



**LATITUDE ADVANTAGE^{MD}
RENEWAL APPLICATION**

Claims Made Basis or Claims Made and Reported Basis

**NOTE THAT ALL QUESTIONS MUST BE ANSWERED IN FULL.
IF SPACE IS INSUFFICIENT, EXPLAIN IN EXPLANATIONS SECTION**

Name of Applicant: _____

Expiring Policy Number: _____

Prior year revenue: Canadian \$
USA \$

Estimated revenue for upcoming year: Canadian \$
USA \$

Number of patient visits:	Past 12 months	_____	Upcoming 12 months	_____
Percentage of visits by Non-resident Patients:	Past 12 months	_____	Upcoming 12 months	_____
Number of students (if applicable):	Past 12 months	_____	Upcoming 12 months	_____

Do you perform any treatment methods in your office? Yes No

If so, how many? _____

Number of professionals on staff (Complete where applicable):

_____ MDs	_____ Chiropractors	_____ Paramedics/Physicians Assist.
_____ Therapists	_____ Counsellors	_____ Technicians (medical, lab, imaging)
_____ RNs, LNPs	_____ Psychologists	_____ Other (describe) _____
_____ Social Workers	_____ Veterinarians	_____ Other (describe) _____
_____ Opticians	_____ Acupuncturists	_____ Other (describe) _____
_____ EMT	_____ Optometrists	_____ Other (describe) _____

Has there been, or do you anticipate, any change in the nature of business operations?

Yes No

If Yes, please provide full details in the Explanations Section of this application.

Are you aware of any act, error, omission or circumstances which could give rise to a claim against you or any predecessor in business, or any present or former partner or officer which has not already been reported to Markel?

Yes No

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**

Explanations Section (attach separate page if additional space is required)