

Application



Errors and omissions insurance for members of the Dental Technicians Association of BC

The applicant

1. Name: _____
2. Address: _____
3. Email address (if applicable): _____ Telephone: _____
4. Member number: _____
5. Is the applicant a member in good standing of the Dental Technicians Association of BC? YES NO
6. Does the applicant provide services or perform activities outside Canada or for clients outside Canada? YES NO
7. Has insurance coverage ever been declined or cancelled or the renewal thereof been refused? YES NO
If yes, please provide details:

Loss experience

If you are renewing your policy with Victor, do not complete this section.

8. (a) In the past, has the applicant or any of their employees ever been the recipient of any allegations of professional negligence in writing or verbally? YES NO
- (b) Is the applicant or any of their employees aware of any facts, circumstances or situations which may reasonably give rise to a claim, other than as advised above? YES NO

If yes, please provide details:

WITHOUT LIMITATION OF ANY OTHER REMEDY AVAILABLE TO THE INSURERS, IT IS AGREED THAT, IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

Limits requested

9. \$1,000,000/\$1,000,000
 \$2,000,000/\$2,000,000

Applicant's consent to the transmission of the information contained in the application form

I hereby acknowledge that the information collected in the application form is acquired by my insurance broker to be transmitted to Victor Insurance Managers Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Victor Insurance Managers Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on Victor's privacy policy, please contact privacypolicyinquiries@victorinsurance.com.

Declarations and signature

The undersigned applicant for this insurance declares that, to the best of their knowledge and belief, the statements set forth herein are true and correct, and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this application form. The undersigned agrees that if any significant change in the condition of the applicant is discovered between the date of this application form and the effective date of the policy, which would render this application form inaccurate or incomplete, notice of such change will be reported immediately in writing to the insurance manager.

Although the signing of this application form does not bind the applicant to purchase the insurance, the undersigned applicant further agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will become part of the policy.

Name of applicant (please print)

Signature of applicant

Date (dd/mm/yyyy)

Report claims by emailing your notice to newclaims.ca@victorinsurance.com.

Please forward application to: Cowan Insurance Group
705 Fountain Street North
Cambridge ON N1R 5T2
Telephone: 519-650-6360
Facsimile: 519-650-6366
Toll Free: 866-912-6926