

Insurance provided by:



Insurance brokerage services provided by:



Insurance brokerage services provided for:



Application for Healthcare Services Professional Liability & Commercial General Liability Insurance

If insufficient space for any reply, please attach paper

Coverage only applies to individual OOHNA members (not corporation, partnerships, etc).

GENERAL INFORMATION

1. Name of Applicant: Membership #

Address of Applicant: City: Province: Postal Code:

Daytime Phone Number: Email Address:

2. Name of Current Employer:

Address of Current Employer: City: Province: Postal Code:

Phone Number:

3. Do you hold a current nursing license with the province of your residence? Yes No
Which Province?

4. Date you qualified as a registered nurse?
Do you have an occupational health nursing certificate or diploma? Yes No

5. Do you have any prior complaints or disciplinary action with your governing body? Yes No
If yes, please give details: (an Addendum may be requested)

6. Have you ever been the subject of any criminal action as a result of your profession? Yes No
If yes, please give details:

7. Were you insured previously for professional liability other than under this program? Yes No

Name of Insurer: Policy Period

8. Please choose a policy limit from the options below:

\$2 Million Professional Liability and \$2 Million Commercial General Liability \$200. plus applicable tax

\$3 Million Professional Liability and \$3 Million Commercial General Liability \$240. plus applicable tax

\$5 Million Professional Liability and \$5 Million Commercial General Liability \$260. plus applicable tax

9. Have you ever had similar insurance declined, cancelled or the renewal refused? Yes No
If yes, please give details:

10. Have you even been the recipient of any allegation(s) of professional negligence either in writing or verbally? Yes No
If yes, please give details:

11. Have you any knowledge or information of any negligent act, error, or omission or breach of duty, which might give rise to a claim against you, or any reason to anticipate that a claim might be brought against you? Yes No
If yes, please give details:

12. If self- employed, describe your operation and attach any brochures (if available).

This application does not bind the applicant or the insurance company to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made a part of the policy. The Applicant agrees that if the information supplied on the application changes between the date of the application and the time when the policy is issued, the applicant will immediately notify the insurance company of such change.

I declare that to the best of my knowledge the statements set forth herein are true. It is agreed that this completed and signed application shall be the basis of the insurance contract to be issued.

I may have provided personal information in this document and by other means 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 my broker or 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, evaluation claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Privacy Consent - PRIVACY: Have you read Marsh's Privacy Policy which is available at www.marsh.ca? Do you consent to the collection, use, disclosure and retention of your Personal Information as set out in the Privacy Policy, and do you understand that you may (subject to certain restrictions and consequences) later withdraw your consent as to any or all of the purposes identified in that Policy?

By signing this form you are consenting to the statements above.

A. PRIVACY COMPLIANCE

The Client hereby acknowledges that Marsh has been retained by the Client, the Association, and/or a member of the Association, which is a Client, to provide insurance coverage and products to its members and/or to acquire or renew a policy or policies of insurance or to provide Surety, Consulting, and/or Risk Management Services for the Client, Association and/or members of the Association, under which the Client, individual Client, named individual members of the Client, named individuals in addition to the Client, or where the Client is a commercial or other entity, its employees, servants and representatives (hereafter collectively called "insured individuals") may be insured.

As part of the application for new or renewal insurance coverage(s) or to provide Surety, Consulting and/or Risk Management Services, the Client hereby authorizes and expressly consents to Marsh collecting, using or disclosing Personal Information of such insured individuals as required and as permitted pursuant to relevant privacy laws or other laws and providing such Personal Information to third parties as required, including insurance companies, intermediaries, reinsurers, other brokers, claims adjusters, the association if applicable, and other third parties involved in providing the above services as outlined in Marsh's Privacy Policy which can be viewed at www.Marsh.ca or can be forwarded to the Client on request.

Where there are insured individuals in addition to the Client, or where the Client is a commercial or other entity, the Client hereby covenants and warrants that the Client has obtained the appropriate consent from all of the insured individuals for its disclosure of their Personal Information to Marsh and to the collection, use and disclosure of their Personal Information by Marsh for these purposes and has either provided a copy of Marsh's Privacy Policy or referred the insured individuals to the Marsh.ca website. The Client agrees to indemnify and hold Marsh harmless for any claims arising from the Client's breach of this warranty.

B. PROGRAM DISCLOSURE

Your (Business Package or Product) coverages will be placed with a program administered by Marsh Canada Limited. Marsh Canada has engaged in a competitive marketing process to offer a competitive product. We have negotiated this Program(Business Package) on a group basis with insurers but we have not acted as a broker for any individual participant.

This Program may be for a term of several years and may not be negotiated annually.

C. COMMISSION DISCLOSURE

Marsh Commissions:

Line of Coverage	Insurance Company	Premium (\$)	Retail Commission Percentage (%)	Other Access Point Retail Commission (%)	Admin. Fee (\$)	Insurer Consulting Compensation (%)	Insurer Consulting Compensation Fee
Professional Liability and Commercial General Liability	Aviva Insurance Company of Canada	\$200	20%			2.85%	Fee
Professional Liability and Commercial General Liability	Aviva Insurance Company of Canada	\$240	20%			2.85%	Fee
Professional Liability and Commercial General Liability	Aviva Insurance Company of Canada	\$260	20%			2.85%	Fee

Notes:

Marsh Role

Marsh is serving as your broker in placing your insurance coverage(s) referenced above. Marsh may receive different forms of compensation that relate directly or indirectly to your placements. Since Marsh's compensation may vary depending on the insurance program that you choose, Marsh is providing you with information to help you evaluate potential conflicts of interest.

Marsh may be compensated by commissions based on the sale of insurance. Commissions may vary depending on a number of factors, including the insurance purchased and the insurer selected. The commissions that Marsh or its affiliates may collect on the quotes Marsh obtained on your behalf are itemized above.

Insurer Consulting Compensation

Marsh receives separate compensation from insurers for providing consulting, data analytics or other services. The services are designed to improve the offerings available to our clients, assist insurers in identifying new opportunities, and enhance insurers' operational efficiency. The scope and nature of the services vary by insurer and by geography. This compensation can be paid in the form of a fixed fee, a percentage of premium, or a combination of both. It is in addition to and will not be credited against any fee payable to Marsh and will not be subject to any cap on commissions payable to Marsh.

Other Information

Marsh & McLennan Companies, Inc. and its subsidiaries have direct and indirect investments in insurance and reinsurance companies and have contractual arrangements with certain insurers and wholesale brokers. For further information regarding the matters discussed above, Marsh income disclosure statement, and premium finance, please visit <http://canada.marsh.com/AboutUs/AboutMarsh/articleType/ArticleView/articleId/4466/Disclosure.aspx>

SIGNATURE

Name of Applicant	Title
<input type="checkbox"/> By checking this box you agree to all the statements above.	Date (yyyy/mm/dd)

Marsh is a registered trade-mark of Marsh LLC. OOHNA is a registered trade-mark of Ontario Occupational Health Nurses Association.

Please use the button below to submit this application to Marsh Canada Limited.