

Pharmacist Professional Liability Insurance Application

Personal Information		Optional	
Name of insured:		Pharmacy name:	
OCP #:	Date of birth:	Business address street:	
Address street:		City:	Postal code:
City:	Postal code:	Business #:	
Home phone #:		Fax #:	
Cell #:	Email:		

Additional Information

- Are you a current member of the Ontario Pharmacists Association?
 Yes OPA member #: _____ No
- Has any claim been made or suit brought against you on account of any actual or alleged malpractice, error or mistake?
 Yes (an addendum may be requested) No
- 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 (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: _____

Coverage Limits and Options	
Mandatory coverage	Upgrades
<input type="radio"/> Professional Liability – Mandatory \$2,000,000 per claim \$4,000,000 annual aggregate Cost: \$149 + \$11.92 RST = \$160.92	<input type="radio"/> Professional Liability – Upgrade \$5,000,000 per claim \$5,000,000 annual aggregate ADD \$89 + \$7.12 RST = \$96.12
<input checked="" type="checkbox"/> INCLUDED: Disciplinary Legal Expense \$50,000 per claim \$50,000 annual aggregate FREE	<input type="radio"/> Disciplinary Legal Expense – Upgrade \$100,000 per claim \$300,000 annual aggregate ADD \$40 + \$3.20 RST = \$43.20

Total amount:

\$

Method of Payment

Cheque or money order enclosed (payable to the Ontario Pharmacists' Association)

Credit card: _____ Expiration date: _____
Do not email credit card information

Cardholder name: _____ Cardholder signature: _____