

## Professional Liability Insurance Application for Technicians

### Personal Information

Name of insured:	Date of birth:
OCP #:	*OPA Member #:
Address street:	
City:	Postal code:
Home phone #:	Cell #:
Email:	

### Optional

Pharmacy name:	
Business address street:	Postal code:
City:	
Business #:	Fax #:

### Additional Information

1. In the past 3 years, has any claim been made or suit brought against you on account of any actual or alleged malpractice, error or mistake?

Yes (an addendum may be requested)       No

2. Has any provincial regulatory college or society established under a provincial act regulating your professional services, notified you in writing that investigators have been appointed by the Registrar of the College to inquire into and examine your practice, conduct or actions with respect to possible professional misconduct or incompetence?

Yes (an addendum may be requested)       No

I hereby declare that the statements and particulars in this application are true and represent a complete disclosure of matters that may be material to the assessment of the risk to be considered for insurance.

Signature:

Date:

\* Insurance products are only available for member of OPA. If you are not a member, visit [www.opatoday.com](http://www.opatoday.com) and become a member today!

## Coverage Limits and Options

Pharmacy Technicians	Premium	RST	Total
<input type="checkbox"/> <b>Professional Liability Insurance:</b> \$3,000,000/claim; \$5,000,000 annual aggregate <b>Tribunal legal expenses and criminal action extension coverage:</b> \$50,000/claim; \$50,000 annual aggregate	\$125	\$10	<b>\$135.00</b>
<input type="checkbox"/> <b>Professional Liability Insurance:</b> \$2,000,000/claim; \$4,000,000 annual aggregate <b>Tribunal legal expenses and criminal action extension coverage:</b> \$50,000/claim; \$50,000 annual aggregate	\$58	\$4.64	<b>\$62.64</b>

## Method of Payment

Total amount:

\$

Cheque or money order enclosed (payable to the Ontario Pharmacists' Association)

VISA  Mastercard:

Expiration date:

CVV:

[Do not email credit card information](#)

Cardholder name:

Cardholder signature: