

## NurseInsure Business Insurance Application 2022 – 2023

**NOTE: In order to be eligible for the RNASO NurseInsure Business Insurance Program, each company owner of the business who is an RN or RN(EC) is required to purchase Errors & Omissions Insurance under the NurseInsure Malpractice E&O Program. In addition if applicable the company must purchase Business Entity Errors and Omissions Coverage.**

### GENERAL INFORMATION

Full Name of Legal Entity (please print)

Street Address	City	Province	Postal Code
Telephone	Fax (      )	Company Owner's RNASO Number	Membership is Active <input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide name(s) of owner(s) of Insured Company

### LIABILITY INSURANCE

Please provide Description of Operations

Annual Revenue \$	Number of Employees
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Number of Patient Visits per month (attach list if more than one location)

### PROPERTY INSURANCE (Please complete one copy for each location)

Street Address	City	Province	Postal Code
Use of Premises <input type="checkbox"/> Home Office <input type="checkbox"/> Commercial Office <input type="checkbox"/> Clinic	Square Footage	Year Built If building is over 40 years old, please provide the renovation details and the dates completed.	
Are you the building Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you require Building Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Is the premises a Condo? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If Home Office do you receive clients in your home?       Yes  No

**Coverage provided under this policy will only apply to the business operations**

Do you Carry equipment out of the premises?  Yes  No      If Yes, equipment description and value:

Do you require optional equipment floater?  Yes  No

**Note: If equipment Floater coverage not purchased, no off premises coverage provided**

Do you have any high valued (any one item over \$5,000 in value), medical or precision equipment for your business:  Yes  No

If Yes, please provide a complete list of medical/precision equipment including year, make, model and replacement value of each items:

Protection

Sprinkler System    Firehall within 5km    Fire Hydrant within 500ft    Central Station Fire Alarm

Construction of Exterior Walls

Brick, Concrete, Steel, Stone    Wood Frame, Brick Veneer

Construction of Roof (not shingles or roof coverings)

Wood    Concrete    Steel Deck    Other (please specify)

Heating Source

Steam    Gas    Electric    Oil    Other

Are the premises air conditioned?

Yes  No   If yes,  Central Air    Individual Units   Number of Units:

Name of Mortgage/Lender/Lessor (If applicable)	Address
City	Province
	Postal Code

**CLAIMS EXPERIENCE**

Has your business incurred a property or liability claim in the last 5 years?

Yes  No If yes, please describe.

**CRIME INSURANCE**

Do you wish to increase your Employee Dishonesty coverage limit from \$10,000 to \$25,000?  Yes  No

Note: Additional Premium: \$125

Is there a safe on the premises?

Yes  No

If Yes, what is the classification?

Are countersignatures required on all cheques?

Yes  No

Total Class A (Full time equivalent)?

Total number of employees including Class A?

Are any tasks involving money handled entirely by one employee?

Yes  No If Yes, please provide details on a separate sheet.

