



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

DIETITIANS E&O APPLICATION RENEWAL

Term April 1st to April 1st

1. Your Name: _____

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

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. 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"/>
Optional: (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"/>

5. Do you work in a clinic? Yes No

Do you work in a hospital? Yes No

Are you self Employed? Yes No

Other? _____

IMPORTANT NOTE:

COVERAGE CANNOT BE BOUND UNTIL PAYMENT IS RECEIVED. ANNUAL PREMIUM IS MINIMUM AND RETAINED.



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6. Are you authorized to perform restricted activities?

Yes No

If yes, please list the activity (ies)

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

Yes No

Please provide details: _____

8. Payment Options: Visa or 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.

Please email signed application to laura@sheppardinsurance.com or fax to 780-425-0689

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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, 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.