



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

## DIETITIANS E&O APPLICATION - NEW

### Term April 1st to April 1st

1. Your Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Personal Address: \_\_\_\_\_, City \_\_\_\_\_, Province, \_\_\_\_\_, PC \_\_\_\_\_ -  
 Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Are you a current licensed member in good standing with a provincial college of registered dietitians?  
 Yes     No    **NOTE: You must be in good standing to participate in this program**

3. Claims Information:

- i. Has a claim ever been made against you in the past 5 years or are you aware of any facts, circumstances or allegations which may give rise to a claim against you?     Yes     No
- ii. Have you ever been investigated, summoned to a disciplinary panel, or been suspended from practice by any regulatory body governing the practice of your profession?     Yes     No

**If you answered YES to any of the above claims questions, Please contact Sheppard Insurance before proceeding further**

4. Provide details of all Errors and Omissions or Professional Liability Insurance carried in the past three years:

Insurer	Policy Number	Retroactive Date	Expiry Date:

5. This policy is a Claims Made Form. The following limits are available. Please indicate your choice.

Per occurrence	Aggregate	Premium	Please indicate your choice
\$2,000,000	\$2,000,000	\$180.00 +\$25.00 Fee	<input type="checkbox"/>
\$5,000,000	\$5,000,000	\$225.00 +\$25.00 Fee	<input type="checkbox"/>
<b>Optional:</b> (only available if E&O coverage is purchased)			
Commercial General Liability	\$2,000,000	\$105.00	<input type="checkbox"/>
*NEW* Cyber Liability Coverage	\$50,000	\$80.00	<input type="checkbox"/>

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



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6. Do you work in a clinic?  Yes  No

Do you work in a hospital?  Yes  No

Are you self Employed?  Yes  No

Other? \_\_\_\_\_

7. Are you authorized to perform restricted activities?

Yes  No

If yes, please list the activity (ies)

\_\_\_\_\_  
\_\_\_\_\_

8. Do you travel to patient's or client's homes?

Yes  No

If yes, please provide details

\_\_\_\_\_

9. Payment Options: **Visa & MasterCard** Only

Total to be Applied to Credit Card: \_\_\_\_\_

\*Plus applicable taxes where taxes apply. (Newfoundland -15%, Ontario - 8%, Manitoba - 7%, and Saskatchewan - 6%)

Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ mm/yy

Name on Card (Please Print): \_\_\_\_\_

Signature

\_\_\_\_\_

**\*\*\* If submitting electronically, you are agreeing to debit your credit card for the amount indicated on this application. FULLY COMPLETED AND SIGNED. ANNUAL PREMIUM IS MINIMUM AND RETAINED**

**Please email signed application to [laura@sheppardinsurance.com](mailto:laura@sheppardinsurance.com) or fax to 780-425-0689**

**IMPORTANT NOTE: COVERAGE CANNOT BE BOUND UNTIL PAYMENT IS RECEIVED**



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### DECLARATION

The undersigned declares that all statements made in the Application and the information contained in documents submitted with it is true. It is agreed that the Application shall be the basis of the insurance contract.

My signature below authorizes my broker and/or 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. I specifically consent and agree with the provincial college, in which I am registered, providing information to confirm the statements which I have made under this application regarding my practice as a Registered Dietitian. I also understand that the premium is fully earned, and therefore, cancellation will not entitle me to a refund.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Dated

**Please email signed application to [laura@sheppardinsurance.com](mailto:laura@sheppardinsurance.com) or fax to 780-425-0689**

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I would like to receive additional insurance information that may benefit me and/or my business.