



APPLICATION FOR SPECIFIED MEDICAL PROFESSIONS PROFESSIONAL LIABILITY INSURANCE FOR MEDICAL STUDENTS

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

NOTICE: THE POLICY FOR WHICH APPLICATION IS MADE APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD", UNLESS THE OPTIONAL EXTENSION PERIOD IS EXERCISED. THE LIMITS OF LIABILITY SHALL BE REDUCED BY "CLAIM EXPENSES" AND "CLAIM EXPENSES" SHALL BE APPLIED AGAINST THE DEDUCTIBLE.

1. a) **Full Name of Applicant:** _____

b) **Canadian Address:** _____

Foreign Address
(if none, so state): _____

c) Date of Birth: _____ Place of Birth: _____

d) Are you a Canadian citizen? Yes No
If No, provide the following:

i) Your status in Canada: _____

ii) Date of entry into Canada: _____

iii) Visa/Passport Number: _____

2. a) Provide the following information for any medical school(s) that you have attended or are currently attending:

| Name of Medical School | Address | Dates Attended |
|------------------------|---------|----------------|
| | | |
| | | |
| | | |
| | | |

b) Provide the month and year of graduation or anticipated month and year of graduation:

3. a) Provide the name and address of the facility at which you will receive additional medical training:

b) Provide the duration of your additional medical program (MM/DD/YYYY):

From: _____ To: _____

c) Provide the name and title of the person(s) who will be supervising your additional medical program:

d) Will you provide direct patient care? Yes No
If No, provide the following: Yes No
If No, are your activities limited to observation only? Yes No

4. Has (have) any judgment(s), settlement(s), payment(s), claim(s), suit(s) or demand(s) been made against you, such as would fall under the proposed insurance? Yes No
If Yes, provide details:

5. Are you aware of any fact, circumstance or situation which might afford grounds for any claim, such as would fall under the proposed insurance? Yes No
If Yes, provide details:

6. Has any insurer declined, cancelled or nonrenewed any Medical Professional Liability Insurance Policy or any similar insurance on your behalf? Yes No
If Yes, provide details:

As part of this Application attach the following:

- Resume

NOTICE TO APPLICANT – PLEASE READ CAREFULLY

No fact, circumstance or situation indicating the probability of a claim or action for which coverage may be afforded by the proposed insurance is now known by the Applicant proposed for this insurance other than that which is disclosed in this application. It is agreed that if there be knowledge of any such fact, circumstance or situation, any claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

For the purpose of this application, the undersigned declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application and in any attachments, are true and complete. Markel is authorized to make any inquiry in connection with this application. Signing this application does not bind the company to provide or the applicant to purchase the insurance.

This application, information submitted with this application and all previous applications and material changes thereto of which Markel receives notice, and is considered physically attached to and part of the policy if issued. Markel and the Company will have relied upon this application and all such attachments in issuing the policy.

If the information in this application and any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify Markel, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

The undersigned declares that he/she understands that:

- i) The policy for which this application is made applies only to "claims" first made during the "policy period," unless the optional extension period is exercised. If the optional extension period is exercised, the policy shall also apply to "claims" first made during the optional extension period;
- ii) The limits of liability contained in the policy shall be reduced, and may be completely exhausted by "claim expenses" and, in such event, the Company will not be liable for "claim expenses" or the amount of any judgement or settlement to the extent that such costs exceed the limits of liability in the policy; and
- iii) "Claim expenses" shall be applied against the deductible.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

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**