



1 Valleywood Drive, Suite #100,
Markham, Ontario L3R 5L9 Canada
Email: programs@holmanins.com
Tel: (905) 886-5630 Toll Free: 1-800-567-1279

**Licensed Opticians
Professional Liability Insurance Application
(Occurrence Basis)**

www.holmanins.com

This program has been specifically designed for Licensed Opticians in Canada in good standing with provincial regulations.

NOTE: THIS APPLICATION IS AN IMPORTANT DOCUMENT AND IS BEING RELIED ON BY THE INSURER TO DETERMINE WHETHER IT WILL PROVIDE YOU WITH COVERAGE. PLEASE ENSURE THAT ALL RESPONSES ARE ACCURATE. THIS DOCUMENT WILL FORM PART OF YOUR POLICY.

“**Applicant**” means the individual practitioner detailed in question 1. This application form must be completed in ink, signed and dated by the **Applicant**. Please attach an updated and relevant resume/CV together with certificates proving all relevant qualifications in respect of this application. All questions must be answered and where appropriate “Not Applicable” or “N/A” specified. The completed application form along with additional information provided will form part of the contract of insurance with the Insurers. All facts material to the proposed insurance must be disclosed fully and truthfully and to the best of the **Applicant**’s knowledge and belief whether or not they are the subject of a specific question herein. In addition to the information contained in the application form including all supporting documentation, if the **Applicant** is aware of any other information which it considers may alter, influence or prejudice the Insurers’ appraisal of the risk being proposed, this information must be disclosed in conjunction with this application form.

By signing this application form the **Applicant** is consenting to the use of information, including sensitive personal information. Where personal information relates to third parties, the **Applicant** confirms that it has been given the requisite consent to disclose such information to the Insurers for processing.

If there is insufficient space to complete an answer to any question in this application form, please continue on the continuation space (and additional page) provided, which should then be signed, dated, and attached to this application form.

PROFESSIONAL LIABILITY INSURANCE – “Occurrence Basis”

This insurance is underwritten on a “occurrence basis”.

Program Highlights

- Professional Liability \$1,000,000 / \$2,000,000 Aggregate
- Libel & Slander \$100,000
- Loss of Documents \$100,000
- Personal Information Protections and Electronic document Act \$25,000
- Infringement of Copyright \$100,000
- Criminal Proceedings Defence Cost \$25,000
- Legal Representation Costs \$50,000
- Defence Cost and Expenses \$150,000
- Legal Representation Costs \$50,000
- Duty to Defend \$100,000
- Disciplinary Action Reimbursement
- Breach of Confidentiality & Data Protection
- General Liability \$1,000,000
- Sexual Harassment / Abuse \$50,000
- Expert Witness \$500 per day Maximum
- Loss of Earnings to Attend Trial \$500 per day Maximum
- Remedies Products Liability \$250,000
- Rescuers & Good Samaritans \$1,000
- Therapy and Counselling Fund \$25,000 (Ontario ONLY)
- Communicable Disease Exclusion
- Deductible \$NIL

Optional Coverages Available:

- Cyber Expense
- Worldwide Coverage
- Entity Coverage
- Online / Internet Training

Licensed Opticians

This application applies only to licensed opticians in good standing with the provincial licensing regulations. In the event of a claim, the **Applicant** will be required to produce licensing certification.

Applicant Acknowledgement

Signature

Date

Licensed Optician Professional Liability Insurance Application

WARNING

If the Applicant receives a claim or becomes aware of a circumstance that may give rise to a claim, the Applicant must contact Holman Insurance Brokers Ltd. immediately to ensure that the claim notification provisions under the policy are adhered to. Failure to do so could prejudice the Applicant's ability to claim under the Applicant's insurance policy.

Personal Information Of The Applicant (You) - Please provide the following specific information:

1.a. Full Name of Applicant if an Individual	First Name	Initial	Last Name
1.b. Mailing Address:	Street Address		
	City	Province	Postal Code
2.a. Do you operate under a Business Entity or Partnership? If yes, full name of business:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If a corporation, please list corporate legal name and all trade and business names.
Note for Incorporated Business Entity or Partnership Coverage:

This policy being applied for will cover the Business Entity or Partnership if incorporated and up to 2 administrative non-professional staff that do not provide any of the insured services. No additional charge for sole proprietor acting under a company name. There is an additional charge for an Incorporated companies and partnerships. All professionals must apply for individual coverage separately.

