

MIDWIVES ASSOCIATION OF BC – INSURANCE PROGRAM

APPLICATION FOR INDIVIDUALS (PAGE 1/2)

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. INDICATE "N/A" IF A QUESTION IS INAPPLICABLE. IF THE SPACE PROVIDED IS INSUFFICIENT TO ANSWER A QUESTION FULLY, PLEASE ATTACH A SEPARATE SHEET.

1. CONTACT INFORMATION				
CONTACT NAME:				
PRACTICE NAME:				
MAILING ADDRESS:			POSTAL CODE:	
LOCATION ADDRESS :			POSTAL CODE :	
CELLPHONE :		BUSINESS PHONE:		FAX :
EMAIL:			WEBSITE:	
2. OPERATIONS DETAILS				
PLEASE PROVIDE A DESCRIPTION OF ANY PRODUCTS MANUFACTURED, DISTRIBUTED OR SOLD:				
DO YOU PROVIDE SERVICES OUTSIDE OF BRITISH COLUMBIA? <input type="checkbox"/> YES <input type="checkbox"/> NO				
ARE THERE ANY OTHER HEALTH CARE PRACTITIONERS OPERATING OUT OF THIS LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, DO THEY HAVE THEIR OWN MALPRACTICE INSURANCE IN PLACE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
3. POLICY HISTORY				
INSURANCE COMPANY	POLICY LIMIT	POLICY PERIOD	COVERAGE TYPE	
HAS INSURANCE EVER BEEN DECLINED, CANCELLED OR RENEWAL THEREOF BEEN REFUSED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE DETAILS				
HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THE APPLICANT IN THE PAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE CHART BELOW:				
LOSS DATE	CAUSE	CLAIM STATUS	AMOUNT	INSURANCE COMPANY
4. EFFECTIVE DATE OF COVERAGE				
IF YOU WISH TO HAVE A SPECIFIC DATE FOR COVERAGE TO COMMENCE, PLEASE INDICATE HERE :				

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COVERAGE LIMITS		
MISCELLANEOUS PROPERTY FLOATER	\$ 7,500 included	\$1,000 DEDUCTIBLE
COMMERCIAL GENERAL LIABILITY	\$ 2,000,000 included	\$1,000 DEDUCTIBLE
PREMIUM CALCULATION (Common renewal date for all policies is on the 1 st of January for each year)		
1. BASE PREMIUM (\$ 275.00)		\$ <u>275.00</u>
2. INCREASE CGL TO 3,000,000 (\$125.00) 5,000,000 (\$200)		\$ _____
3. INCREASE PROPERTY FLOATER (\$1.50 FOR EVERY \$100 INCREASE)		\$ _____
4. ADD 50,000 LEGAL EXPENSE COVERAGE (\$40.00)		\$ _____
5. ADD CYBER PROTECTION (\$150)		\$ _____
SUBTOTAL		\$ _____
	POLICY FEE	\$ 25.00
TOTAL PAYABLE		\$ _____
NOTICE CONCERNING PERSONAL INFORMATION		
<p>I hereby consent to The Axis Insurance Group Ltd. to collect, use and disclose personal information required for the purposes of considering my application for insurance for new or renewal insurance coverage. The Broker is authorized to collect, use and disclose personal information and provide such personal information to third parties, as required, including insurance companies. The broker may also be required to disclose such personal information pursuant to relevant privacy laws or other laws.</p>		
DECLARATION AND WARRANTY		
<p>I/we hereby declare for and on behalf of the applicant statement and particulars are true and complete and that I/we have not omitted, suppressed or misstated any material facts and I/we agree that this application form shall be the basis of the policy of insurance issued .</p>		
SIGNATURE	DATE	
<p>PLEASE SEND YOUR COMPLETED APPLICATION AND REQUESTS FOR PAYMENT TO THE EMAIL ADDRESS LISTED BELOW</p>		

Shaw Sabey & Associates Ltd.

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