



GRAIN INSURANCE AND GUARANTEE COMPANY

HEAD OFFICE – WINNIPEG, MB

PHARMAGUARD MALPRACTICE APPLICATION

Administered by

McCaslin Horne Insurance Brokers Inc.

Unit #3A – 348 Guelph Street
Georgetown, Ontario L7G 4B5

Toll Free – 1-800-668-1892

Fax – 1-905-702-1892

Email – mchorne@bellnet.ca

Name of Applicant: _____

Name of Current Employer and Office Address: _____

Residence Address: _____ (Please state full Postal Address) Residence Phone: _____

Policy Period: from _____ 12:01 a.m. to _____ 12:01 a.m.
All times are local times at the applicant's postal address stated herein

1. The Applicant is a Pharmacist Licensed by The Ontario College of Pharmacists? Yes No License No. _____

2. Is there a claim or suit pending, or has a claim been paid or judgment entered against the Applicant for damages on account of malpractice, error or mistake, alleged or otherwise, which occurred in the practice of pharmacy? Yes No
If yes, please provide full details: _____

3. Do you have knowledge of any act which may give rise to a claim or do you anticipate any claims being brought against you?
 Yes No If yes, provide full details: _____

4. Has the Applicant been declined for malpractice liability insurance, or has any such insurance been cancelled or renewal thereof refused?
 Yes No If yes, provide full details: _____

5. Is this policy replacing any prior policy? Yes No Advise Prior Policy No. _____
Limits _____ Insurer _____

6. Limit of Liability Required: Please check one:

<input type="checkbox"/> \$2,000,000 / Aggregate Limit \$4,000,000*	Premium \$300**	Annual Premiums are Payable to: McCaslin Horne Insurance Brokers Inc. Add a 3% Service Fee if the monthly payment option is chosen. **8% PST is not included
<input type="checkbox"/> \$3,000,000 / Aggregate Limit \$4,000,000*	\$365**	
<input type="checkbox"/> \$4,000,000 / Aggregate Limit \$4,000,000*	\$430**	
<input type="checkbox"/> \$5,000,000 / Aggregate Limit \$5,000,000*	\$500**	
*25.000 LEGAL DEFENSE LIMIT INCLUDED		

7. Consent in accordance with the Protection of Personal Information and Electronic Documents Act:
If it should be necessary for the purpose of my file, I, undersigned, the applicant, specifically consent that my broker and my insurers, for the time required to fulfill their functions:
a) gather all the pertinent necessary information from the holders of my prior insurance files, intermediaries in the insurance industry, insurance companies, financial institutions, credit agencies, prevention, detection or repression of crime agencies and institutions that gather and compile data on insurance risks and losses:
- for the purpose of establishing the premium and the assessment of risk; and, if you would like to consent now,
- for the purpose of verification, assessment and the settlement of losses.
b) disclose, in the case of my broker, the information obtained to insurers with whom he is doing business, when it is my insurers, to institutions that gather and compile data on insurance risks and losses and prevention, detection or repression crime agencies solely the employees, mandatories or representatives of my broker, insurers or of institutions referred to in this paragraph will have access to this information when required within the execution of their functions.
Furthermore, I consent that holders of information concerning me and covered by the present consent be released from their confidentiality undertaking and that they convey the required information to my broker, my insurers, their employees, trainees or representatives.
I acknowledge having been informed of my right to access to information obtained by virtue of the present consent and to have it corrected, if need by.
Furthermore, I acknowledge having been informed that I may address all questions regarding the present consent to my broker and/or my insurers, their employees, trainees or representatives.

DATE _____

SIGNATURE OF APPLICANT _____