

MALPRACTICE LIABILITY APPLICATION

1. Name of Applicant
2. Name of Current Employer and Office address
3. Residence Address (Please state full postal address)
4. Policy period (All times are local times at the applicant's postal address stated herein)

from	12:01 am		to 12:01 am
	July 1, 2018		July 1, 2019
5. The limit of the Insurer's liability shall be stated herein, subject to all terms of the policy having reference thereto.
Limits of Liability: **\$2,000,000**
6. The Applicant is a qualified Pharmacist
7. No claim or suit is pending, nor has a claim been paid nor judgment entered against the Applicant for damages on account of malpractice, error or mistake, alleged or otherwise, occurring in the practice of his profession, except as follows:
8. The Applicant has not been declined for malpractice liability insurance, nor has any such insurance been cancelled or renewal thereof refused, except as follows:
9. The Applicant carries no other liability insurance, except as follows:
10. Consent in accordance with the Protection of Personal Information and Electronic Documents Act:

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 Lothman Insurance (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: