

NurseInsure Malpractice Application – 2023 to 2024 Term

GENERAL INFORMATION

IF MORE THAN ONE RNAO MEMBER REQUIRES COVERAGE, PLEASE COMPLETE A SEPARATE FORM FOR EACH RNAO MEMBER

Full Name of Insured (please print)		Street Address		
Work Telephone ()	City	Province	Postal Code	
Work Fax ()	Home Telephone ()		Home Fax ()	
Email	Applicant is a RNAO member? <input type="checkbox"/> Yes <input type="checkbox"/> No		RNAO Membership No.	

NOTE: APPLICANT MUST BE A MEMBER TO TAKE PART IN THIS INSURANCE PROGRAM

Do you have a valid certificate of registration from the College of Nurses of Ontario? <input type="checkbox"/> Yes <input type="checkbox"/> No	Registration Status with CNO: <input type="checkbox"/> RN <input type="checkbox"/> RN [EC] <input type="checkbox"/> Student
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Are you licensed in any other province or territory in Canada?
 Yes No If yes, please list provinces licensed in and registration status of RN, RN (EC), or Student

Employment information:

An Employee Sole Proprietor Personal Corporation with no employees Personal Corporation with employees
 Shareholder in Corporation Partnership Other (Please specify):

A. MALPRACTICE PROFESSIONAL LIABILITY – INDIVIDUAL

PROFESSIONAL SERVICES COVERED

Professional Services are services or activities performed, or which ought to have been performed, by the Insured as part of the Insured's practice of nursing and shall include those acts which fall within the scope of practice for nursing or for which the Insured may be authorized. Coverage is subject to the terms, conditions, and exclusions of the policy.

ANNUAL PREMIUM CALCULATION (EFFECTIVE FROM NOVEMBER 1 ST 2023 TO NOVEMBER 1 ST 2024)						
Per Claim Limit	Aggregate / Policy Period Limit	Annual Premium (Including Magnes Commission of 15%)	+ Tax	+ Magnes Fee (incl. tax, non-refundable)	= Total Annual Due	Please Check One
\$1,000,000	\$2,000,000	\$220.00	\$17.60	\$31.80	\$269.40	<input type="checkbox"/>
\$2,000,000	\$2,000,000	\$273.00	\$21.84	\$31.80	\$326.64	<input type="checkbox"/>
\$5,000,000	\$5,000,000	\$363.00	\$29.04	\$31.80	\$423.84	<input type="checkbox"/>

IF YOU CHOOSE TO REDUCE YOUR LIMIT OF LIABILITY, PLEASE NOTE: By lowering your limit of liability, you are in fact lowering your limit of liability for all past acts as well. This means that the services you provided while you had a higher limit of coverage will now only be covered for the lower limit of liability.

Please amend my limits as requested. I have read and understood the implications of lowering my limit of liability.

Note: The above limits of insurance automatically include the following sublimits of insurance at no additional premium:

- \$100,000 per Claim/\$100,000 Aggregate Per Policy Period - Employment Practices Liability Insurance
- \$500,000 per Claim/ \$500,000 Aggregate Per Policy Period – Outside Directorship Liability Insurance
- \$50,000 per Claim/\$50,000 Aggregate Per Policy Period – Security & Privacy Liability Insurance. Coverage is subject to a \$3,000,000 shared aggregate limit for all INSURED MEMBERS

PLEASE NOTE IF EFFECTIVE DATE OF INSURANCE IS AFTER NOVEMBER 1 ST 2023, PRO-RATED CALCULATIONS BELOW						
Effective Date (DD/MM/YY):		QUARTERLY PREMIUM CALCULATION (BASED ON EFFECTIVE DATE):				
Per Claim Limit	Aggregate / Policy Period Limit	Nov 1 – Jan 31 (100%)	Feb 1 – Apr 30 (75%)	May 1 – Jul 31 (50%)	Aug 1 – Oct 31 (25%)	Please Check One
\$1,000,000	\$2,000,000	\$269.40	\$202.05	\$134.70	\$67.35	<input type="checkbox"/>
\$2,000,000	\$2,000,000	\$326.64	\$244.98	\$163.32	\$81.66	<input type="checkbox"/>
\$5,000,000	\$5,000,000	\$423.84	\$317.88	\$211.92	\$105.96	<input type="checkbox"/>

