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INDIVIDUAL PROFESSIONAL LIABILITY INSURANCE APPLICATION

1. Personal Information	Optional
Name of Insured: _____	Pharmacy Name: _____
OCP #: _____	
Address: _____	Business Address: _____
Home Phone No.: _____	Business No.: _____
Date of Birth: (Month) / (Day) / (Year)	Fax No.: _____
Email: _____ (Your certificate of insurance will be e-mailed to you.)	

2. Additional Information

1. Are you a current member of the Ontario Pharmacists' Association?
 Yes, member #: _____ No

2. Has any claim been made or suit brought against you on account of any actual or alleged malpractice, error or mistake?
 Yes (please give details; an addendum may be requested) No

3. Do you have any knowledge of any act which might give rise to a claim under this policy or do you anticipate any claims being brought against you?
 Yes (please give details; an addendum may be requested) No

I hereby declare that the statements and particulars in this application are true and represent a complete disclosure of matters that may be material to the assessment of the risk to be considered for insurance.

Signature: _____ Date: _____

3. Coverage Limits and Options (Rates are subject to change on renewal.)

Professional Liability (annual premium)	Disciplinary Legal Expenses Upgrade (annual premium)
<input type="checkbox"/> Mandatory Professional Liability coverage: \$2,000,000 per loss/\$4,000,000 per policy period Cost: \$149 + \$11.92 PST = \$160.92	\$10,000 per loss/\$30,000 per policy period <i>included at no additional charge</i>
<input type="checkbox"/> Upgraded Professional Liability coverage: \$5,000,000 per loss/\$5,000,000 per policy period Cost: \$238 + \$19.04 PST = \$257.04	<input type="checkbox"/> \$25,000 per loss/\$75,000 per policy period Cost: \$33.00 + \$2.64 PST = \$35.64
	<input type="checkbox"/> \$50,000 per loss/\$150,000 per policy period Cost: \$43.00 + \$3.44 PST = \$46.44
	<input type="checkbox"/> \$100,000 per loss/\$300,000 per policy period Cost: \$62.00 + \$4.96 PST = \$66.96

4. Method of Payment	For Office Use Only
<input type="checkbox"/> Cheque or money order enclosed (payable to the Ontario Pharmacists' Association)	Effective Date: _____
<input type="checkbox"/> Credit Card _____ - _____ - _____ - _____ Expiration Date: ___ / ___ <small>*Additional 2% administration fee will apply when paying by Credit Card.</small>	Membership Status: _____
Cardholder Signature _____	Payment Type: _____
	File Status: _____