



Application for the Members of the Canadian Phlebotomy Technicians Group Inc.



Vailo Insurance Services Ltd

Suite 430 – 250 Newport Drive,
Port Moody, BC V3H 5H1

Phone: 604.829.3811
Toll Free: 1.877.787.6737

Vailo**ORACLE RMS**
INSURANCE RISK MANAGEMENT SERVICES

PLEASE READ CAREFULLY: This applicant is intended for individual members of the Canadian Phlebotomy Technicians Group Inc. All questions must be answered completely. The premium indications included in this form are subject to underwriting review and approval. Coverage is not considered bound unless written confirmation is received from an authorized Vailo representative.

GENERAL INFORMATION

Name of Applicant:

Mailing Address:

Risk Address (if different from mailing address):

Email: _____ Telephone: _____

Member Number: _____

Annual Revenue: _____

Is the Applicant a member in good standing with the Canadian Phlebotomy Technicians Group Inc.? Yes No

Has the Applicant ever been investigated by or suspended from practice by a governing body of their profession? Yes No

Does the Applicant provide services outside of Canada or for clients outside of Canada? Yes No

Has insurance coverage ever been declined or cancelled by an Insurer? Yes No

LOSS EXPERIENCE

In the past, has the Applicant ever been the recipient of any allegations of professional negligence in writing or verbally? Yes No

Is the Applicant aware of any facts, circumstances, or situation which may reasonably give rise to a claim? Yes No

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

COVERAGE OPTIONS

Combined Medical Malpractice / Errors & Omissions & Commercial General Liability Limit	Premium	Limit Selected
\$1,000,000 / \$1,000,000	\$575	<input type="checkbox"/>
\$2,000,000 / \$2,000,000	\$690	<input type="checkbox"/>
\$5,000,000 / \$5,000,000	\$1000	<input type="checkbox"/>

Legal Expense Extension	Premium	Limit Selected
\$100,000 / \$500,000	\$50	<input type="checkbox"/>

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 Vailo Insurance Services Ltd for the sole purpose of obtaining an insurance policy and will be kept confidential.

Moreover, I authorize Vailo Insurance Services Ltd., 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 any claims as required.

DECLARATIONS AND SIGNATURE

The undersigned Applicant for this Insurance declares that, to the best of their knowledge and belief, the statements set forth herein are true and correct and 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 (please print): _____

Signature of Applicant: _____ Date (dd/mm/yyyy): _____

Total Premium (25% Minimum Retained): _____

Policy Fee (100% Earned): _____ \$50

Tax: _____

Total Payable: _____

If you have any questions, please contact:

Chris Hossein

Tel: 1-905-660-9740 or chossein@oraclerms.com

Oracle RMS Insurance Risk Management Services

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