

Ontario Opticians Association

P.O. Box #23518
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email: info@ontario-opticians.com

APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE

Name of Applicant: _____ COO Reg. #: _____

Address: _____

Phone Number: (H) _____ B) _____
E-mail Address: _____

Effective Date of Coverage: **December 31, 2011**

Coverage Includes:

- > Annual Aggregate Limit
- > Pays the full cost of your legal defense up to the limit of liability
- > **NIL Deductible**
- > Automatic coverage for students working under the supervision of an insured member
- > "Unlimited" coverage extension for members ceasing practice
- > Broad definition of "Insured Services"
- > Worldwide coverage subject to suits brought & made in Canada

\$10,000 **Therapy and Counseling Expense** - Pays for the therapy and counseling of a sexually abused patient when a member has been found at fault under any Provincial or Federal legislation regulating the profession.

\$25,000 **Legal Expense Reimbursement Endorsement**- Pays 100% of the costs for members to obtain legal representation at any disciplinary hearing, review committee formed by virtue of any Provincial health legislation or before any court under such legislation.

\$100,000 **Additional Defense Cost – Reimbursement** - Pays for costs, charges and expenses to defend members against actions or suits for penal offenses in respect of charges laid in Canada. Costs, charges and expenses are covered on a "reimbursement" basis only after a "not guilty" verdict on final appeal.

Limit Requested (Please check one):

\$3,000,000 Annual Premium \$75.00 (plus PST, total \$81.00) _____

\$5,000,000 Annual Premium \$90.00 (plus PST, total \$97.20) _____

Cheque: _____

Credit Card: _____ (VISA _____ MasterCard _____)

If you prefer, you may renew by fax at 416.226.6879 or telephone at 905.709.4141 or toll-free at 1.877.709.4141

Credit Card # _____ Exp. _____

Date: _____ Signature of Applicant: _____

VISION
INSURANCE