

Cherry Insurance Ltd.
350 3rd Ave S, Saskatoon, SK S7K 1M5
Ph: 306-653-2313 Fax: 306-664-6140

ERRORS & OMISSIONS INSURANCE PROGRAM FOR OPTICIANS

provided by
CHERRY INSURANCE LTD.

Underwritten by
Wynward Insurance Group

NAME: _____

MAILING ADDRESS: _____

EDUCATION: - Licensed, registered, certified as Optician? _____ Years _____

Are you licensed by the provincial agency having jurisdiction? _____ Yes ___ No

If no please explain" _____

Have you been declined or refused malpractice liability insurance or has any such insurance been cancelled or renewal refused: _____ Yes ___ No

Detail any injuries or alleged injuries arising from your operations in the last 5 years whether or not an insurance claim was made:

Are there any professional services or business operations conducted away from the applicant's premises?
___ Yes ___ No

If yes, describe and indicate percentage of overall operations associated with this:

Do you operate or own for treatment and diagnosis, any X-Ray, Lased, Infra-Red equipment or use radium, other radioisotopes or teletherapy units: ___ Yes ___ No

Are lenses, eyeglasses, optical goods or any other products manufactured: ___ Yes ___ No

Are any medical acts performed or pharmaceutical agents administered: ___ Yes ___ No

Is Contact Lens vision correction treatment known as orthokeratology practiced: ___ Yes ___ No

If yes, please provide details: _____

PLEASE CHECK ONE:

\$1,000,000/OCCURRENCE; \$1,000,000/PER YEAR _____ \$ 50.00

\$3,000,000/OCCURRENCE; \$3,000,000/PER YEAR _____ \$ 75.00

\$5,000,000/OCCURRENCE; \$5,000,000/PER YEAR _____ \$100.00

Method of payment:

_____ Cheque

_____ Visa, MC, Other _____ Expiry _____ CVV _____

SIGNATURE: _____ **DATE:** _____