CARRIER:

United States Liability Insurance Company

Allied Health Care Professional and General Liability Product

THIS IS AN APPLICATION FOR A CLAIMS MADE (PROFESSIONAL) AND OCCURRENCE (GENERAL LIABILITY) POLICY. PLEASE READ YOUR POLICY CAREFULLY. DEFENCE COSTS SHALL BE APPLIED AGAINST THE DEDUCTIBLE.

Coverage(s) Desired: ❑ Property ❑ General liability ❑ Errors and Omissions

I. PROFESSIONAL LIABILITY UNDERWRITING INFORMATION

Applicant's name (include Legal Entity and/or DBA name): ______________________________

Location address: ______________________________

City: ______________ Province/Territory: ______________ Postal code: ______________

Mailing address: ______________________________

City: ______________ Province/Territory: ______________ Postal code: ______________

Web address: ______________ E-mail address: ______________ Phone: ______________

Number of locations: ______________ Percent of services rendered outside Canada, if any ________ % annual revenue

Type of professional (e.g., massage therapist, mental health counsellor, physical therapist.. etc.)	Employees/Owners/Partners/Self Employed		Independent Contractors* (even if coverage is not desired for them)	
	Full time	Part time	Full time	Part time
1.				
2.				
3.				
4.				
5.				
6.				

****Independent contractor*** *means an individual who performs professional services for others for compensation paid.* ***Part time*** *means less than 1,000 hours worked per year.*

1. Provide a detailed description of the nature of the applicant's operations and services provided:
____
____
____
2. Is the applicant seeking coverage for independent contractors? ❑ Yes ❑ No
   a. Does the applicant verify that all independent contractors working on their behalf maintain professional liability? ❑ Yes ❑ No
3. Has any professional(s) seeking coverage been providing their services less than three years? ❑ Yes ❑ No
   If "Yes," detail experience and qualifications: ______________________________
   ____
4. Do all professionals listed above, for whom coverage is sought, have a current, unrestricted professional licence or its equivalent as required under federal or provincial law and/or the rules and regulations of the profession. ❑ Yes ❑ No ❑ Not applicable
5. List professional licence(s) and degree(s) or equivalents held by each professional listed above:
6. Is applicant controlled, owned, affiliated or associated with any firm, corporation or company not identified in this application? ❑ Yes ❑ No
   If "Yes," please provide details: ______________________________
   ____
7. Does the applicant have any subsidiaries for which coverage is sought? ❑ Yes ❑ No
   If "Yes," please provide the name, percentage owned and professional classification of each subsidiary and include them in the list of professions above: ______________________________
8. What percentage of services are provided to minors? ________ %
   a. Are the parents or guardians present for these services? ❑ Yes ❑ No

9. Do any clients receive overnight or 24-hour care? (This would not include shift work involving service by more than one caregiver over that period of time.) ❑ Yes ❑ No
10. Do any clients receive live-in care where the caregiver lives with the client? ❑ Yes ❑ No
11. What percent of the applicant's total operations involve 24-hour or overnight services through shift work (more than one caregiver over that period of time)? ___________ %
12. Do any professionals for whom coverage is sought provide, practice, perform, administer or assist in any of the following now or expect to in the next 12 months?:
    a. Surgery or surgical procedures including pre-operative and post operative procedures ❑ Yes ❑ No
    b. Injections of any kind ❑ Yes ❑ No
    c. Diagnosing conditions, disorders or diseases in patients ❑ Yes ❑ No
    d. Services as a physician, surgeon, nurse, anesthetist, anesthesiologist, psychiatrist, chiropractor, acupuncturist, pharmacist or dentist ❑ Yes ❑ No
    e. Designing, testing, selling, distributing or manufacturing products of any kind including vitamins, minerals, herbal, medicinal or nutritional supplements ❑ Yes ❑ No
    f. More than 25% of services involving the transportation of clients/patients ❑ Yes ❑ No
    g. Prescribing, monitoring or dispensing medication, equipment, or devices ❑ Yes ❑ No
    h. Provide professional services within any prison/correctional facility or for any probation or prison release program ❑ Yes ❑ No
    i. Hospice care ❑ Yes ❑ No
    j. Medical healthcare services (including but not limited to monitoring blood pressure, changing dressings, monitoring respiration rates) ❑ Yes ❑ No
    k. Provide more than 10% of services within a nursing home(s), or hospital ❑ Yes ❑ No
    l. Does the applicant provide any bathing and/or hygiene services ❑ Yes ❑ No

