



Application

Errors and Omissions Insurance for the Members of the Canadian Phlebotomy Technicians Group Inc.

Full Name of the Applicant: _____

Address: _____

Email: _____

Is the Applicant a member in good standing of the Canadian Phlebotomy Technicians Group Inc.? YES NO
 If yes, provide Membership number: _____

Has the Applicant ever been investigated by or suspended from practice by any governing body of their profession? YES NO

If yes, please provide details:

Does the Applicant provide services or perform activities outside Canada or for clients outside Canada? YES NO

Has insurance coverage ever been declined or cancelled or the renewal thereof been refused? YES NO

If yes, please provide details:

Does the Applicant have Abuse protocols in place? YES NO

If no, please provide details:

Does the Applicant have Needlestick Injury protocols in place? YES NO

If no, please provide details:

Claims Experience:

a) Have any claims ever been made to the knowledge of the Applicant against the Applicant, any business predecessors, any present or former partners or officers? YES NO

b) Is the Applicant aware of any act, error, omission or circumstance which could give rise to a claim against the applicant or any predecessor in business, or any present or former partner or officer? YES NO

NOTE: THE POLICY DOES NOT COVER ANY CLAIM OR CIRCUMSTANCE STATED IN a) or b) OR ANY ERROR, ACT, OMISSION OR CIRCUMSTANCE WHICH COULD GIVE RISE TO A CLAIM, OF WHICH THE APPLICANT HAS KNOWLEDGE PRIOR TO THE INCEPTION OF THE POLICY.

LIMITS REQUESTED:

a) Errors and Omissions (subject to a \$1,000 deductible):

Limit	Premium	Limit Selected
\$1,000,000/\$1,000,000	\$375 + PST	
\$2,000,000/\$2,000,000	\$400 + PST	
\$5,000,000/\$5,000,000*	\$545 + PST	

*only if needed to satisfy a contractual requirement, subject to sight of contract and confirmation that the college performing the placement carries a minimum \$5,000,000 limit.

b) CGL (subject to a \$1,000 deductible):

Limit	Premium	Limit Selected
\$1,000,000/\$1,000,000	\$175 + PST	
\$2,000,000/\$2,000,000	\$200 + PST	
\$5,000,000/\$5,000,000*	\$280 + PST	

*only if needed to satisfy a contractual requirement, subject to sight of contract and confirmation that the college performing the placement carries a minimum \$5,000,000 limit.

APPLICANT’S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to SUM Insurance Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize SUM Insurance Inc., its insurers or service providers to:

- Conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation.
- In the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purpose of investigating, defending, negotiating or settling of claims, as required.

We hereby declare that the above statements and particulars are true and that we have not suppressed or misstated any material facts and we agree that this declaration shall be the basis of any binder or contract of insurance with the Insurance Company, and that the limits and deductibles as stated in the said binder or contract of insurance shall govern.

It is understood and agreed that the completion of this declaration does not bind the Insurance Company to the issue of the insurance nor the Applicant to the purchase of this insurance.

It is further understood and agreed that if, following submission of this application to the insurer and prior to the date requested for coverage to be effective, the Applicant becomes aware of any information which has a bearing on the Claims Experience questions a) and b) of this application, the Insurer shall be immediately notified in writing of such information.

Name of Applicant (please print)

Signature of Applicant

Date

Please forward the application to Chris Hossein at chossein@oraclerms.com