Trinity Underwriting Managers Ltd.
55 York Street, Suite 400, Toronto,
Ontario, M5J 1R7 Canada
T: (416) 363-3431
F: (416) 362-0278
info@trinityunderwriting.ca
www.trinityunderwriting.ca

# INSURANCE FOR HEALTH PROFESSIONALS
## APPLICATION FORM

INSTRUCTIONS:

- Please complete all questions. If a question is not applicable, please answer "N/A".
- If additional space is required for any response, please continue your response in the ADDITIONAL INFORMATION section at the back of this Application Form.
- Please make certain the application is currently dated and signed by a principal, partner or director of the company and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered.
- The term "Applicant" includes all subsidiaries which are more than 50% owned proposed for this insurance.
- In order to utilize the Submit button to directly submit your application, please **download** the application first.

## SECTION 1: COMPANY DETAILS

1.1 Please provide the following details:

Name of Applicant: _____

Address of Applicant: _____

City / Prov. / Post Code: _____

Website:_____Date the Company was established: _____

1.2 Please state the number of employees:

| | Canadian | US | Foreign |
|---|---|---|---|
| **Full time** | | | |
| **Part Time** | | | |

1.3 Which one of the following applies to the Applicant:

Individual Practitioner ☐ Clinic ☐ Partnership ☐ Coroporation ☐

1.4 Please state your revenues received in the following years:

| Revenue emanating from: | Last complete financial year: | Estimate for current financial year | Estimate for next financial year: |
|---|---|---|---|
| Canadian Patients: | $ | $ | $: |
| United States Patients: | $ | $ | $ |
| Foreign Patients | $ | $ | $ |
| Total revenue: | $ | $ | $ |

Date of the company's financial year end: ☐

## SECTION 2: BUSINESS ACTIVITIES

2.1 Please briefly describe the nature of your operations, products, and business activities:

Are you engaged in any business or profession other than as described in the above? ◯ Yes ◯ No

If yes, please provide details: _____

_____

2.2 Approximately how many patient visits do you have? Last 12 months Next 12 months

2.3 Please indicate the percentages of gross revenue derived from each of the services provided in Question 2.1:

| Types of Operations: | Percentage of Gross Revenue Generated: |
|---|---|
| | % |
| | % |
| | % |
| | % |

2.4 Please complete the following:

| Full name of persons performing activities mentioned above | Professional Qualifications | Date Qualified | Years of Experience | Carry their own Professional Liability coverage (Y/N) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2.5 Do you require a license to practice? ◯ Yes ◯ No

2.6 To what professional associations(s) do you belong? _____

2.7 Have you ever been investigated by or suspended from practice by any governing body of your profession? ◯ Yes ◯ No

If yes, please provide details: _____

2.8 Approximately how many patients do you have? _____ CDN _____ US _____ Foreign

2.9 Are you controlled, owned, or associated with, or do you own any other firm or business enterprises? ◯ Yes ◯ No

If yes, please provide details: _____

2.10 Do you provide services to minors? ◯ Yes ◯ No

If yes, is parental consent obtained? ◯ Yes ◯ No

2.11 Will you be providing any new services or treatments not previously provided over the upcoming policy period? ◯ Yes ◯ No

2.12 Are reference checks and criminal background checks done on all employee/ volunteers? ◯ Yes ◯ No

2.13 Do you have a written procedural manual that outlines proper handling of complaints and/or abuse allegations? ◯ Yes ◯ No

2.14 Do you use a standard written contract or waiver form prior to providing any services? ◯ Yes ◯ No

## SECTION 3: CYBER AND PRIVACY

*Only complete this section if the Applicant requires this coverage*

3.1 Does the Applicant have procedures and protocols in place covering compliance with all applicable privacy regulations? ◯ Yes ◯ No

3.2 Does the Applicant have IT security procedures and protocols in place that govern the handling and storage of sensitive information? ◯ Yes ◯ No

3.3 Does the Applicant ensure that all sensitive personally identifiable data (including credit and debit card information) is encrypted while standing and during transmission? ◯ Yes ◯ No

3.4 Does the Applicant have anti-virus software installed and enabled on all desktops, laptops, and servers (excluding database servers) and is it updated on a regular basis? ◯ Yes ◯ No

3.5 Does the Applicant have firewalls installed on all external gateways? ◯ Yes ◯ No

3.6 Does the Applicant make regular back-ups (at minimum weekly) of all critical data and store the same offsite or in a fire-proof safe or can the Applicant confirm that their outsourced service provider meets this requirement? ◯ Yes ◯ No

3.7 If the Applicant accepts payment cards (debit or credit) as form of payment, is the Applicant compliant with the Payment Card Industry (PCI) Data Security Standard? ◯ Yes ◯ No

If there is any additional information with respect to the Applicant's IT security, please explain in the ADDITIONAL INFORMATION section at the end of this application form.