PERSONAL CORPORATION

If you are incorporated, this section is applicable if you have a Personal Corporation (ie. an entity solely owned by yourself) AND do not have any employees. The Individual NurseInsure Malpractice Insurance coverage (Part A of this application) automatically extends to cover your sole proprietorship or Personal Corporation at no additional premium. This is subject to the terms and conditions of the policy.

1. Do you require your personal corporation name added to your certificate of insurance? Yes (Please go to a) No (Please go to Underwriting Information)

a. The personal corporation is solely owned by the applicant Yes No

b. Does the personal corporation have any employees? Yes No

c. Name of the Personal Corporation:

NOTE: If your Corporation is not solely owned and/or has employees, your Corporation can not be added to your individual NuresInsure Malpractice Insurance. You should consider purchasing Malpractice Professional Liability Business Entity Insurance under Section "B" of this application.

UNDERWRITING INFORMATION

1. Is the Applicant aware of any facts, circumstances or situations which may reasonably give rise to a claim other than as advised below? Yes No If yes, please attach details.

2. Have you had prior Insurance Coverage? Yes No If yes, please provide the insurance company and policy number:

3. In the past five years, has the Applicant ever been the recipient of any allegation(s) of professional negligence either in writing or verbally? Yes No If yes, please provide details

4. Has insurance coverage ever been declined, cancelled or refused? Yes No If yes, please provide details

5. Are you operating a recruitment and staffing agency? Yes No If yes, please provide details

B. OPTIONAL COVERAGE – MALPRACTICE PROFESSIONAL LIABILITY – BUSINESS ENTITY

This section is applicable if you:

- i) are a sole proprietor with employees;
- ii) are in a partnership;
- iii) own a corporation with other shareholders;
- iv) own a corporation which has employees,

A separate Business Entity Errors & Omissions Insurance policy is recommended. Limit options and applicable premiums are outlined below. This policy will provide coverage for the business and for all non-professional employees, subject to the terms of the policy. All professional employees, such as RNs or RN(EC)s, will continue to be required to purchase the individual NurseInsure Malpractice Insurance Coverage (Part A of this application).

GENERAL INFORMATION

Legal Entity Name (please print)		Street Address	
Telephone ())	City	Province	Postal Code
Fax ())	Email		
Number of Owners:	Names of Company Owners:	Do any company owners or employees hold professional licenses other than an RN or RN (EC) license? <input type="checkbox"/> Yes <input type="checkbox"/> No	

1.- Description of Operations

2. Do your operations include laser treatment?

- Yes - If Yes, please answer a to c
 No - If No please proceed to Question 3

a. Is the laser treatment done by a certified esthetician/laser technician? Yes No

b.- Are signed waivers and consent to treat forms obtained? Yes No

c.-If client is under 16 years of age, is parental consent obtained? Yes No

3.- How many professional employees?

More than 10 If more than 10, please specify how many employees:

Note: Coverage is available subject to underwriting approval and subject to applicable additional premium.

ANNUAL PREMIUM CALCULATION (EFFECTIVE FROM NOVEMBER 1ST 2023 TO NOVEMBER 1ST 2024)

Per Claim Limit	Aggregate / Policy Period Limit	Annual Premium (Including Magnes Commission of 15%)	+ Tax	= Total Annual Due	Please Check One
\$1,000,000	\$2,000,000	\$416	\$33.28	449.28	<input type="checkbox"/>
\$2,000,000	\$2,000,000	\$523	\$41.84	\$564.84	<input type="checkbox"/>
\$5,000,000	\$5,000,000	\$818	\$65.44	\$883.44	<input type="checkbox"/>

Note: The above limits of insurance automatically include the following sublimits of insurance at no additional premium:

- \$50,000 per Claim/ \$50,000 Aggregate Per Policy Period - Security & Privacy Liability Insurance. Coverage is subject to a \$3,000,000 shared aggregate limit for all INSURED MEMBERS
- \$100,000 per Claim/\$100,000 Aggregate Per Policy Period - Employment Practices Liability Insurance

PLEASE NOTE IF EFFECTIVE DATE OF INSURANCE IS AFTER NOVEMBER 1ST 2024, PRO-RATED CALCULATIONS BELOW

Effective Date (DD/MM/YY):		QUARTERLY PREMIUM CALCULATION (BASED ON EFFECTIVE DATE):				Please Check One
Per Claim Limit	Aggregate / Policy Period Limit	Nov 1 – Jan 31 (100%)	Feb 1 – Apr 30 (75%)	May 1 – Jul 31 (50%)	Aug 1 – Oct 31 (25%)	
\$1,000,000	\$2,000,000	\$449.28	\$336.96	\$224.64	\$112.32	<input type="checkbox"/>
\$2,000,000	\$2,000,000	\$564.84	\$423.63	\$282.42	\$141.21	<input type="checkbox"/>
\$5,000,000	\$5,000,000	\$883.44	\$662.58	\$441.72	\$220.86	<input type="checkbox"/>

1.- Is the Applicant aware of any facts, circumstances or situations which may reasonably give rise to a claim other than as advised below?

Yes No If yes, please attach details.

2.- Have you had prior Insurance Coverage?

Yes No If yes, please provide the insurance company and policy number:

3.- In the past five years, has the Applicant ever been the recipient of any allegation(s) of professional negligence either in writing or verbally?

Yes No If yes, please provide details

4.-Has insurance coverage ever been declined, cancelled or refused?

Yes No If yes, please provide details

5. Are you operating a recruitment and staffing agency?

Yes No If yes, please provide details

C. ENHANCEMENT – INCREASED SECURITY AND PRIVACY LIABILITY INSURANCE - INDIVIDUAL

Your limit of insurance automatically includes a sublimit of \$50,000 per claim/aggregate per policy period for Security and Privacy Liability Insurance. Coverage is subject to a \$3,000,000 shared aggregate limit for all INSURED MEMBERS.

Do you wish to increase the Security and Privacy Liability Insurance sublimit from \$50,000 to \$250,000? Yes No

ANNUAL PREMIUM CALCULATION (EFFECTIVE FROM NOVEMBER 1ST 2023 TO NOVEMBER 1ST 2024)

	Per Claim Limit	Aggregate/Policy Period Limit	Annual Premium (Including Magnes Commission of 15%)	+ Tax	= Total Annual Due
Individual	\$250,000	\$250,000	\$75	\$6	\$81

D. ENHANCEMENT – INCREASED SECURITY AND PRIVACY LIABILITY INSURANCE – ENTITY

Your limit of insurance automatically includes a sublimit of \$50,000 per claim/aggregate per policy period for Security and Privacy Liability Insurance. Coverage is subject to a \$3,000,000 shared aggregate limit for all INSURED MEMBERS.

Do you wish to increase the Security and Privacy Liability Insurance sublimit from \$50,000 to \$250,000? Yes No

Annual Revenue \$

ANNUAL PREMIUM CALCULATION (EFFECTIVE FROM NOVEMBER 1ST 2023 TO NOVEMBER 1ST 2024)

Annual Revenue	Per Claim Limit	Aggregate/Policy Period Limit	Annual Premium (Including Magnes Commission of 15%)	+ Tax	= Total Annual Due
Up to \$1,000,000 gross revenues	\$250,000	\$250,000	\$100	\$8	\$108
\$1,000,001 to /\$1,500,000 gross revenues	\$250,000	\$250,000	\$250	\$20	\$270
\$1,500,001 to /\$2,000,000 gross revenues	\$250,000	\$250,000	\$350	\$28	\$378
\$2,000,001 to /\$2,500,000 gross revenues	\$250,000	\$250,000	\$550	\$44	\$594
\$2,500,001 to /\$3,000,000 gross revenues	\$250,000	\$250,000	\$750	\$60	\$810