    If "Yes" to any of the above, describe service(s) provided and percentage of patients/clients receiving each service(s):

    ____

    ____

    ____

13. Are criminal background checks and licence verifications conducted for all professionals? ❑ Yes ❑ No
14. Does the applicant obtain a written informed consent from parents/guardians of minors receiving services? ❑ In all cases ❑ Sometimes ❑ Never
15. List additional insured(s) required by contract to be included for professional liability coverage:

Name	Address	City, Province, Postal Code	Relationship/Interest

Attach a statement of details for all "Yes" answers to the following questions.

16. a. Has the applicant or any professional listed above had a professional licence or its equivalent denied, revoked, restricted, suspended; been fined or disciplined in any way or been the subject of any investigation by any authority for any reason, including but not limited to allegations of sexual abuse? ❑ Yes ❑ No
    b. Are any such actions pending as of the date of this application? ❑ Yes ❑ No
17. Has the applicant initiated litigation against any patients or clients in the past five years? ❑ Yes ❑ No

    If "Yes," provide names, dates, status of litigation and demand amount: ______________________________
18. In the past five years, has any claim been made or suit brought against the applicant, its predecessor(s) in business or any of its present or former owners, partners, officers, directors, employees or independent contractors? ❑ Yes ❑ No
19. Is the applicant or any person proposed for this insurance aware of any circumstance, allegation, contention or incident which may result in a claim being made against the applicant or any person proposed for this insurance? ❑ Yes ❑ No
20. Has any policy of professional liability insurance ever been cancelled or non-renewed by an insurance carrier? ❑ Yes ❑ No

    If "Yes," provide details: ____

    ____
21. a. Does the applicant currently have professional liability insurance in force? ❑ Yes ❑ No

b. Does the applicant currently have general liability insurance in force? ❑ Yes ❑ No

If "Yes," specify:

Name of Professional Carrier	Limit	Retroactive Date (if any)	Deductible	Annual Premium	Policy Period	Claims Made (C) or Occurrence (O)
Name of General Liability Carrier	**Limit**	**Retroactive Date (if any)**	**Deductible**	**Annual Premium**	**Policy Period**	**Claims Made (C) or Occurrence (O)**

c. Number of years continuous, uninterrupted insurance coverage? Professional liability: ____________ General liability: ____________

22. Does applicant agree to maintain commercial general liability insurance? ❑ Yes ❑ No ❑ Not applicable

If "No," explain: ____

II. GENERAL LIABILITY UNDERWRITING INFORMATION (complete only if seeking this coverage)

23. Any general liability claims against applicant (paid, reserved or pending) in the past five years? ❑ Yes ❑ No

If "Yes," please provide details: ____

24. Additional insured(s) to be included for general liability coverage:

Name	Address	Relationship to Applicant

25. Has any general liability policy been cancelled or non-renewed by an insurance carrier? ❑ Yes ❑ No

If "Yes," provide details ____

26. Is the applicant the owner of the insured location? ❑ Yes ❑ No

If "Yes," list all tenants of the building and the area of the portion occupied (if there are apartments, please indicate number of units)

