



21 Four Seasons Place - Suite 105, Toronto, ON M9B 6J8
Main: 416-477-2353 FAX: 416-477-2399

Professional and General Liability Insurance Application for: Medical Student

GENERAL INFORMATION

Name:				
Current Address:				
Phone No.:		Fax No.:		E-Mail:

PLACEMENT INFORMATION

Name of Placement (Clinic, Hospital, etc.):				
Mailing Address:				
Contact Person:				
Phone No.:		Fax No.:		
Duration of Stay in Canada:		Start Date		Completion Date

In order to obtain malpractice insurance while on placement in Canada, the following requirements must be sent to our office:

1. A copy of your current résumé which should include any or all work experience as well as your educational background.
2. A letter from the University or education facility stating that you are a student in good standing and are prepared to do this placement.
3. A letter from the placement confirming your employment and stating the length of time you will be working there.
4. Please indicate the limit of liability required by the placement or province that you will be working in
 \$1,000,000 \$2,000,000 \$3,000,000 \$5,000,000
 All these options are on "Per Claim and Annual Aggregate" basis

All premiums and taxes are payable in Canadian Funds.

NOTICE CONCERNING PERSONAL INFORMATION

By purchasing insurance from Medthree Insurance Group, a customer provides Medthree Insurance with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law.

For the purposes identified above, personal information may be disclosed to MedThree Insurance and any affiliated companies and service providers. Further information about Medthree Insurance personal information protection policy may be obtained by contacting their privacy officer at 416-477-2340.

WARRANTY STATEMENT

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. The undersigned also warrants that they have not suppressed or misstated any material facts. It is further agreed by the undersigned that each policy or renewal thereof, if issued, is issued in reliance upon the truth of the representations and information in this Application. If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants he or she will immediately report such changes to the Insurer and the Insurer may modify or withdraw any quotation or agreement to bind or modify insurance.

Signing of this Application does not bind the undersigned to purchase this insurance, nor does it bind the Insurer to complete this insurance. However, should the Insurer bind and issue a policy, this Application shall serve as the basis of such contract and will be attached to and form part of the policy.

Any person who knowingly or with intent to defraud or to facilitate a fraud against any insurance company or other person submits an application or files a claim for insurance containing false, deceptive or misleading information may be guilty of insurance fraud.

IMPORTANT: THE APPLICANT MUST SIGN THIS APPLICATION. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE.

QUEBEC AND NEW BRUNSWICK RESIDENTS ONLY:

I hereby confirm my request that the present document and any other document and correspondence pertaining to the present insurance be in the English language.

SIGNATURE

Signature:		Date (mm/dd/yyyy):	
	(Authorized Representative)		
Name (please print):		Title/Position:	