SUMMARY TOTAL

COVERAGE DESCRIPTION	TOTAL DUE
A. TOTAL MALPRACTICE INSURANCE – INDIVIDUAL	
B. OPTIONAL COVERAGE – MALPRACTICE INSURANCE – BUSINESS ENTITY	
C. ENHANCEMENT – INCREASED SECURITY AND PRIVACY LIABILITY INSURANCE – INDIVIDUAL	
D. ENHANCEMENT – INCREASED SECURITY AND PRIVACY LIABILITY INSURANCE – ENTITY	
TOTAL TO BE PAID (A+B +C+D)	

Cheque is to be made payable to The Magnes Group Inc., and sent with a fully completed application to: The Magnes Group Inc.
1540 Cornwall Road, Suite100, Oakville ON L6J 7W5

Insurance will be made effective from the date of receipt of both correct payment and an application that is reviewed and accepted.

This insurance is written on a claims made and reported basis which means that this section of the policy will only apply to those claims made against the applicant during the policy period and reported to the Insurer during the policy period.

The acquisition of knowledge in the policy period of circumstances that may give rise to a claim in the future must also be reported to the Insurer during the policy period in order for coverage to apply to a future claim that arises out of those circumstances.

This application does not bind the applicant or the company to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made a part of the Policy. The Applicant agrees that if the information supplied on the application changes between the date of the application and the time when the policy is issued, the applicant will immediately notify the company of such change.

The Insured represents that the information furnished in this application is complete, true and correct. Any misrepresentation, omission, concealment or incorrect statement of material fact, in the application or otherwise, shall be grounds for rescission of any policy issued in reliance upon such information.

PRIVACY CONSENT - The Client hereby acknowledges that The MAGNES Group Inc. has been retained by the Client to acquire or renew a policy or policies of insurance or to provide Consulting and/or Risk Management Services for the Client, under which the individual Client, or named individuals in addition to the Client, or where the Client is a commercial or other entity, its employees, servants and representatives (hereafter collectively called "insured individuals") may be insured.

As part of the application for new or renewal insurance coverage(s), the Client hereby authorizes The MAGNES Group Inc. to collect, use and disclose personal information of such insured individuals as required and as permitted pursuant to relevant Canadian privacy laws or other relevant Canadian laws.

The Client hereby expressly consents to The MAGNES Group Inc. collecting, using or disclosing personal information of such insured individuals, or providing such personal information to third parties, including the plan sponsor (RNO) and insurance companies, as required by relevant Canadian laws or for the purpose of acquiring or renewing a policy or policies of insurance. Where there are insured individuals in addition to the Client, or where the Client is a commercial or other entity, the Client hereby covenants and warrants that the Client has obtained the appropriate consent from all of the insured individuals to disclose their personal information to The MAGNES Group Inc. for these purposes accordingly. Each of the parties further agrees to safeguard the security of such personal information in a manner appropriate to the sensitivity of that information and as required by relevant Canadian privacy laws. The Privacy Policy of The MAGNES Group Inc. can be viewed at www.magnesgroup.com or can be forwarded to the Client upon request.

I hereby confirm my consent that the policy and any correspondence pertaining to this insurance be issued in the English language

I hereby confirm my request to have my policy documents through the RNO program sent to me electronically. This arrangement will stay in effect until I issue instructions to the contrary. I acknowledge that email is not a secure medium of communication. Although unlikely, there is the possibility that confidentiality through this medium may be compromised.

PROGRAM DISCLOSURE: Your coverages will be placed with a program administered by The Magnes Group Inc. Magnes has engaged in a competitive marketing process to offer a competitive product. We have negotiated this Program on a group basis with insurers but we have not acted as a broker for any individual participant.

I hereby declare that to the best of my knowledge and belief, the above statements and particulars are true, that I have not suppressed or misstated any material facts and I agree that this declaration shall form the basis of the insurance contract prepared on my behalf by the Insurer.

Name (please print)	Signature
Date (mm/dd/yyyy)	