Do you have a monitored burglar alarm system?  Yes  No

**COVERAGE**

Business Insurance Package	Option 1 (No Staff)	Option 2 (Up to 7 Employees and revenues of less than \$250,000)	Option 3 (Up to 15 Employees and revenues of up to \$400,000)
<p>1. Commercial General Liability Per Occurrence Limit of Liability – See Options NOTE: Individual or Business Entity Malpractice Insurance is excluded Deductible: \$500 <b>If additional limits are required, please contact our office for a quotation</b> Other Coverages included: \$2,000,000 Tenant’s Legal Liability, Employers Liability (follows CGL Limit chosen), Products/Completed Operations (follows CGL Limit chosen aggregate limit), \$2,000,000 Employee Benefits Liability, Non Owned Automobile Liability (follows CGL Limit chosen), \$75,000 SEF#94, SEF#96 <b>Commercial General Liability policy subject to Communicable Disease Outbreak Exclusion</b></p>	<p>\$ 2,000,000 or \$3,000,000 or \$5,000,000</p>	<p>\$ 2,000,000 or \$3,000,000 or \$5,000,000</p>	<p>\$ 2,000,000 or \$3,000,000 or \$5,000,000</p>
<p>2. Property Insurance – Business Contents including Electronic Data Processing Equipment (on premises only), Equipment, Stock, Tenant’s Improvements and Betterments If a higher property limit is required, please contact our office for further assistance Deductibles: Earthquake: 5%, Flood: \$10,000 each and every loss, Sewer Backup: \$2,500, Water Damage: \$1,000, 24 Hour Waiting Period for Off Premises Power, All Other Losses: \$1,000 Note: Limit does not include coverage for laptops off premises, please contact our office if this coverage is required <b>Property/Crime policy subject to Contagious Disease Exclusion</b> <b>Business content limits noted are automatically included with coverage, however increased limits can be purchased.</b> <b>We recommend that you review your business contents requirements. A co-insurance penalty may be applied in the event of a loss should you underinsure the value of your business contents.</b></p>	<p>\$ 30,000</p>	<p>\$ 100,000</p>	<p>\$ 100,000</p>
<p>i) Professional Fees</p>	<p>\$ 25,000</p>	<p>\$ 25,000</p>	<p>\$ 25,000</p>
<p>ii) Accounts Receivables</p>	<p>\$ 50,000</p>	<p>\$ 50,000</p>	<p>\$ 50,000</p>
<p>iii) Valuable Papers</p>	<p>\$ 25,000</p>	<p>\$ 25,000</p>	<p>\$ 25,000</p>
<p>iv) Property In Transit</p>	<p>\$ 25,000</p>	<p>\$ 25,000</p>	<p>\$ 25,000</p>
<p>3. Business Income including Extra Expense – 12 Month Indemnity (Actual Loss Sustained)</p>	<p>Included</p>	<p>Included</p>	<p>Included</p>
<p>4. Equipment Breakdown Insurance - \$1,000 Deductible</p>	<p>Included</p>	<p>Included</p>	<p>Included</p>
<p>5. Crime Employee Dishonesty (\$25,000 Optional Coverage) Third Party Extension Money Orders and Counterfeit Currency Loss Inside Loss Outside Depositors Forgery</p>	<p>\$ 10,000 \$ 10,000 \$ 5,000 \$ 5,000 \$ 5,000 \$ 5,000</p>	<p>\$ 10,000 \$ 10,000 \$ 5,000 \$ 5,000 \$ 5,000 \$ 5,000</p>	<p>\$ 10,000 \$ 10,000 \$ 5,000 \$ 5,000 \$ 5,000 \$ 5,000</p>

**PREMIUM CALCULATION**

Effective Date (DD/MM/YY):

	Liability Limit \$2,000,000		
	Premium	Tax	Total
<b>Option 1 (No Staff)</b>	\$510.00	\$40.80	\$550.80
<b>Option 2 (Up to 7 Employees and revenues of less than \$250,000)</b>	\$751.00	\$60.08	\$811.08
<b>Option 3 (Up to 15 Employees and revenues no more than \$500,000)</b>	\$982.00	\$78.56	\$1,060.56

Quarterly Premium Calculation				
Nov 1- Jan 31 (100%)	Feb 1- Apr 30 (75%)	May 1- July 31 (50%)	Aug 1- Oct 31 (25%)	Check One
\$550.80	\$413.10	\$275.40	\$137.70	<input type="checkbox"/>
\$811.08	\$608.31	\$405.54	\$202.77	<input type="checkbox"/>
\$1,060.56	\$795.42	\$530.28	\$265.14	<input type="checkbox"/>

	Liability Limit \$3,000,000		
	Premium	Tax	Total
<b>Option 1 (No Staff)</b>	\$596.00	\$47.68	\$643.68
<b>Option 2 (Up to 7 Employees and revenues of less than \$250,000)</b>	\$837.00	\$66.96	\$903.96
<b>Option 3 (Up to 15 Employees and revenues no more than \$500,000)</b>	\$1,068.00	\$85.44	\$1,153.44

Quarterly Premium Calculation				
Nov 1- Jan 30 (100%)	Feb 1- Apr 30 (75%)	May 1- July 31 (50%)	Aug 1- Oct 31 (25%)	Check One
\$643.68	\$482.76	\$321.84	\$160.92	<input type="checkbox"/>
\$903.96	\$677.97	\$451.98	\$225.99	<input type="checkbox"/>
\$1,153.44	\$865.08	\$576.72	\$288.36	<input type="checkbox"/>

