HOLMAN

INSURANCE BROKERS LTD.

3100 Steeles Ave. East, Suite #101, Markham Ontario Canada L3R 8T3 Website: www.holmanins.com
Telephone: 905-886-5630 Toll Free: 1-800-567-1279 Fax: 905-886-5630 E-mail: service@holmanins.com

Application

Errors and Omissions Insurance for Chiropractors

Submitting Broker, please complete the following to assist us in processing this submission:			
Name of Brokerage: Holman Insurance Brokers Ltd.			
Name of Broker Contact: Professional Liability Department			
Brokerage Address: 3100 Steeles Ave E Unit #101	City: Markham	Postal Code:	L3R 8T3
For renewal purposes only: Policy Number:	ISN (Client's Number):		

THE APPLICANT

1. Name of Applicant:

   If more than one legal entity, please indicate the relationship between each:

   (Please note that an insurance policy cannot be shared unless there is a financial interest.)

2. Website Address (if applicable):

3. Address:

4. Year of Graduation:

5. Province or state in which licensed to practice:

6. Are you now or have you, within the past five years, practised subject to any restriction or limitation imposed upon your license? YES ☐ NO ☐

   If so, provide details.

7. Have you ever been disciplined by a licensing body? YES ☐ NO ☐

   If so, provide details.

8. Do you provide services or perform activities outside Canada or for clients who are outside Canada? YES ☐ NO ☐

   If yes, please provide full details (country, licensing requirements, percentage of total practice).

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9. Please indicate the number of employees and their respective duties:

Employees Duties

10. Do you treat professional athletes? YES☐ NO☐

☐ ACUPUNCTURE ☐ OSTEOPATHS (check one)

11. Is coverage required? YES ☐ NO☐

If yes:

(a) What percentage of your practice do these services represent? %

(b) Education:

(i) Degree:

(ii) Year of graduation:

(iii) Name of institution from which degree was obtained:

(iv) Total number of course hours takenlyears:

(c) Province in which you are licensed to practice:

(d) Do you use single-usage needles (acupuncture only)? YES☐ NO☐

(e) Do you belong to any related association? YES☐ NO☐

If yes, list such associations:

INSURANCE COVERAGE - If you are renewing your policy with ENCON, do not complete this section.

12. (a) Has the Applicant ever previously purchased professional or errors and omissions liability insurance? YES☐ NO☐

(b) If yes, please give the following details for the last three years:

Insurer	Period	Expiring Premium	Limit	Deductible
		$	$	$
		$	$	$
		$	$	$

(c) With respect to (b) above, please indicate if such coverage was offered on an occurrence basis or claimsmade basis:

If claims-made, what was the retroactive date of the policy (dd/mm/yy)?

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

If yes, please attach details.

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LOSS EXPERIENCE - If you are renewing your policy with ENCON, do not complete this section.

14. (a) With respect to the coverage applied for by this application, has the Applicant or any of his/her employees ever been the recipient of any allegations/claims? YES☐ NO☐

(b) Is the Applicant or any of his/her employees aware of any facts, circumstances or situations which may reasonably give rise to a claim, other than as advised above? YES☐ NO☐

If yes, please attach details.

WITHOUT LIMITATION OF ANY OTHER REMEDY AVAILABLE TO THE INSURER, IT IS AGREED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

COVERAGE REQUESTED

15. Per claim: Per policy period: Deductible:

Please note that the proposed insurance will be effective at a date determined by the insurers.

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 ENCON Group Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize ENCON Group 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 purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on ENCON's privacy policy, please contact privacy-officer~encon.ca.

DECLARATIONS AND SIGNATURE

The undersigned Applicant for this insurance declares that, to the best of his/her knowledge and belief, the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The undersigned further agrees that if any significant change in the condition of the Applicant is discovered between the date of this Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to the Insurance Manager.

Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will become part of the policy.

Name of Applicant

CH33E-SRD-98 3
July 30/07 © 2007 ENCON Group Inc.

Signature of Applicant Date

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