

Intact Insurance Company

Application for Pharmacists' Liability Insurance



All questions are to be answered as completely as possible. If a question is not applicable to your situation state N.A. If insufficient space, attach full details.

1. Name of Applicant:

Postal Address:

(Number)

(Street)

(City)

(Prov.)

(Postal Code)

2. Location of all pharmacies owned, rented or controlled by Applicant. If more than 3 locations, attach schedule.

1.

2.

3.

3. Applicant is an Individual Partnership Corporation Employee

Other (give details):

4. Applicant is a Franchisee Franchisor

5. How long has applicant been engaged in his/her current occupation or business?

Has applicant operated under a different corporate name in the past?

Yes

No

If yes, give details:

6. Is Applicant engaged in any business other than as described in Item 5?

Yes

No

If yes, please explain:

7. a) Estimated gross receipts (all income, fees and commissions before deduction of expenses) for Applicant's profession or business activity for the coming policy year: \$

b) Does the Applicant provide services or perform activities outside of Canada? Yes No

If yes, give full details indicating the services provided as well as the location and gross annual receipts:

8. List the educational and training requirements the Applicant has met as a prerequisite to operating in his/her profession. **(Provide dates and name of institution, where possible.):**

9. Indicate the number of employees actively engaged in any phase of the Applicant's profession or business:

Pharmacists:

Other:

10. Is the Applicant involved in any process of manufacture, construction design, testing or servicing of any equipment?

Yes

No

If yes, give details:

11. a) Does the Applicant issue guarantees and/or warranties to customers? Yes No
If yes, attach full details and a copy of Applicant's form of guarantee or warranty.

b) Does the Applicant agree to hold any person or organization harmless against claims or suits arising out of Professional Liability? Yes No

If yes, give full details:

12. Give particulars of all professional liability insurance held by the Applicant for the past three (3) years.

Type of Policy		Policy Number	Insurer	Policy Limit	Policy Period
Claims Made	Occurrence				
*					
*					
*					
*					

*** If the policy is subject to a Retroactive Date, give details:**

13. Give details of all Professional Liability claims brought against the Applicant during the past five (5) years:

Date of Accident	Amount		Details
	Paid	Outstanding	

14. Do these paid or outstanding amounts reflect any deductible provision(s) contained in existing or previous insurance policies? Yes No

If yes, to what coverage(s) does/did the deductibles apply and what is/was the deductible amount?

15. Has the Applicant any knowledge of any circumstances which could result in claim or suit being brought against the Applicant? Yes No

If yes, give details:

16. Limits of Insurance desired: \$ Each Occurrence
 \$ Aggregate

I/We declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of liability insurance and that this application discloses the hazards known to exist at the date of this application.

I/We declare that the statements made herein are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.

Signed by: _____

Date: _____

Position: _____

Broker: _____

Signing of this form does not bind the Applicant to complete the insurance.