

Application for Specified Medical Professions

Professional Liability Insurance for Medical Students

NOTICE: THE POLICY FOR WHICH APPLICATION IS MADE APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD", UNLESS THE OPTIONAL EXTENSION PERIOD IS EXERCISED. THE LIMITS OF LIABILITY SHALL BE REDUCED BY "CLAIM EXPENSES" AND "CLAIM EXPENSES" SHALL BE APPLIED AGAINST THE DEDUCTIBLE.

If space is insufficient to answer any question fully, attach a separate sheet.

1. (a) **Full name of Applicant:**

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(b) **Canadian address:**

Street:					
City:		Province:		Postal Code:	

(c) **Foreign address (if None, so state):**

Street:		
City:	Province:	Postal Code:

(d) **Date of birth (MM/DD/YYYY):**

Place of birth:

Application for Specified Medical Professions
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(e) Are you a Canadian citizen?

Yes

No

If No, provide the following:

(i) Your status in Canada:

(ii) Date of entry into Canada:

(iii) Visa/Passport Number:

2. (a) Provide the following information for any medical school(s) that you have attended or are currently attending:

Name of Medical School	Address	Dates Attended

(b) Provide the month and year of graduation or anticipated month and year of graduation:

3. (a) Provide the name and address of the facility at which you will receive additional medical training:

(b) Provide the duration of your additional medical program (MM/DD/YYYY):

From:		To:	
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(c) Provide the name and title of the person(s) who will be supervising your additional medical program:

Application for Specified Medical Professions
Professional Liability Insurance for Medical Students

(d) Will you provide direct patient care:

Yes No

If No, are your activities limited to observation only?

Yes No

4. Has (have) any judgment(s), settlement(s), payment(s), claim(s), suit(s) or demand(s) been made against you, such as would fall under the proposed insurance?

Yes No

If Yes, provide details.

5. Are you aware of any fact, circumstance or situation which might afford grounds for any claim, such as would fall under the proposed insurance?

Yes No

If Yes, provide details.

6. Has any insurer declined, cancelled or nonrenewed any Medical Professional Liability Insurance Policy or any similar insurance on your behalf?

Yes No

If Yes, provide details.

As part of this Application attach the following:

- Resume

Notice to Applicant – Please Read Carefully

NO FACT, CIRCUMSTANCE OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION FOR WHICH COVERAGE MAY BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN BY THE APPLICANT PROPOSED FOR THIS INSURANCE OTHER THAN THAT WHICH IS DISCLOSED IN THIS APPLICATION. IT IS AGREED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM SUBSEQUENTLY EMANATING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. MINT CANADIAN SPECIALTY UNDERWRITERS, LTD. IS AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE COMPANY TO PROVIDE OR THE APPLICANT TO PURCHASE THE INSURANCE.

THIS APPLICATION, INFORMATION SUBMITTED WITH THIS APPLICATION AND ALL PREVIOUS APPLICATIONS AND MATERIAL CHANGES THERETO OF WHICH MINT CANADIAN SPECIALTY UNDERWRITERS, LTD. RECEIVES NOTICE IS ON FILE WITH SHAND MORAHAN & COMPANY, INC. AND IS CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY IF ISSUED. MINT CANADIAN SPECIALTY UNDERWRITERS, LTD. AND THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION AND ALL SUCH ATTACHMENTS IN ISSUING THE POLICY.

IF THE INFORMATION IN THIS APPLICATION AND ANY ATTACHMENT MATERIALLY CHANGES BETWEEN THE DATE THIS APPLICATION IS SIGNED AND THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL PROMPTLY NOTIFY MINT CANADIAN SPECIALTY UNDERWRITERS, LTD., WHO MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR AGREEMENT TO BIND COVERAGE.

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THE UNDERSIGNED DECLARES THAT HE/SHE UNDERSTANDS THAT:

- (I) THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD," UNLESS THE OPTIONAL EXTENSION PERIOD IS EXERCISED. IF THE OPTIONAL EXTENSION PERIOD IS EXERCISED, THE POLICY SHALL ALSO APPLY TO "CLAIMS" FIRST MADE DURING THE OPTIONAL EXTENSION PERIOD;
- (II) THE LIMITS OF LIABILITY CONTAINED IN THE POLICY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED BY "CLAIM EXPENSES" AND, IN SUCH EVENT, THE COMPANY WILL NOT BE LIABLE FOR "CLAIM EXPENSES" OR THE AMOUNT OF ANY JUDGEMENT OR SETTLEMENT TO THE EXTENT THAT SUCH COSTS EXCEED THE LIMITS OF LIABILITY IN THE POLICY; AND
- (III) "CLAIM EXPENSES" SHALL BE APPLIED AGAINST THE DEDUCTIBLE.

Must be signed by the Applicant (within 60 days of the proposed effective date).

Name of Applicant	Title (Officer, partner, etc.)
Signature of Applicant	Date

SUBMIT