2.b.	Location Address:	Street Address		
	City	Province	Postal Code	
2.c. Contact numbers.	Business Telephone #		Cell #	
	Email Address:		Fax #	
2.d	Date of Birth (MM/DD/YYYY)			

3. Optician License Number: _____

3. a. Relevant Canadian Qualifications – **PLEASE ATTACH CERTIFICATES**

Name of Association, School or Centre	Course Title	Dates MM/DD/YY

3. b. Associations that you are a current subscribing member of (Including membership Nos):-

Name of Association	Membership No.	Date First Joined	Membership Type
Other:			

4. Date Started Practice: _____ MM/DD/YY Number of years experience _____

Licensed Optician Professional Liability Insurance Application

5.a. What is your annual revenue? Past 12 months: _____ Anticipated for next 12 months: _____
 \$ _____ \$ _____
 What is your % revenue split between Canada, US and World-wide %
 Canada % _____ United States % _____ World-wide % _____

Note: if your revenue exceeds \$100,000, you must apply for coverage with the fully completed application and details of your sources of revenue.

5.b. Number of Employees:

Professional	Clerical	Other
--------------	----------	-------

NOTE: Opticians employed MUST carry their own individual insurance.

6. Is any of your work supervised? Yes No
 If **YES**, Please advise by whom and under what circumstances:

Name of Supervisor	Address	Tel #	Email

7a. Are you a student or a candidate for admission to a profession, or an intern or any such other occupation that includes elements of educational tutelage? Yes No

Where the **Applicant** is a student or candidate for admission to a profession, or an intern or any such other occupation that includes elements of educational tutelage, it is a condition precedent to the right to be indemnified under this policy that the **Applicant** be under the supervision of a practitioner/instructor qualified within the activities covered and is restricted to performing practice treatments or case work only, and that the **Applicant** advises the recipient of such treatments (or their parent or legal guardian, if the recipient has not attained the age of 16) and that they are receiving treatment as part of a training program. The **Applicant** must not offer treatments outside of their capabilities which shall at all times be governed by the phase reached in their training program and their supervising instructor/practitioner's assessment.

b. Do you teach and/or certify or qualify another to teach others? Yes No

Where an applicant is a teacher, teaching is considered certifying and/or qualifying another to teach others. Not to be confused with instruction of others in participation of an activity.

Your policy does not extend coverage to the actions of your students. Examples of this would be:
 i) a student or graduate injuring another student during practical training;
 ii) a student or graduate causes harm to a patient and an allegation is made that the damages were in whole or in part as a result of insufficient or deficient training.

If **YES**, how often and to whom.

Attach relevant qualifications.

To Whom?	How often?
----------	------------

c. Do you require liability coverage for any additional Insured's? Please indicate the relationship, state name and full address. If more space is required, please complete on a separate form. Yes No

It is requested the following entities are to be added to the policy as Additional Insured, but only with respect to the operation of the Named Insured. The certificate applies to the named insured while operating within the of Professional Services of an Optometrist.

Name and complete address, including postal code AND email of Additional Insured:			Interest in the insurance:
Name:			<input type="checkbox"/> Corporate Name <input type="checkbox"/> Municipality <input type="checkbox"/> Studio <input type="checkbox"/> Sponsor <input type="checkbox"/> Landlord
Email:			
Address: (Street)	Province:	Postal Code:	

Licensed Optician Professional Liability Insurance Application

8. Do you operate your business outside of Canada? Yes No
9. Do you do Online Internet training and/or Videos? Yes No

NOTE: If the answers to item 7, 8, 9, and 10 are **YES**, an additional premium loading will apply. Please refer to premium calculation page.

10. Do you currently purchase Optician Professional Liability Insurance? If **YES**, please give full details: Yes No

LIMIT:	DEDUCTIBLE	EXPIRY DATE MM/DD/YY	RETRO-DATE if applicable MM/DD/YY	PREMIUM

11. Do you keep records for at least 7 years for all patients? Yes No
- If NO, please advise why the answer is NO:
-

12. Do you obtain satisfactory consent in writing from each patient prior to starting treatment? Yes No
If **YES**, please attach sample copy of consent form, intake form or client waiver. IF **NO**, please explain why NO.
-

13. Have any negligence claims ever been made against you whether successful or otherwise? Yes No

14. Have any claims for dishonesty ever been made against you whether successful or otherwise? Yes No

15. Have any complaints or investigations ever been made or undertaken against you? Yes No

16. Have you ever had a document relating to the **Applicant's** activities unintentionally destroyed, damaged, lost or mislaid? Yes No

17. Has the **Applicant** ever been convicted of a criminal offence, other than a motoring offence, or have any prosecution pending? Yes No

