

Preferred Health Care Professionals Program Insurance Application

Legal Name:		Operations:		
Principal(s):		Contact Ph#		
Telephone:	Fax:	EMail:		
Postal Address(including Postal Code):				
Risk location (including Postal Code):				
In Business Since:		Number of Years of Previous Experience:		
Website:	www.			
Has Previous Insurance Been Declined, Cancelled Or Not Offered For Renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, Full Details:				
Any Claims In The Last 5 Years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, provide full details including date, type of loss, amount paid and outstanding, preventative methods took:				
Mortgagee/Loss Payee Name and Address:				
Location Details (please include photos where possible)				
Wall Construction <input type="checkbox"/> Concrete <input type="checkbox"/> HCB <input type="checkbox"/> Steel frame <input type="checkbox"/> Wood Frame <input type="checkbox"/> Heritage Buildings <input type="checkbox"/> Log/Rustic				
Total Area Occupied In Building: _____ <i>ft</i> ²		Sole Occupancy <input type="checkbox"/> Yes <input type="checkbox"/> No		
Alarm System: Monitored <input type="checkbox"/> Yes <input type="checkbox"/> No by _____ <input type="checkbox"/> Local				
Year built: _____ <input type="checkbox"/> Owned <input type="checkbox"/> Leased		Surgical Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Deadbolts Installed <input type="checkbox"/> Yes <input type="checkbox"/> No		Security Film Installed on Windows <input type="checkbox"/> Yes <input type="checkbox"/> No		
No. of Employees > 25 <input type="checkbox"/> Yes <input type="checkbox"/> No		Annual Advertising Budget > \$50,000 <input type="checkbox"/> Yes <input type="checkbox"/> No		
List Of ALL Practitioners Including The Owners/Principals/Staffs/Contractors(Add another sheet if needed)				
Name	Operations	Employee/ Contractor	Errors &Omission limit	Member of which Associations:

	Limit Required:		Limit Required:
Building Owned		Tenant Improvements	
Equipment		Stock	

Our Basic Insurance Program includes

<ul style="list-style-type: none"> ✓ \$5,000,000 Commercial General Liability ✓ \$5,000,000 Tenants Legal Liability and Non-Owned Auto ✓ \$75,000 Contents of Every Description ✓ 18 months Business Interruption ALS ✓ Flood, earthquake, Water Damage Automatically included ✓ Broad Crime Coverage 	<p style="color: red; font-weight: bold; font-size: 1.2em;">Annual Premium Indication: \$535</p>
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SIGNATURE OF APPLICANT

DATE