

**APPLICATION INFORMATION**

**Policy #:** \_\_\_\_\_

**Membership no. (must be current):** \_\_\_\_\_ **OCP Accreditation no:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

**Name of Pharmacy:** \_\_\_\_\_

**Name of Legal Entity:** \_\_\_\_\_

**Mailing/Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Prov:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Pharmacy Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Prov:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Mortgagee:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Prov:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Loss Payee:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Prov:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**With Respect To:** \_\_\_\_\_

**Location Information**

**Occupancy:**  **Owned**  **Leased** \_\_\_\_\_ Sq ft./sq m

**Operations, if other than retail pharmacy, please provide details:** \_\_\_\_\_

**Construction:**

**Walls:**  Concrete  Solid Brick  Brick Veneer  Frame or Wood

**Floors:**  Concrete  Steel Joist  Wood Joist

**Roof:**  Concrete  Steel Joist  Wood Joist

**Approx. Year Built:** \_\_\_\_\_ **No. of Storeys:** \_\_\_\_\_

**Type of heating:**  Boiler  Hot Air  Electric  Gas  Other \_\_\_\_\_

**Upgrades/Updates (if building is over 30 years old, list all):**  Electrical **Year** \_\_\_\_\_  Roof **Year** \_\_\_\_\_  
 Plumbing **Year** \_\_\_\_\_  Heating **Year** \_\_\_\_\_

**Fire Protection Information:**

**Outside Protection**

Fire hydrants within 500 feet?  Yes  No

Fire department within 5 miles?  Yes  No

**Inside Protection**

Do you have sprinklers?  Yes  No

Are the sprinklers alarmed?  Yes  No

Do you have smoke/heat detectors?  Yes  No

**Financial Information**

**Annual Sales** \$ \_\_\_\_\_ **Business Interruption (50% of Annual Sales)** \$ \_\_\_\_\_

**Annual Payroll** \$ \_\_\_\_\_ **Other Income** \$ \_\_\_\_\_

**U.S. Sales** \$ \_\_\_\_\_

**Percentage of income derived from pharmaceutical compounding** % \_\_\_\_\_

Please provide details of other income \_\_\_\_\_

## Personnel Information

No. of Pharmacists: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

No. of Other Employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Are all employees covered by Workers' Compensation?  Yes  No

Do you do any deliveries?  Yes  No

Does your pharmacy provide a delivery service?  Yes  No

If yes, whose vehicle is used?  Company  Employee  Pharmacy Owner's personal vehicle  
 Contracted to a Third Party  Other (please provide details) \_\_\_\_\_

If employee vehicle used, do you ask for evidence of liability insurance for \$1 million?  Yes  No

## Professional Detail

Do you currently dispense prescription drugs via  Mail order  Website  N/A

If yes, please identify percentage of sales derived from that method % \_\_\_\_\_

Do you fill prescriptions from the United States for U.S. residents?  Yes  No

Do you currently carry individual Malpractice insurance through the OPA?  Yes  No

## Equipment Rentals

Do you rent out equipment to customers?  Yes  No If "yes", what type of equipment do you rent out? \_\_\_\_\_

Total value of equipment \$ \_\_\_\_\_ Annual revenue of equipment rentals \$ \_\_\_\_\_

Do you inspect and clean equipment when returned?  Yes  No Do you keep a log?  Yes  No

## STATEMENT OF PROPERTY VALUES

### SECTION A - EQUIPMENT

**Equipment** - Used in connection with your pharmacy (excluding stock), **can include:** furniture, fixtures & fittings, signs, computer equipment, condominium or tenant's leasehold improvements, appliances, machines, tools, utensils, shelving

Value

Equipment - \*Replacement Cost \_\_\_\_\_

### SECTION B - STOCK

**Stock can include:** goods & merchandise, packing & wrapping, advertising materials & supplies.

**Normal Stock Value:** not including peak season; amount includes goods or inventory used in connection with your pharmacy.

