



[Professional Liability Application]

## **PROSURE MEDICAL MALPRACTICE APPLICATION**



**cansure**

T: 604.685.6533 TOLL FREE T: 1.877.685.6533 F: 604.685.6554 E: [info@cansure.com](mailto:info@cansure.com) W: [www.cansure.com](http://www.cansure.com)

1.1 Please state the name and address of the principal Company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal Company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form:

Insured Company:	Contact name:
Address:	
Telephone:	Fax:
Email Address:	Website:

1.2 Please state when your company was established:

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1.3 a) How many directors / officers / partners are there in the Company?

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b) Please show the details of all Partners/Directors.

Name	Years in position	Years experience	Qualifications

c) Do you currently hold a directors and officers liability insurance policy?  Yes  No

If yes, please state the limit of liability of this policy. CAD \_\_\_\_\_

d) Please state the number of employees.

Professional:	Clerical:	Other:
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1.4 Please state your fees received in respect of the following years (in CAD).

Date of financial year end: DD | MM

	Last complete financial year	Estimate for current financial year	Estimate for next financial year
Canadian revenue:			
USA revenue:			
Other territory revenue:			
TOTAL revenue:			
OPERATING PROFIT/ (LOSS)			

**PART 2**    **ACTIVITIES**

2.1 Please briefly describe below the nature of your business activities. *(If you have a brochure, or company literature, please attach to this form)*

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2.2 Please provide a full breakdown of your total revenue by activity. (The total of all activities listed here should equal 100%).

Activity	Activity Percentage of your total revenue
	%
	%
	%
	%
	%

2.3 What percentage of your total revenue relates to product sales, rather than advice or treatment?

\_\_\_\_\_ %

2.4 Do you belong to any association related to these activities?

Yes     No

If yes, please list these associations below.

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2.5 Is any legislation currently in force governing your activities?

Yes     No

If yes, please provide details below.

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2.6 a) What patient records do you keep?

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b) How long do you keep the records for?

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c) Where do you store the records?

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2.7 Do you comply with the current guidelines for the safe handling, collection or disposal of dressings, surgical or clinical waste, sharps and of any blood or blood products?

Yes     No

If no, please explain below.

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(Only complete this page if you also require a quote for commercial general liability)

2.8 Please state the following.

a) Your total estimated payroll for the next financial year:

b) Your payroll relating to non-manual work away from your premises (such as consulting, programming or similar):

Please detail the nature of this work:

c) Your payroll relating to manual work away from your premises:

Please detail the nature of this work:

d) Your payroll relating to hazardous work away from your premises:

Please detail the nature of this work:

**PART 3 CONTRACT INFORMATION**

3.1 Please give details of the five largest contracts you have carried out in the past three years

Name of client	Business of client	Nature of your work undertaken for this contract	Total value of project	Income to you for your contract	Start date	Completion date

3.2 Approximately how many customers do you have?

3.3 Do you carry out work only under a written contract signed by every client?  Yes  No  
*Please supply a copy of your standard form of contract, or typical examples of contracts used.*

If no, explain in what circumstances, and why:

3.4 Do you ever accept contracts with your customers in which you accept liability for consequential loss or financial damages greater than the value of the contract?  Yes  No

If yes, explain what percentage of your contracts this is applicable to and what these are capped at:

3.5 What approximate percentage of your revenue, in your current financial year, will be paid to sub-contractors? %

3.6 Do you ensure that sub-contractors have their own errors and omissions and general liability insurance?  Yes  No

(Only complete this section if you require this cover)

4.1 Please state the address of the premises to be insured (if different from the address given earlier):

**Premises 1**

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**Premises 2**

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

*Please continue on a separate sheet if more than 2 premises to be insured.*

4.2 Please detail below any other party (such as a bank or building society) whose financial interest in the premises should be noted on the policy.

Name of party: \_\_\_\_\_

Interest of party: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

4.3 Are all of the premises:

a) Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material?

Yes  No

b) Free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes?

Yes  No

c) In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters?

Yes  No

d) In a good state of repair and occupied solely as offices?

Yes  No

e) Self contained with a lockable entrance door?

Yes  No

f) Protected by an intruder alarm that is subject to an annual maintenance contract?

Yes  No

**NOTE:** We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not put into full and effective operation whenever the premises are closed for business or left unattended.

g) Heated by a conventional electric, gas, oil or solid fuel heating system?

Yes  No

h) Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied?

Yes  No

i) Sprinklered, either fully or partially?

Yes  No

j) Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements?

Yes  No

**NOTE:** Assuming you have answered YES to questions h) and i) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim

If you have answered NO to any of the above questions then please give further details below.

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Please detail the amounts to be insured below for each premises.

**NOTE:** The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.

ITEM	AMOUNT INSURED PREMISES 1	AMOUNT INSURED PREMISES 2
Main Building:		
Landlord's fixtures & fittings and tenant improvements:		
Personal computers, printers and ancillary computer equipment at the office:		
All other contents at the office:		
Portable computers and associated equipment at home / away from the office:		
All other contents at home / away from the office:		

Please state, in respect of portable computers and associated equipment at home / away from the office, the maximum value of any one item (not the total value of all items) of this type of property.

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Would you like a quotation for either of the following extensions:  Earthquake  Flood

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Please detail the amounts to be insured below for business interruption cover.

You should bear in mind how long it will take you to re-commence trading at another premises when stating the amount insured and indemnity period.

You have two options for the type of cover you buy:

ITEM	AMOUNT INSURED	INDEMNITY PERIOD
Loss of income:		Months
Increased costs of working:		Months
Outstanding debts:		Not applicable

Please specify a total amount insured for business interruption cover. This amount applies regardless of whether your business interruption loss is loss of income, increased costs of working or outstanding debts.

ITEM	AMOUNT INSURED	INDEMNITY PERIOD
Loss of income, increased costs of working and outstanding debts combined)		Months

**PART 5 CLAIMS EXPERIENCE AND INSURANCE HISTORY**

5.1 Please provide details of your current medical malpractice insurance, if applicable, and what you require for the next year of insurance.

	Retroactive Date	Effective Date	Limit	Deductible	Premium	Insurer
Current						
Required						

5.2 Please provide details of your current Commercial General Liability insurance, if applicable, and what you require for the next year of insurance.

	Effective Date	Limit	Deductible	Premium	Insurer
Current					
Required					

5.3 Regarding all of the types of insurance to which this application form relates, AFTER ENQUIRY:

- a) are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last 5 (five) years, or
- b) are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or
- c) have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or
- d) have any of the Companies to be insured or any partners or directors suffered any losses, or
- e) have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

With reference to questions a,b,c, d and e above:  Yes  No

If the answer to the above is 'YES', then please attach full details including an explanation of the background of events, the maximum amount involved/claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by you and/or by Insurers, and the dates of all developments and payments.

**PART 6 DECLARATION**

• I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact.

• I/we agree that this Application Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance effected thereon.

• I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract.

Signed: \_\_\_\_\_ Full Name: \_\_\_\_\_

Position held at Insured: \_\_\_\_\_ Date: \_\_\_\_\_