18. Have any libel or slander claims, infringement of copyright or breach of confidentiality ever been made against you? Yes No

19. Have any sexual harassment and/or abuse claims ever been made against you? Yes No

20. Are you aware of any circumstances which may give rise to a potential claim or request for indemnity under this professional liability insurance? Yes No
-

21. Have you ever had a claim made against you whether successful or otherwise in respect of bodily injury, property damage, premises (including tenant's liability), liability, personal injury, advertising liability or medical expenses? If **YES**, please give full details: Yes No
-

NOTE: If the answer to any of 14-21 above is **YES**, please provide full details:

Licensed Optician Professional Liability Insurance Application

Professional Services

Please indicate which individual Professional Services cover is required hereunder:

CATEGORY A

- Licensed Optician
 Dispensing of Prescription of eye glasses and contact lenses
 Sale of glasses (non-prescription), vision aids, eye safety,
- Sale of hearing aids
 Other, please describe: _____

Premium Calculator and Invoice

OPTICIANS

"Optician Professional Liability Insurance "Occurrence Basis"				
Limits	Deductible	Annual Premium	SELECTED PREMIUM	
▼ Check off one Please select and check off the required limit. Write the applicable premium in the column. ▼				
<input type="checkbox"/> \$1,000,000 per Occurrence / \$2,000,000 Aggregate	NIL	\$95		
<input type="checkbox"/> \$2,000,000 per Occurrence / \$5,000,000 Aggregate	NIL	\$100		
<input type="checkbox"/> \$2,000,000 per Occurrence / \$6,000,000 Aggregate	NIL	\$105		
<input type="checkbox"/> \$4,000,000 per Occurrence / \$6,000,000 Aggregate	NIL	\$135		
<input type="checkbox"/> \$5,000,000 per Occurrence / \$6,000,000 Aggregate	NIL	\$160		

If the following activities are undertaken the above premiums will be increased with the following additional premium loading:

▼ If you answered YES to questions 1.b. 7.a, 7.e, and 9 loading applies. Check off all that apply.			LOADING	
<input type="checkbox"/>	Entity – Question 2.a.	ADD	\$100	\$
<input type="checkbox"/>	Student Status – Question 7.a.	ADD	30%	
<input type="checkbox"/>	Teaching - Question 7.b.	ADD	50%	\$
<input type="checkbox"/>	World-wide coverage Territory – Question 8	ADD	30%	\$
<input type="checkbox"/>	Online Internet Training or Videos - Question 9.	ADD	30%	\$
<input type="checkbox"/>	Additional Insured – Question 7.c.	\$50 per additional insured		\$

	TOTAL	\$
	BROKER POLICY FEE	\$ 50.00
	SUB-TOTAL	\$
For residents of Manitoba add 7% Saskatchewan add 6% Quebec add 9% Newfoundland and Labrador add 15% Ontario add 8%	TAX	\$
	GRAND TOTAL INCLUDING TAX	\$

All premiums are annual and 100% retained.
Please retain a copy for your records as no other invoice will be provided.

MM/DD/YYYY

Please advise the date insurance required is to be effective: _____

NOTE: COVERAGE CAN ONLY BE BOUND AND CONFIRMED BY HOLMAN INSURANCE BROKERS LTD.

Rates are subject to change without notice.

Licensed Optician Professional Liability Insurance Application

PROTECTION OF THE APPLICANT'S PERSONAL INFORMATION:

By completing this application and returning it to Holman Insurance Brokers Ltd., the **Applicant** agrees and consents to the collection, use and disclosure of such information, including any personal information, by Holman Insurance Brokers Ltd. for the following purposes:

- Communicating with the **Applicant**
- Assessing the **Applicant's** application for insurance
- Disclosing information to Insurance Companies
- Negotiating, maintaining or renewing insurance on the **Applicant's** behalf
- Providing claims assistance and service.
- Advising the **Applicant** of other products or services
- Complying with regulators and legal authorities

For more information about our privacy policies and practices or for a copy of our Privacy Policy please visit our web site www.holmanins.com or contact our Privacy Officer at Holman Insurance Brokers Ltd.

EMAIL AUTHORIZATION

In an effort to bring our policy holders the most cost-effective insurance plan, all of our correspondence is completed electronically, including renewal applications, invoicing and the delivery of the policy documents. The email address supplied by you in this application will be used. We must be notified of any change to your email address. The policy holder agrees that it will hold Holman Insurance Brokers Ltd. harmless with respect to any e-mail changes caused by the policy holder's failure to provide current and valid information for the receipt of documents.

