Excel
SHEPPARD INSURANCE SERVICE AND RISK MANAGEMENT INC.
...an Assurex Global Partner

Unit 118, 14315 – 118 Avenue
Edmonton, Alberta T5L 4S6
Telephone No. (780) 421-1515 Fax No. (780) 425-0689
Toll Free (800) 663-2242 www.sheppardinsurance.com

PHARMACIST E&O APPLICATION – RENEWAL
NEW BRUNSWICK

1. Your Name: _____

   If your employer, personal address or contact information has changed, please indicate below:

   _____

   _____

2. Is there a claim or suit pending, or has a claim been paid or judgement entered against the Applicant for damages on account of Malpractice, error or mistake, alleged or otherwise, occurring in the practice of his Profession? ☐ Yes ☐ No If yes, please attach details.

3. This policy is an Occurrence Base. The following limits are available. Please indicate your choice.

Per occurrence	Aggregate	Premium	Please indicate your choice
$2,000,000	$2,000,000	$195	☐
$5,000,000	$5,000,000	$355	☐

Note: Coverage is not bound until payment is received. Annual premium is minimum and retained

Payment Options: Cheque for amount indicated above attached to the application, Visa, MasterCard or on-line.

To pay premiums *on-line*, select *Sheppard Insurance* as a payee, and use the *Customer Number* provided within the email sent to you with the Renewal Instructions.

☐ On-Line (Please complete amount of payment and signature below)
☐ Visa Credit Card Only
☐ MasterCard Credit Card Only

Card Number: _____

Amount of Payment: Circle One: $195.00 $355.00

Expiry Date: ___/___ mm/yy

Signature: _____
Name on Card: _____

Please fax this form with the application to 780-425-0689.

Your policy documents will follow within 15 business days. Thanks for your business!