



# Healthcare Insurance – Individual Practitioner Application

Français disponible sur demande.

Name of Applicant/ Firm: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone day: \_\_\_\_\_ Evening: \_\_\_\_\_

Email: \_\_\_\_\_

Are you the business owner?  Yes  No

If yes, name of business: \_\_\_\_\_

Is the business address same as the mailing address?  Yes  No

If no, please complete the following:

Business address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone day: \_\_\_\_\_ Evening: \_\_\_\_\_

Email: \_\_\_\_\_

What effective date is coverage required? (we cannot backdate coverage, must be a future date and not applicable to the date the application is completed and signed) \_\_\_\_\_ (mm/dd/yyyy)

Please indicate desired policy term:  12 months  24 months

All premium is fully earned and retained

## General information

1. Location insured is domiciled?

- CAN – Canada
- USA – United States
- OTH – Other

2. What is your current retroactive date/when you have held continuous coverage from? \_\_\_\_\_ (mm/dd/yyyy)

3. Have you ever sustained a professional liability or general liability loss or have claim(s) been made against you in the past?  Yes  No

4. Have you any knowledge of any negligent act, error or omission and or breach of duty, which may give rise to a claim against you?  Yes  No

5. Has any application for professional liability or commercial liability coverage ever been denied?  Yes  No

6. Please provide your total gross revenue \$ \_\_\_\_\_

7. Do you provide services or perform activities outside of Canada?  Yes  No

- a. \_\_\_\_\_ % of total revenue from Canadian patients
- b. \_\_\_\_\_ % of total revenue from U.S. patients
- c. \_\_\_\_\_ % of total revenue from world-wide patients

8. Do your services include administering Botox or Derma Filler Injections?  Yes  No
9. Do you wish to purchase commercial general liability?  Yes  No
10. Do you wish to purchase coverage for your office contents?  Yes  No  
If yes, please contact your licensed insurance representative
11. Do you work with professional athletes?  Yes  No
12. Are you a sole proprietor?  Yes  No  
If yes, our policy provides automatic legal entity coverage at no additional premium. Please note, Linx recommends you purchase legal entity coverage to protect your business from any error or omission made by any professional you employ.
13. Indicate the number of employees actively engaged in any phase of your profession or business \_\_\_\_\_
14. Do your employees carry professional liability insurance?  Yes  No
15. Description of operations or professional services:

### Modalities

1. Type of Practitioner?  
 PP – Professional/ Domestic Student  
 STU – Foreign Student
2. Primary modality? (Please refer to Appendix 1). Please indicate below:  
\_\_\_\_\_
3. Additional modality? (Please refer to Appendix 1). Please indicate below:  
\_\_\_\_\_
4. Are you an Alpha Member?  Yes  No
5. Do you provide or assist with compounding of medications?  Yes  No
6. Do you wish to purchase legal entity coverage?  Yes  No

### Commercial General Liability

1. Do your business operations include any exercise or physical activity?  Yes  No
2. Do you provide services to children ages 12 and under where unaccompanied by parent/guardian?  Yes  No
3. Do you use waiver or consent forms if parent /guardian are not present?  Yes  No
4. Do you have product sales?  Yes  No

## Coverages Requested

All premium is fully earned and retained

See Appendix 1

	Limit options (\$)	Premium (\$)	
<b>Professional Liability</b>			
<b>Category A:</b>			
1.	\$3,000,000/5,000,000	Please refer to Appendix 1	<input type="checkbox"/>
2.	\$5,000,000/5,000,000	Additional \$30 to premium listed on Appendix 1	<input type="checkbox"/>
<b>Category B: Only applicable to classes other than A-E listed</b>			
1.	\$1,000,000/1,000,000	As per quote	<input type="checkbox"/>
2.	\$2,000,000/2,000,000	As per quote	<input type="checkbox"/>
3.	\$3,000,000/3,000,000	As per quote	<input type="checkbox"/>
4.	\$4,000,000/4,000,000	As per quote	<input type="checkbox"/>
5.	\$5,000,000/5,000,000	As per quote	<input type="checkbox"/>
<b>Category C: Newfoundland Pharmacist</b>			
1.	\$2,000,000/4,000,000	Please refer to Appendix 1	<input type="checkbox"/>
2.	\$5,000,000/5,000,000	Please refer to Appendix 1	<input type="checkbox"/>