The Applicant/policy owner further agrees that the policy documents transmitted electronically by Holman Insurance Brokers Ltd. to the electronic address supplied are in lieu of all other forms of communication. The policy Owner accepts that electronic delivery of policy documents is sufficient to meet all reporting requirements of the policy.

The email address supplied may be used to notify you of other related insurance products of interest to you.

DISCLOSURE OF MATERIAL FACTS

It is essential that every **Applicant** when seeking a quotation, taking out or renewing an insurance policy reveals to the prospective Insurer(s) any material facts or information (including any material circumstances or change in circumstances) which might influence the judgment of Insurer(s) in determining the premium or in determining whether they will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the Insurer(s) and enable them to repudiate liability there under. If you have any doubt as to what constitutes a material fact or circumstance, seek professional advice.

PROGRAM DISCLOSURE

Your coverage will be placed with a program administered by Holman Insurance Brokers Ltd. We have engaged in a marketing process to offer a competitive product on a group basis with insurers as we have not acted as a broker for any individual participant. Should your application not be accepted for whatever reason by the insurer, the information may be used by Holman to seek an alternative insurer if available.

DECLARATION

I/we declare that the above statements are true in every respect. I/we hold qualification certificate(s) stated on this application form. I/we have not withheld or misrepresented any material fact. I/we agree that this application will form the basis of the contract between me/us and Holman Insurance Brokers Ltd.

Signing this Application does not bind the Applicant to enter into this insurance.

It is hereby agreed that the Insurer is authorized to make any investigation and inquiry in connection with this Application that it deems necessary.

Applicant's Signature

Date

Print Name

Licensed Optician Professional Liability Insurance Application

Professional and General Liability Checklist

Application completed in full. All questions must be answered.

All pages # 1 to #7 must be returned. (including page #1).

Membership Documentation (e.g. Certificate of Membership).

Premium calculation – page 5

Method of Payment (must accompany application, instructions next page)

cheque attached (your cancelled cheque is your receipt)

online payment Bank confirmation # _____ Name of Bank _____ confirmation receipt provided by bank provider

Visa/Master Card - email confirmation receipt will be sent provider upon transaction

Please keep a copy your application and payment receipt (ie cheque, Bank confirmation or online payment receipt).

An invoice will not be issued.

Return completed application and additional materials requested to:

Holman Insurance Brokers Ltd.
1 Valleywood Drive, Suite #100, Markham ON L3R 5L9
Telephone:(905)886-5630

Email: programs@holmanins.com

Licensed Optician Professional Liability Insurance Application

PAYMENT OPTIONS

Credit Card

1. Go to <https://www.policypayments.com/Holman?step2>

Note: There is a administrative fee of 2.50% charged.

Internet Banking – Not to be confused with E-transfer

Each bank has designed a unique format for their web site. However, the necessary procedures are generally similar.

1. Under Bill Payment: Choose Add Payee/Bill.
 2. Enter Holman. Choose All Categories and province Ontario and submit.
 3. Under Bill company/Payee - Select Holman Insurance Brokers Ltd. and enter your account number which is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
 4. Select the account you wish to withdraw the funds from. (i.e. credit card, savings, chequing, line of credit). Indicate the amount of payment and submit. A confirmation and reference number will be displayed to acknowledge your payment.
-

Telephone Banking

1. Request your bank set up a new Payee/Bill to do a Bill Payment.
 2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
 3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
 4. Your banking institution will then take your payment over the telephone by your choice of payment method.
-

Debit Card Payments

1. Contact your bank by telephone or visit in person. Request that they set up an option to allow you to make Bill Payments by Debit Card.
 2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
 3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
 4. Once you have set up Holman Insurance Brokers Ltd., you are able to proceed with payments via your branch ATMs with your debit card.
 5. Choose banking option: Bill Payment and follow your bank instructions.
-

In Person at the Bank

1. At your own bank, request they set up a new Payee/Bill to do a Bill Payment.
 2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
 3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
 4. You can choose to pay via the different accounts you hold with that particular bank or by other financial institution credit cards.
 5. When paying in person at different financial institutions, bring your invoice/statement and request to make a Bill Payment.
 6. Advise the teller that the Payee is Holman Insurance Brokers Ltd. and follow the prompts from step #2.
- Note:** Do not ask for a wire transfer or funds transfer, the banks charge you extra for this service and charge us extra for which we do not reimburse. These additional fees can range as high as \$50 or more.
-

By Mail

Cheque or money order payable to:
Holman Insurance Brokers Ltd.
1 Valleywood Drive, Suite #100
Markham ON L3R 5L9

Please note: NSF Payments – there will be an additional \$25 service charge