**Peak Stock Value:** this amount should include the amount over and above normal stock amount. For example, peak may run from Oct. through to Jan. of the following year.

|                     | Value                        |                              | Value                        |
|---------------------|------------------------------|------------------------------|------------------------------|
| <b>Normal Stock</b> | _____                        | <b>Peak Stock</b>            | _____                        |
|                     | <input type="checkbox"/> Jan | <input type="checkbox"/> Feb | <input type="checkbox"/> Mar |
|                     | <input type="checkbox"/> Apr | <input type="checkbox"/> May | <input type="checkbox"/> Jun |
|                     | <input type="checkbox"/> Jul | <input type="checkbox"/> Aug | <input type="checkbox"/> Sep |
|                     | <input type="checkbox"/> Oct | <input type="checkbox"/> Nov | <input type="checkbox"/> Dec |

What percentage of stock value above represents refrigerated/ temperature controlled products? % \_\_\_\_\_

### SECTION C - CONSEQUENTIAL LOSS COVERAGE

Policy provides a base limit of \$25,000 for Loss of stock resulting from a breakdown of refrigeration. To purchase higher limit, please select an option below:

\$50,000  \$75,000  \$100,000

Do you have an off-premises temperature alarm system connected to a central station?  Yes  No

## SECTION D – BUILDING (if owned)

### Building can include:

1. All permanent fittings and fixtures attached thereto such as, elevators, permanent lighting appliance, HVAC equipment, stationary scales, hoses and other fire extinguishing appliances, signaling & time systems, attached to building, fixed floor coverings, fuel for heating the building, janitor's supplies, building maintenance supplies, fencing and other man-made structures on the Premises
2. The value of foundations below the level of the lowest floor
3. Cost of demolition and debris removal of building and other structures
4. Increased cost of construction as a result of any by-law regulation or ordinance of law which regulates zoning, demolition repair or construction of buildings

Value

Building – \*Replacement Cost \_\_\_\_\_

**\*IMPORTANT:** Replacement Cost is defined as the cost to replace property of similar kind and quality at today's prices with no deduction for depreciation.

## SECTION E – RENTAL INCOME

Rent of the occupied portion of the building and/or the estimated annual rental value of the unoccupied portion of the building.

Value

Rental Income \_\_\_\_\_

## SECTION F – ACCOUNTS RECEIVABLE

Value

Average Accounts Receivable \_\_\_\_\_

Peak Accounts Receivable \_\_\_\_\_

Value

## SECTION G – CYBER INSURANCE

Option 1 (First Party Expenses Only) \$ 50,000 Limit  **Included** Option 2 (First Party Expenses Only) \$100,000 Limit

\*Other: Higher Limits Available-Comprehensive Stand-Alone Cyber Policy (Supplemental Application will be required)

Quantity of individual patient records containing private, sensitive or personal information \_\_\_\_\_

Do you run commercial grade (not freeware) firewall and anti-virus across your network that is updated in line with manufacturers' instructions?  Yes  No

How often do you back up critical data?  Daily  Weekly  Less than once per week

## SECTION H – EMPLOYMENT PRACTICE LIABILITY

This Policy provides the option to purchase a limit of \$10,000 for employment litigation. This coverage is written on a Claims Made Basis.

Would you like to purchase this coverage?  Yes  No

## SECTION I – UMBRELLA LIABILITY

The OPA Store program policy provides a Commercial General Liability limit of \$5,000,000 for Third Party liability claims due to bodily injury/property damage as a result of trip & falls/ slip & falls, damage to landlord's property, etc. You have the option to purchase additional limits under an Umbrella Liability policy to a maximum of an additional \$3,000,000. Umbrella Liability coverage extends over General Liability coverage only and could be called on if the General Liability limits were exhausted.

