CARRIER:

United States Liability Insurance Company

Allied Health Care Professional Liability Renewal Application

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.

I. BACKGROUND 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: _____

Type of professionals (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.				

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. Has the insured opened any new location(s) or expanded current location(s) in the past 12 months? ❑ Yes ❑ No
   If "Yes," please provide the address, number of workers at the new location(s) and nature of business conducted there:
   _____
   _____
   _____

2. Has the name of the firm been changed or has any other firm acquired, merged into or consolidated with the insured in the last 12 months? ❑ Yes ❑ No
   If "Yes," please provide details:
   _____
   _____
   _____

II. GENERAL LIABILITY/BUSINESS PERSONAL PROPERTY PACKAGE INSURANCE

If you currently carry general liability and/or personal property insurance with USLI, please complete the below.

Additional Interests (AI = Additional insured, LP = Loss payee, M = Mortgagee, W = Waiver of Transfer of Rights of Recovery Against Others to Us)

Name	Relationship/Interest	Address	City, Province, Postal Code	AI	LP	M	W
				❑	❑	❑	❑
				❑	❑	❑	❑
				❑	❑	❑	❑

3. Business personal property limit (at 80% coinsurance replacement cost): _____

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.