



# GRAIN INSURANCE & GUARANTEE

Insurance Broker: **McCaslin Horne Insurance Brokers Inc.**  
Unit #3A – 348 Guelph Street, Georgetown, Ontario L7G 4B5  
Toll Free – 1-800-668-4830 Fax – 1-905-702-1892  
Email – [info@mccaslinhorne.com](mailto:info@mccaslinhorne.com)

Name of Applicant: Mr.  Mrs.   
Miss  Ms.   
\_\_\_\_\_  
(First Name) (Last Name)

Residence Address: \_\_\_\_\_  
(Please state full Postal Address including Postal Code)

Residence Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Employer & City: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Policy Period: from \_\_\_\_\_ 12:01 a.m. to \_\_\_\_\_ 12:01 a.m.  
MM/DD/YY MM/DD/YY  
All times are local times at the applicant's postal address stated herein

- You are a Pharmacist/Intern licensed by The Ontario College of Pharmacists:  Yes  No OCP License # \_\_\_\_\_
- Is there a claim or suit pending, or has a claim been paid or judgment entered against you for damages on account of malpractice, error or mistake, alleged or otherwise, which occurred in the practice of pharmacy?  
 Yes  No If yes, please provide full details: \_\_\_\_\_
- Are you aware of any current or pending investigation by the College of Pharmacists against you?  
 Yes  No If yes, provide full details: \_\_\_\_\_
- Do you have knowledge of any act which may give rise to a claim or do you anticipate any claims being brought against you?  
 Yes  No If yes, provide full details: \_\_\_\_\_
- Have you ever been declined for malpractice liability insurance, or has any such insurance been cancelled or renewal thereof refused?  
 Yes  No If yes, provide full details: \_\_\_\_\_
- Is this policy replacing any prior policy?  Yes  No Prior Policy No. \_\_\_\_\_  
Limits \_\_\_\_\_ Insurer \_\_\_\_\_
- Limit of Liability Required: Please check one:

	Claims Brought in Canada	Claims Brought in Canada or USA	Annual Premiums are Payable to:
\$2,000,000 / Aggregate Limit \$4,000,000	<input type="checkbox"/> \$165*	<input type="checkbox"/> \$330*	McCaslin Horne Insurance Brokers Inc.
\$3,000,000 / Aggregate Limit \$4,000,000	<input type="checkbox"/> \$225*	<input type="checkbox"/> \$495*	Add a 3% Service Fee if the monthly payment option is selected.
\$4,000,000 / Aggregate Limit \$4,000,000	<input type="checkbox"/> \$275*	<input type="checkbox"/> \$615*	
\$5,000,000 / Aggregate Limit \$5,000,000	<input type="checkbox"/> \$311*	<input type="checkbox"/> \$707*	<b>*8% RST is not included.</b>

Defense Costs are not limited by the Policy Aggregate.  
\$25,000 LEGAL EXPENSE COSTS COVERAGE FOR DISCIPLINARY HEARINGS INCLUDED

## CONSENT AND DISCLOSURE

I have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize McCaslin Horne Insurance Brokers Inc. (my broker) or Grain Insurance and Guarantee Company (my 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.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

## CREDIT CARD PAYMENT OPTION

Your total insurance premium can be charged annually to your Visa or MasterCard account. No processing fee applies to this method of payment.

### AUTHORIZATION FORM

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Named Insured

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Address

**Card Type:**             **Visa**                       **MasterCard**

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Cardholder Name (as it appears on the card)

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Card # Please fill in all 16 numbers on the line above.

\_\_ \_\_ / \_\_ \_\_  
Expiry Date (MM/YY)

### AUTHORIZATION FOR CREDIT CARD

I/We authorize Grain Insurance and Guarantee Company to debit my/our account in payment of my/our insurance premium. I/We understand that the premium may change in order to keep my/our insurance up to date and that Grain Insurance and Guarantee Company reserves the right to adjust the payment to reflect any change. I/We understand that Grain Insurance and Guarantee Company is not liable for any service charges levied by my/our financial institution. This authorization is to remain in effect until cancelled in writing by me/us. Grain Insurance and Guarantee Company will make every effort to inform me/us in advance of any change.

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Date

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Signature #1

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Signature #2

Note: if more than one signature on a joint account please provide all signatures.  
A sample cancellation form and further information on your right to cancel are available at [www.cdnpay.ca](http://www.cdnpay.ca).