Select the Umbrella Limit you require  \$1,000,000  \$2,000,000  \$3,000,000

## SECTION J – CRIME PREVENTION INFORMATION

Position of person who is conducting the following:

Banking Deposits? \_\_\_\_\_ Banking Withdrawals? \_\_\_\_\_

Reconciling Bank Accounts? \_\_\_\_\_

Who performs accounts receivable/payable functions? \_\_\_\_\_

Are cheques always countersigned?  Yes  No **If not, is the owner the only one with signing authority?**  Yes  No  
(2 signatures required)

Do you have your books reviewed by an Accountant/Bookkeeper annually?  Yes  No

Is stock/merchandise inventoried?  Yes  No **If yes, how frequently?** \_\_\_\_\_

Number of employees who have access to money & securities including management & cashiers? \_\_\_\_\_

How frequently is money transported to the bank? \_\_\_\_\_

Do you ask for prior employment references and do background checks on all new employees?  Yes  No

Number of years owning a pharmacy? \_\_\_\_\_

**SECTION K – SAFE**

Maximum overnight coverage allowed is \$2,000, if safe is not class 2 or better

|   |  |  |  |
|---|--|--|--|
| Do you have a safe?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Is the safe made of steel?                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the body 1-inch thick or more?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No | Is the door 1½ inches thick or more?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the safe have a combination lock?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the safe have an Underwriter's Laboratories (U.L.) label? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the safe a Tool Resistant Safe Class T.L. – 15 Burglary? |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**SECTION L – ALARM SYSTEM**

*(Hooked up to all openings)*

Type \_\_\_\_\_ Level \_\_\_\_\_  
 Communication \_\_\_\_\_ Level \_\_\_\_\_  
 Where are motion detectors positioned? (e.g., directly outside of all openings) \_\_\_\_\_

Name of monitoring company \_\_\_\_\_

|  |  |  |  |
|--|--|--|--|
| Outside central station?                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Is the equipment ULC approved?                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is it protected?                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have glass sensors for all windows?           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there bars on all openings?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are all accessible openings protected?               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have motion detectors on all doors?       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have bars on doors?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are all non-accessible openings protected?       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have double cylinder locks on all your doors? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have bars on windows?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Is it continuously supervised?                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is communication line a dedicated line?          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Can the subscriber be identified?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is your line shared by numerous customers?       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Is there a skylight?                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Can the subscriber be detected within 6 minutes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Certificate attached?                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**SECTION M – MONEY**

Amount on Premises \$ \_\_\_\_\_ Amount of money off premises/ transported to the bank \$ \_\_\_\_\_  
 How much money is kept overnight? \$ \_\_\_\_\_ Is a night depository used?  Yes  No  
 Do you sell stamps, tokens, tickets and lottery tickets?  Yes  No If yes, indicate amount on premises \$ \_\_\_\_\_

**CLAIMS HISTORY INFORMATION**

Please provide details of all claims paid and outstanding during the past five years *(attach separate sheet if necessary)*

| Cause | Date | Amt Paid | Details |
|-------|------|----------|---------|
|       |      |          |         |
|       |      |          |         |

**DECLARATION FOR NEW BUSINESS AND RENEWAL**

We hereby declare:

- That the statements and particulars in this application are true and represent a complete disclosure of matters that may be material to the assessment of the risk to be considered for insurance;
- We agree that this application shall be the basis and form part of any Certificate of Insurance.

It is understood and agreed that the completion of this application does not bind the Insurance Company to provide any insurance nor the Applicant(s) to purchase any insurance offered as a result.

It is understood and agreed that, if subsequent to the date this application is signed (indicated below), and prior to the date coverage is to be effective, the Applicant becomes aware of any information which would change the information provided in this application, the Company shall be immediately notified in writing of such.

Name of Owner \_\_\_\_\_ Signature of Owner \_\_\_\_\_  
 \_\_\_\_\_  
 (Please print) \_\_\_\_\_  
 Date \_\_\_\_\_