Tenant	Building area or number of apartment units

III. PROPERTY SECTION (Complete only if seeking this coverage)

Building Construction: ❑ Frame ❑ Masonry noncombustible ❑ Joisted masonry ❑ Modified fire resistive ❑ Noncombustible ❑ Fire resistive				
FUS Grade __________	Cause of Loss ❑ Basic (Named Perils) ❑ Special (Broad)	Deductible ❑ $1,000 ❑ $2,500 ❑ $5,000 ❑ Other __________	Number of Stories __________	Type of Burglar Alarm ❑ Local ❑ Central Station ❑ None
What year was the building constructed? ____________			Is there a basement? ❑ Yes ❑ No	
What type of plumbing is in the building? ❑ PVC ❑ Copper ❑ Galvanized ❑ Lead ❑ Other: ______________________				
What type of roof is on the building? ❑ Flat ❑ Wood shake ❑ Shingle ❑ Metal ❑ Tile ❑ Slate ❑ Other: ____________________				
When was the roof last completely replaced or recoated? _____________				
Is the building fully protected by an operational sprinkler system covering 100% of the premises? ❑ Yes ❑ No				
What is the square footage of the entire structure? _____________ sq. ft.				

Building Limit:	$ ____________	**Coinsurance** (80% minimum) ____________ %	❑ ACV ❑ RC
Business Personal Property Limit:	$ ____________	**Coinsurance** (80% minimum) ____________ %	❑ ACV ❑ RC
Business Income Limit: ❑ With extra expense ❑ Without extra expense	$ ____________	**Coinsurance** ❑ 50% ❑ 60% ❑ 70% ❑ 80% ❑ 90% ❑ 100% <u>or</u>	**Monthly Limit of Indemnity** ❑ 1/3 ❑ 1/4 ❑ 1/6

27. Have there been any losses in the last three years? ❑ Yes ❑ No

If "Yes," please provide the following information (additional claims or information may be submitted on separate sheet).

Date of Loss	Description of Loss	Incurred	Status
		$	❑ Open ❑ Closed
		$	❑ Open ❑ Closed
		$	❑ Open ❑ Closed

28. Has your insurance coverage been cancelled or non-renewed within the last three years? ❑ Yes ❑ No
29. Have you gone bankrupt within the past three years? ❑ Yes ❑ No
30. Does any building built prior to 1978 have aluminum wiring or knob-and-tube wiring? ❑ Yes ❑ No
31. For any building built prior to 1978, is 100% of the wiring on functioning and operational circuit breakers? ❑ Yes ❑ No

V. AUTO LIABILITY COVERAGE FOR HIRED OR NON-OWNED AUTOS (Complete only if seeking this coverage)

32. Does the organization have a motor vehicle liability insurance policy in place? ❑ Yes ❑ No
33. Does the organization own any motor vehicles or lease any motor vehicles on a long term basis (greater than 30 days)? ❑ Yes ❑ No
34. Does the organization use hired or non-owned vehicles with passenger capacities exceeding 15 passengers? ❑ Yes ❑ No
35. Does the organization use hired or non-owned vehicles for emergency medical transportation or emergency medical services? ❑ Yes ❑ No
36. Does the organization transport non-ambulatory persons? ❑ Yes ❑ No
37. Does the organization require evidence of insurance from employees, independent contractors and volunteers? ❑ Yes ❑ No
38. Does the organization require a minimum of $2,000,000 personal automobile liability limits from employees, independent contractors and volunteers? ❑ Yes ❑ No
39. Number of drivers: ____________
40. Average driving frequency per week by drivers: ❑ Once ❑ 2–3 times ❑ Daily

FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

PERSONAL INFORMATION CONSENT

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

i)To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.

ii)That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and

prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: ______________________________ Title: ______________________
(Principal, Partner or Officer)

Print name: ______________________________ Date: ______________________

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Agency name: ______________________ Agent's signature: ______________________________
(Required in Prince Edward Island and Saskatchewan)

Issued or made by United States Liability Insurance Company, Canada Branch in the course of its business in Canada.