

TECHNICIAN MALPRACTICE APPLICATION

Name of Applicant:	Mr. Miss	Mrs. Ms.	_____	_____
			(First Name)	(Last Name)
Residence Address:	_____			
	(Please state full Postal Address including Postal Code)			
Residence Phone:	_____		Email Address:	_____
Current Employer & City:	_____		Business Phone:	_____
Policy Period:	from	_____	12:01 a.m.	to
		MM /DD /YY		_____
				MM /DD / YY
				12:01 a.m.
All times are local times at the applicant's postal address stated herein				

1. You are a licensed Pharmacy Technician: Yes No License # _____

2. Is there a claim or suit pending, or has a claim been paid or judgment entered against you for damages on account of malpractice, error or mistake, alleged or otherwise, which occurred in the practice of pharmacy?
Yes No If yes, please provide full details: _____

3. Are you aware of any current or pending investigation by the College of Pharmacists against you?
Yes No If yes, provide full details: _____

4. Have you ever been the subject of a College investigation or Disciplinary hearing?
Yes No If yes, provide full details: _____

5. Do you have knowledge of any act which may give rise to a claim or do you anticipate any claims being brought against you?
Yes No If yes, provide full details: _____

6. Have you ever been declined for malpractice liability insurance, or has any such insurance been cancelled or renewal thereof refused?
Yes No If yes, provide full details: _____

7. Is this policy replacing any prior policy? Yes No Prior Policy No. _____

Limits _____ Insurer _____

Limit of Liability
 Claims Brought in Canada
 \$2,000,000 / Aggregate Limit \$4,000,000 **\$125 + RST**
 Defense Costs are not limited by the Policy Aggregate.
\$25,000 LEGAL EXPENSE COSTS COVERAGE FOR DISCIPLINARY HEARINGS INCLUDED

CONSENT AND DISCLOSURE

I have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize McCaslin Horne Insurance Brokers Inc. (my broker) or Wynward Insurance Group (my insurance company) to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results.

SIGNATURE OF APPLICANT

DATE



McCaslin Horne
Insurance Brokers

Credit Card Payment Authorization

Your total premium will be charged to your credit card annually. Please note to ensure continuous coverage, your premium will be charged automatically each year unless McCaslin Horne Insurance is notified in writing that you would like to cancel your policy at least 10 days prior to renewal.

Authorization

Named Insured

Policy number (if applicable)

Address (Including city and postal code)

Phone Number

Select Card Type:

VISA MasterCard AMEX

Cardholder Name (as it appears on card)

Expiry Date

Card #

CCV Code

Signature 1

Date

Signature 2

Date

*Note: If more than one signature required on joint account, please provide all signatures

McCaslin Horne Insurance Brokers Inc.,

211 Guelph Street
Suite #5

Georgetown, ON L7G 5B5

Phone: 905-877-8738 / Toll Free: 1-800-668-4830 / Fax: 905-702-1892 / E-Mail:
info@mccaslinhorne.com

AUTHORIZATION FOR CREDIT CARD

I/We authorize McCaslin Horne Insurance Brokers Inc. to debit my/our account in payment of my/our insurance premium. I/We understand that the premium may change in order to keep my/our insurance up to date and that McCaslin Horne Insurance Brokers Inc reserves the right to adjust the payment to reflect any change. I/We understand that McCaslin Horne Insurance Brokers is not liable for any service charges levied by my/our financial institution. This authorization is to remain in effect until cancelled in writing by me/us. McCaslin Horne Insurance Brokers will make every effort to inform me/us in advance of any change. There will be a \$25 reinstatement fee for any policies previously cancelled for non-payment.

McCaslin Horne Insurance Brokers

211 Guelph Street, Suite 5

Georgetown, ON L7G 5B5

Phone: (905) 877-8738 Toll Free: 1-800-668-4830

Fax: (905) 702-1892 Email: info@mccaslinhorne.com

To our customers,

Our Broker Compensation

Thank you for your business. As your Independent Insurance Broker, we purchase insurance products and services on your behalf, which are available, affordable and understandable.

Our role is to provide you with the best insurance value that combines coverage, service, and price. We also provide personalized, quality service that includes professional insurance advice, ongoing policy maintenance and claims support. When any issue arises regarding your insurance coverage, we are your advocate, using our professional experience to best represent your individual interest.

Brokerage compensation is part of your insurance premium. For your benefit, we have listed below Property and Commercial Insurers that we represent and have included the range of compensation each provides as a percentage of your overall premium.

COMPANY	COMMISSION
Wynward Insurance Group*	10 – 25%
Brownstone Insurance Managers	15 – 20%
Aviva Insurance Company of Canada	20%
Premier Marine/Premier Canada	15%
South Western Group	10 – 12.5%
Totten Group	12.5 – 20%
April Canada	15 – 17.5%
Coalition Insurance Solutions	15%
Trinity Underwriting Managers	20%
Victor Canada	15%

This commission percentage is paid annually for both new business and renewals.

In order for us to maintain strong relationships with quality insurers, we work with each to provide the type of business they desire. The insurers with an asterisk noted above recognize our efforts through a Contingent (Profit) Commission contract. Payment of this Contingent (Profit) Commission may depend on a combination of growth, profitability (loss ratio), volume, retention and increased services that we provide on behalf of the Insurer. Contingent (Profit) Commission is not guaranteed. For detailed information on contingent (Profit) Commission, please go to the individual company's website.

Your insurer will be providing you with a Consumer Code of Rights and Responsibilities, which will be forwarded to you with your new business policy. If you have any questions regarding this or any other aspect of your insurance, please contact us.

Single/Exclusive Market Disclosure: Pharmaguard Products

Our brokerage has an exclusive partnership with Wynward Insurance Group for our Pharmaguard program that includes retail pharmacy store insurance as well as professional liability insurance for pharmacists and technicians. All pharmacist and pharmacy technician professional liability policies are placed in our program with Wynward Insurance Group. All retail pharmacies that fit the criteria of our pharmacy program are placed with Wynward Insurance Group.

N.B. From time to time, any of the above Companies may conduct sales promotions. Prizes vary.

Sincerely,

McCASLIN HORNE INSURANCE BROKERS