



(The following must be completed /signed and returned with application prior to binding)

# Application Addendum

## Errors & Omissions Insurance

(EXPIRES ON JANUARY 15, 2007)

1. Name of Applicant: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. (a) In the past, has the Applicant or any of his/her employees ever been the recipient of any allegations of professional negligence in writing or verbally? YES  NO

(b) Is the Applicant or any of his/her employees aware of any facts, circumstances or situations which may reasonably give rise to a claim, other than as advised above? YES  NO

If yes, please attach details.

WITHOUT LIMITATION OF ANY OTHER REMEDY AVAILABLE TO THE INSURER, IT IS AGREED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

The undersigned Applicant for this insurance declares that, to the best of his/her knowledge and belief, the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The undersigned further agrees that if any significant change in the condition of the Applicant is discovered between the date of this Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to the Insurance Manager.

Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will become part of the policy.

\_\_\_\_\_  
**Signature of Applicant**

(Must be completed /signed and returned with application prior to binding)

\_\_\_\_\_  
Date

### ADDITIONAL CONDITIONS

Insurance coverage is only provided if the insurance company is put on notice of a possible claim by **immediately** contacting Hendry, Swinton, McKenzie Insurance Services Inc. A verbal contact -- use the toll free telephone number 1-888-443-3483 -- along with a written report of the incident containing information as to the name of the injured party, their address, phone number and details of the circumstances surrounding the accident must be included.

Policy wordings must be consulted for details of coverages provided and will be paramount in the event of a loss or claim. If you wish more information on the coverages available, please contact Hendry, Swinton, McKenzie Insurance Services Inc.

**Please note: This insurance applies to one individual member only.**



**HENDRY SWINTON MCKENZIE**  
INSURANCE SERVICES INC.

Attached to and Forming Part of EMP/WCB Occupational First Aid Attendants Liability Insurance Application  
(in conjunction with **EMP Canada Services Ltd.**)

**EMP / WCB OCCUPATIONAL FIRST AID ATTENDANTS  
2006 – 2007 SUMMARY OF COVERAGE**

Underwritten by ENCON GROUP INC.

**\*\* This coverage is only available to qualified members of EMP Canada Services Ltd and/or the Occupational First Aid Attendants Association of B.C.**

**A) ERRORS AND OMISSIONS LIABILITY – Claims-Made Form**

**THIS INSURANCE APPLIES TO SERVICES RENDERED WORLDWIDE,  
PROVIDING SUIT IS FIRST BROUGHT WITHIN CANADA**

Protection for professional legal liability arising those services rendered by the Insured, while acting within the scope of the Insured's duties as an "Occupational First Aid Attendant" and those duties customary to that practise; Pays on behalf of the insured, all sums legally incurred for judgements, settlements and defence costs up to the policy limit directly related to the insured operations; subject to a \$1,000.00 deductible; Absolute Abuse and Sexual Misconduct Exclusion; Asbestos Exclusion; subject to all other policy extensions and exclusions).

**B) COMMERCIAL GENERAL LIABILITY – Occurrence Form**

**THIS INSURANCE APPLIES TO OCCURRENCES WORLDWIDE BUT ONLY TO CLAIMS, DEMANDS OR PROCEEDINGS FIRST BROUGHT IN CANADA OR THE U.S.A.**

Legal liability as imposed by law for bodily injury and property damage (damage to property of others) as a result of business operations, as per the \*Association standards, including the cost of legal defense, subject to a \$500.00 deductible. The coverages provided would include: Personal Injury / Advertising Injury; Premises; Products and Completed Operations; Blanket Contractual Liability; Contingent Employers Liability - where applicable; Broad Form Property Damage Clause; Defined Occurrence Property Damage Clause; Cross Liability Clause; Attached Machinery; Non-owned Automobile, excluding long term lease; Tenants Legal Liability, up to a \$500,000.00 limit, which pays sums the Insured shall become legally obligated to pay as compensatory damages because of property damage caused by an occurrence to non-owned structures or portions thereof rented to or occupied by the Named Insured, for perils as stated; Medical Payments up to \$5,000.00 per person / \$25,000.00 per accident; Specific Terrorism Exclusion; Specific Abuse and Sexual Misconduct Exclusion; Silica Exclusion; Specific Data Exclusion; Subject to all other policy extensions and exclusions).

NOTE: The foregoing is a summary of insurance only and policy wordings must be consulted for details of coverages provided and excluded, and will be paramount in the event of a loss.

For more information on General & Professional Liability Insurance, please contact:

**HENDRY, SWINTON, MCKENZIE INSURANCE SERVICES INC.**

830 Pandora Avenue, Victoria, BC V8W 1P4

Toll Free: 1-888-443-3483; (250) 388-5555; Fax: (250) 388-5959

Email: [rjrigby@hsminsurance.com](mailto:rjrigby@hsminsurance.com) or [lyork@hsminsurance.com](mailto:lyork@hsminsurance.com)