

2010 APPLICATION FOR ERRORS & OMISSIONS INSURANCE

Name of Applicant: _____ License #: _____

Address: _____ City: _____ Postal Code: _____

Phone Number: _____ E-Mail: _____

Effective Date of Coverage: _____ \$3,000,000 or \$5,000,000: _____

(1) Are you an OAC member “in good standing”? Yes () No ()

(2) Do you fit contact lenses? Yes () No ()

(3) Do you employ/supervise students contact lense fitters?
Yes () No ()

(4) Do you conduct refraction/sight testing? Yes () No ()

(5) Has the applicant ever been the recipient of any allegation(s) of professional negligence either in writing or verbally? If “yes”, provide details on a separate sheet.
Yes () No ()

(6) Is the applicant aware of any facts, circumstances or situations which may reasonably give rise to a claim other than advised in (5) ? If “yes”, provide details on a separate sheet.
Yes () No ()

(7) If you have answered “yes” to either (5) or (6), have you notified your insurer?
Yes () No ()

WITHOUT LIMITATION OF ANY OTHER REMEDY AVAILABLE TO THE INSURER, 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 THE COVERAGE UNDER THE PROPOSED INSURANCE.

The Applicant for this insurance declares that, to the best of his/her knowledge & belief, the statements set forth herein are true & correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper & accurate completion of the application. The Applicant further agrees that if any significant change in conditions occur between the date of this application form and the effective date of the policy which would render the application inaccurate or incomplete, notice of such condition or change will be reported immediately in writing to the Opticians Association of Canada.

The Applicant agrees that, should the application be accepted, this form and the information furnished pursuant hereto, shall be the basis of the insurance contract and this form will be attached to and become part of the policy.

Date: _____ Signature of Applicant: _____