



- 12) If coverage is required for Acupuncture or Osteopathy:
- (a) What percentage of your practice do these services represent? %
- (b) Education:
- I. Degree:
  - II. Year of Graduation:
  - III. Name of institution from which degree was obtained:
  - IV. Total number of course hours taken/years:
- (c) Province in which you are licensed to practice:
- (d) Do you use single usage needles (acupuncture only)? YES  NO
- (e) Do you belong to any related association? YES  NO
- If YES, please provide the name of the association:

**INSURANCE COVERAGE** – If you are renewing your policy with Holman Insurance, do not complete this section

---

- 13) (a) Has the Applicant ever previously purchased professional or errors and omissions liability insurance? YES  NO

If YES, **please provide a copy of your current policy** and the following details for the last three years:

Insurer	Policy Period	Expiring Premium	Limit	Deductible

- (b) With respect to above, please indicate if such coverage was offered on an occurrence basis or claims-made basis:  
 Claims-made  Occurrence

If claims-made, what was the retroactive date of the policy (dd/mm/yy):

Please provide the date you first purchased continuous Professional Liability Coverage (dd/mm/yy):

- 14) Has the Practitioner ever been declined, non-renewed or cancelled by any insurer for Professional Liability insurance? YES  NO

If YES, please attach details:

- 15) Has any claim been made against the Practitioner in respect of professional services performed? YES  NO
- If YES, please attach details. **NOTE: Any prior claims must be referred to the Insurer prior to coverage being placed in effect.**

- 16) Is the Practitioner aware of any situation or circumstance, which may reasonably result in a claim? YES  NO

If YES, please attach details:

**PROTECTION APPLICANT'S INFORMATION**

**Protection of the Applicant's Personal Information:**

By completing this application and returning it to Holman Insurance Brokers Ltd., the **Applicant** agrees and consents to the collection, use and disclosure of such information, including any person information, by Holman Insurance Brokers Ltd. for the following purposes:

- Communicating with the **Applicant**
- Assessing the **Applicant's** application for insurance
- Disclosing information to Insurance Companies
- Negotiating, maintaining or renewing insurance on the **Applicant's** behalf
- Providing claims assistance and service
- Advising the **Applicant** of other products or services
- Complying with regulators and legal authorities

For more information about our privacy policies and practices or for a copy of our Privacy Policy please visit our web site [www.holmanins.com](http://www.holmanins.com) or contact our Privacy Officer at Holman Insurance Brokers Ltd.

**EMAIL AUTHORIZATION**

In an effort to bring our policy holders the most cost effective insurance plan, all of our correspondence is completed electronically, including renewal applications, invoicing and the delivery of the policy documents. The email address supplied by you in this application will be used. We must be notified of any change to your email address. The policy holder agrees that it will hold Holman Insurance Brokers Ltd. harmless with respect to any email changes caused by the policy holder's failure to provide current and valid information for the receipt of documents.

The applicant/policy owner further agrees that the policy documents transmitted electronically by Holman Insurance Brokers Ltd. to the electronic address supplied are in lieu of all other forms of communication. The policy owner accepts that electronic delivery of policy documents is sufficient to meet all reporting requirements of the policy.

**DECLARATION**

I/we declare that the above statements are true in every respect. I/we hold qualification certificate(s) stated on this application form. I/we have not withheld or misrepresented any material fact. I/we agree that this application will form the basis of the contract between me/us and Holman Insurance Brokers Ltd.

\_\_\_\_\_  
**Name of Applicant (Printed)**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

Please return to Mark Holman at [mark.holman@holmanins.com](mailto:mark.holman@holmanins.com)