## SECTION 4: COMMERCIAL PROPERTY

*Only complete this section if the Applicant requires this coverage*

4.1 Please provide the address of the property to be insured, if different from the address given above:

| | |
|---|---|
| Insured Address 1: | |
| Insured Address 2: | |

Please continue on a separate page should more than 2 premises are to be insured.

4.2 Please provide the following details with respect to each of the premises to be insured:

| | Insured Location 1: | Insured Location 2: |
|---|---|---|
| Year built: | | |
| Number of stories: | | |
| Sq. Footage: | | |
| Are Fire Hydrants located within 500m: | ◯ Yes ◯ No | ◯ Yes ◯ No |
| Are the Premises sprinklered: | ◯ Yes ◯ No ◯ Partially | ◯ Yes ◯ No ◯ Partially |
| Monitored Alarm: | ◯ Yes ◯ No | ◯ Yes ◯ No |
| Building Construction:<br>*(i.e. Masonry, Concrete, Brick Veneer, Frame, Fire resistant, Non-combustible)* | | |

4.3 Please provide the amount of insurance required below:

| | Insured Location 1: | Insured Location 2: |
|---|---|---|
| Building (excluding residential homes): | $ | $ |
| Tenant's Improvements: | $ | $ |
| Office Contents / Equipment: | $ | $ |
| Computer Hardware: | $ | $ |
| Computer Software / Media: | $ | $ |
| Property of others: | $ | $ |
| Laptops / Portable Computers: | $ | $ |
| Business Interruption: | $ | $ |
| Other: _____ | $ | $ |
| | ☐ Flood Coverage<br>☐ Earthquake Coverage | ☐ Flood Coverage<br>☐ Earthquake Coverage |

4.4 Please provide details below of any third party requiring to be noted as an additional insured on the Policy:

| | |
|---|---|
| Name of Additional Insured 1: | |
| Interest of Additional Insured: | |
| Address: | |

Please continue on a separate page if more than 3 additional insureds are required to be added to the Policy.

## SECTION 5: INSURANCE COVERAGE REQUIREMENTS

5.1 Please provide details of the Applicant's current Errors and Omissions insurance coverage or the cover the Applicant requires if this is the first time applying for this coverage:

| | Retroactive Date | Effective Date | Limit | Deductible | Premium: |
|---|---|---|---|---|---|
| Current: | | | | | |
| Required: | | | | | |

5.2 What date would the Applicant like to incept coverage? _____

## SECTION 6: CLAIMS INFORMATION

Regarding all types of insurance to which this application form relates:

a) is the Applicant aware of any loss or damage, whether insured or not, that has occurred to any of the companies to be insured (or to any existing or previous business of the partners or directors of any of the companies to be insured) within the last five (5) years, or

b) is the Applicant aware of any circumstances which may give rise to a claim against any of the companies to be insured or any partners or directors thereof, or

c) have any claims or cease and desist orders been made against any of the companies to be insured, or partners or directors thereof, or

d) have any partners or directors of the companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

With reference to questions a, b, c, and d above: ☐ Yes ☐ No

If the answer to the above is Yes, then please attach full details including an explanation of the background of events, the maximum amount involved/claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by the Applicant and/or by Insurers, and the dates of all developments and payments.

## SECTION 7: DECLARATION

- I declare that after full enquiry the information provided in this application form is true and complete that I have not misstated or suppressed any material fact.
- I agree that this Application Form, together with any other material information supplied by me shall form the basis this contract of insurance.
- I undertake to inform Underwriters of any material alteration to these facts occurring before the inception of the policy.

Signed: _____ Full Name: _____

Position held: _____ Date: _____

In order to utilize the Submit button to directly submit your application, please **download** the application first.

**Submit** **Reset**

ADDITIONAL INFORMATION: