

## PROFESSIONAL LIABILITY INSURANCE APPLICATION PRACTICING NON-CREDENTIALLED MEMBER

Name of Applicant:

---

Address:

---

City:

Prov:

Postal Code:

---

Telephone:

---

Email:

---

Employer:

---

Address:

---

City:

Prov:

Postal Code:

---

1. In order to be eligible for this insurance policy, you must be a member of Sonography Canada.

Membership Number:

---

2. Have you completed the required continuing education requirements for this period?

Yes  No

---

3. The policy includes coverage for Sonographers who also provide services as Medical Radiation Technologists (MRT) on an incidental basis provided that this has been disclosed. Do you provide professional services outside the scope of Sonography (i.e. services as a Medical Radiation Technologist)?

Yes  No

If yes, please provide details and confirm that this is on an incidental basis.

---

4. Do you provide services outside of Canada?

Yes  No

If yes, please provide details.

---

5. Has any application for professional liability insurance ever been denied or cancelled?

Yes  No

If yes, please provide details.

---

6. Have you ever sustained a professional liability loss or has such a claim been made against you in the last five years?

Yes  No

If yes, please provide details.

---

7. Have you any knowledge of any negligent act, error or omission or breach of duty which might give rise to a claim against you?  Yes  No  
If yes, please provide details.
- 

## Coverage

Professional Liability Insurance Limit	Annual Premium
\$5,000,000 per claim / \$5,000,000 annual aggregate	\$140

---

## Declarations and Warranty

I declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of insurance and that this application discloses the hazards known to exist at the date of this application. I declare that the statements made herein are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.

If you are unsure of your coverage requirements please contact BMS, a licensed insurance broker will be available to answer your questions during regular business hours.

Submitting this form does not bind the Applicant or company to complete the insurance but is agreed that this form shall be the basis of the contract should a policy be issued.

Signed by:

Position:

---

Date:

---

**Note:** Signing of this form does not bind the Applicant or company to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued. The insurance premium is fully retained and not refundable.

### Sonography Canada

PO Box 1220 Kemptville, ON K0G 1J0

Toll Free: 1-888-273-6746

Toll Free Fax: 1-888-743-2952

Email: [info@sonographycanada.ca](mailto:info@sonographycanada.ca)

Web: [www.sonographycanada.ca](http://www.sonographycanada.ca)

Please forward your completed application to the address provided below: [dneubauer@sonographycanada.ca](mailto:dneubauer@sonographycanada.ca)

Toll Free Phone: 1-888-273-6746 Toll Free Fax: 1-888-743-2952 [info@sonographycanada.ca](mailto:info@sonographycanada.ca) [www.sonographycanada.ca](http://www.sonographycanada.ca)