## General Liability (See Appendix 1)

<b>Category A:</b>			
1.	\$3,000,000/5,000,000	Please refer to Appendix 1	<input type="checkbox"/>
2.	\$5,000,000/5,000,000	Please refer to Appendix 1	<input type="checkbox"/>
<b>Category B: Only applicable to classes other than A-E listed</b>			
1.	\$1,000,000/1,000,000	Please refer to your broker	<input type="checkbox"/>
2.	\$2,000,000/2,000,000	Please refer to your broker	<input type="checkbox"/>
3.	\$3,000,000/3,000,000	Please refer to your broker	<input type="checkbox"/>
4.	\$4,000,000/4,000,000	Please refer to your broker	<input type="checkbox"/>
5.	\$5,000,000/5,000,000	Please refer to your broker	<input type="checkbox"/>
<b>Category C: Newfoundland Pharmacist</b>			
1.	\$2,000,000/4,000,000	Please refer to Appendix 1	<input type="checkbox"/>
2.	\$5,000,000/5,000,000	Please refer to Appendix 1	<input type="checkbox"/>

## Payment Information

The following provinces are subject to provincial sales tax:

- Ontario residents add 8%
- Quebec residents add 9%
- Manitoba residents add 7%
- Newfoundland & Labrador residents add 15%
- Saskatchewan residents add 6%

All other provinces are exempt. GST is not applicable to insurance premiums.

All cheques payable to Aon Reed Stenhouse Inc., or complete credit card authorization below. Credit card information may be forwarded to our office by the following methods: fax, email or by mail.

<b>Sub-total</b>	<b>\$</b>
<b>Tax</b>	<b>\$</b>
<b>Total enclosed</b>	<b>\$</b>

Print Name of Applicant: \_\_\_\_\_ Position: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Authorization for credit card charge

VISA or M/C account no.: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Cardholder name: \_\_\_\_\_ Signature: \_\_\_\_\_

Total charged: \$ \_\_\_\_\_

Please mail, fax or email all completed applications to the appropriate address or number shown below.

#### Aon

2 Sheppard Ave East, Suite 1800  
Toronto, ON M2N 5Y7  
Toll-free: 1.877.766.3093 | Fax: 1.877.766.9075  
aha@aon.ca

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## Highlights

Aon collects, uses and discloses personal information:

- To determine eligibility and process applications for products and services and to provide information and services
- To understand and assess ongoing needs of clients and potential clients and offer products and services to meet those needs
- For communication, service, marketing, billing and administration
- For claims administration and data analysis
- For fraud detection and prevention
- For analytics purposes by aggregating or otherwise de-identifying personal information
- To develop proprietary tools and databases
- To provide consulting services to insurance companies
- To comply with legal, audit, security and regulatory requirements
- To obtain and update credit information with appropriate third parties, such as credit reporting agencies, where transactions are made on credit
- Other purposes disclosed in our Privacy Policy or our terms of business or disclosed to you at the time of collection, use or disclosure

Each Applicant authorizes Aon to collect and/or disclose the Applicant's personal information from/to third parties such as insurance companies, other brokers, adjusters, agencies, motor vehicle/driver licensing authorities and others as may be required for the above purposes. If the Applicant is providing any additional insured personal information, the Applicant providing this information warrants having obtained the prior written consent from each additional insured for the collection, use and disclosure of their personal information as set out herein.

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**Name of firm** \_\_\_\_\_  
**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Title** \_\_\_\_\_

**Please note: coverage cannot be bound unless this application has been fully completed and duly signed and dated. Furthermore, potential inception date of coverage will be the date the application has been vetted and agreed by underwriters.**