	Liability Limit \$5,000,000		
	Premium	Tax	Total
<b>Option 1 (No Staff)</b>	\$770.00	\$61.60	\$831.60
<b>Option 2 (Up to 7 Employees and revenues of less than \$250,000)</b>	\$1,011.00	\$80.88	\$1,091.88
<b>Option 3 (Up to 15 Employees and revenues no more than \$500,000)</b>	\$1,242.00	\$99.36	\$1,341.36

Quarterly Premium Calculation				
Nov 1- Jan 30 (100%)	Feb 1- Apr 30 (75%)	May 1- July 31 (50%)	Aug 1- Oct 31 (25%)	Check One
\$831.60	\$623.70	\$415.80	\$207.90	<input type="checkbox"/>
\$1,091.88	\$818.91	\$545.94	\$272.97	<input type="checkbox"/>
\$1,341.36	\$1,006.02	\$670.68	\$335.34	<input type="checkbox"/>

**PRIVACY CONSENT** - The Client hereby acknowledges that The MAGNES Group Inc. has been retained by the Client to acquire or renew a policy or policies of insurance or to provide Consulting and/or Risk Management Services for the Client, under which the individual Client, or named individuals in addition to the Client, or where the Client is a commercial or other entity, its employees, servants and representatives (hereafter collectively called "insured individuals") may be insured.

As part of the application for new or renewal insurance coverage(s), the Client hereby authorizes The MAGNES Group Inc. to collect, use and disclose personal information of such insured individuals as required and as permitted pursuant to relevant Canadian privacy laws or other relevant Canadian laws.

The Client hereby expressly consents to The MAGNES Group Inc. collecting, using or disclosing personal information of such insured individuals, or providing such personal information to third parties, including the plan sponsor (RNAO) and insurance companies, as required by relevant Canadian laws or for the purpose of acquiring or renewing a policy or policies of insurance. Where there are insured individuals in addition to the Client, or where the Client is a commercial or other entity, the Client hereby covenants and warrants that the Client has obtained the appropriate consent from all of the insured individuals to disclose their personal information to The MAGNES Group Inc. for these purposes accordingly. Each of the parties further agrees to safeguard the security of such personal information in a manner appropriate to the sensitivity of that information and as required by relevant Canadian privacy laws. The Privacy Policy of The MAGNES Group Inc. can be viewed at [www.magnesgroup.com](http://www.magnesgroup.com) or can be forwarded to the Client upon request.

I hereby confirm my consent that the policy and any correspondence pertaining to this insurance be issued in the English language.

I hereby confirm my request to have my policy documents through the RNAO program sent to me electronically. This arrangement will stay in effect until I issue instructions to the contrary. I acknowledge that email is not a secure medium of communication. Although unlikely, there is the possibility that confidentiality through this medium may be compromised.

**PROGRAM DISCLOSURE:** Your coverages will be placed with a program administered by The Magnes Group Inc. Magnes has engaged in a competitive marketing process to offer a competitive product. We have negotiated this Program on a group basis with insurers but we have not acted as a broker for any individual participant.

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**Cheque should be made payable to The MAGNES Group Inc, and sent with a fully completed application to:  
The Magnes Group Inc. 1540 Cornwall Road, Suite100, Oakville ON L6J 7W5**

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**SIGNATURE**

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The Insured represents that the information furnished in this application is complete, true and correct. Any misrepresentation, omission, concealment or incorrect statement of material fact, in the application or otherwise, shall be grounds for rescission of any policy issued in reliance upon such information.

I hereby declare that to the best of my knowledge and belief, the above statements and particulars are true, that I have not suppressed or misstated any material facts and I agree that this declaration shall form the basis of the insurance contract prepared on my behalf by the Insurer.

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Name (please print)	Signature
Date (mm/dd/yyyy)	

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**Insurance will be made effective from the date of receipt of both correct payment and an application that is reviewed and accepted.**

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