prior professional liability claims or losses? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes", please provide details on reverse.				

### ALL POLICIES RENEW ON MARCH 15, 2009.

Policy Term:	\$2,000,000/ \$6,000,000 Limits & Premium	\$3,000,000/ \$6,000,000 Limits & Premium	\$4,000,000/ \$6,000,000 Limits & Premium	\$5,000,000/ \$6,000,000 Limits & Premium	\$6,000,000/ \$6,000,000 Limits & Premium	Total Premium + PST (select applicable option)
Limits stated above are Each Claim/Annual Aggregate						
June 15/09 - March 15/10	\$278.00 + \$22.24 PST = \$300.24	\$383.00 + \$30.64 PST = \$413.64	\$450.00 + \$36.00 PST = \$486.00	\$514.00 + \$41.12 PST = \$555.12	\$574.00 + \$45.92 PST = \$619.92	\$
*Incorporated? * Add \$81 (\$75 plus 8% PST) for coverage if you have a corporation as noted above Please be advised that holding companies, technical service companies, and labs are not covered by the corporation extension.						\$
<b>Grand Total (please complete):</b>						\$
For a pro-rated premium on coverage purchased after March 15, 2009 please call 1.800.263.2369 and speak with Margaret Francis at ext 328.						

I am a member of the Ontario Association of Optometrists (OAO) and I agree to abide by the provisions as outlined herein. With respect to this application, renewal, or change in coverage, I authorize to have information shared for verification purposes, assessing risk, placing coverage, and special offers and mailings approved by the OAO until I revoke such consent.

I agree to abide by the provisions, conditions and limitations of the charter, by-laws, rules and regulations of the OAO as amended from time to time.

I understand that this application is not a Binder of Insurance. The effective date of insurance shall be March 15, 2009 or the date indicated below, subject to the insurer's acceptance of the completed and signed application and OAO's written verification that I am a member. The actual effective date of insurance shall be indicated on the Certificate of Insurance.

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Cheques must be made payable to:

Please forward your cheque and completed application to:

**POTTRUFF & SMITH INSURANCE BROKERS INC.**

Pottruff & Smith Insurance Brokers Inc. Attn: Margaret Francis  
8001 Weston Rd., Suite 300, Woodbridge, ON L4L 9C8

