Wynward Insurance Group
Est. 1920

MALPRACTICE APPLICATION
PHARMACY TECHNICIAN

Name of Applicant: Mr. ☐ Mrs. ☐ Miss ☐ Ms ☐

Residence Address:

(Please state full Postal Address)

Residence Phone: Email Address:

Current Employer & City: Business Phone:

Policy Period: ***This coverage expires each year on July 1 (12:01 AM) and must be renewed annually***

1. You are a Pharmacy Technician licensed by The Saskatchewan College of Pharmacy Professionals (SCPP) ☐ Yes ☐ No SCPP License #

2. Is there a claim or suit pending, or has a claim been paid or judgment entered against you for damages on account of malpractice, error or mistake, alleged or otherwise, which occurred in the practice of pharmacy?

   ☐ Yes ☐ No If yes, please provide full details

3. Are you aware of any current or pending investigation by the Saskatchewan College of Pharmacy Professionals against you?

   ☐ Yes ☐ No If yes, provide full details:

4. Do you have knowledge of any act which may give rise to a claim or do you anticipate any claims being brought against you?

   ☐ Yes ☐ No If yes, provide full details:

5. Have you ever been declined for malpractice liability insurance, or has any such insurance been cancelled or renewal thereof refused?

   ☐ Yes ☐ No If yes, provide full details:

6. Is this policy replacing any prior policy? ☐ Yes ☐ No Prior Policy No.

   Insurer

7. Limit of Liability Required:

   Claims Brought In Canada $2,000,000 per occurrence / $2,000,000 aggregate

   Increased Limits up to $5,000,000 are available. Please contact Lothman Insurance directly at 306-956-0820 for details.

   Defense Costs are not limited by the Policy Aggregate.
   $50,000 LEGAL EXPENSE COSTS COVERAGE FOR DISCIPLINARY HEARINGS INCLUDED

CONSENT AND DISCLOSURE

I have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize ☐ (my broker) or Wynward Insurance Group (my insurance company) to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results.

SIGNATURE OF APPLICANT DATE

December 1, 2020