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NurseInsure Malpractice Errors & Omissions Insurance Program and Business Insurance Program

Thank you for your interest in the RNAO NurseInsure Program. The following is a summary of the key components of the Insurance Program and how to proceed with obtaining insurance coverage under the Program.

NurseInsure Malpractice Errors & Omissions Insurance Program

Eligibility – Available to all active members of the Registered Nurses' Association of Ontario (RNAO)

Coverage Highlights:

- **Malpractice Professional Liability – Individual:**
Provides coverage to an RN or RN (EC) for claims arising from alleged/actual negligence in connection with the provision of professional services or activities performed, or which ought to have been performed by the Insured as part of the Insured's practice of nursing and shall include those acts which fall within the scope of practice of nursing or for which the insured may be authorized. Coverage is subject to the terms, conditions, and exclusions of the policy.

- **Malpractice Professional Liability – Business Entity:**
If you are a sole proprietor or have a Personal Corporation (ie. an entity solely owned by yourself) **AND** do not have any employees, the Individual NurseInsure Malpractice Insurance coverage (noted above) automatically extends to cover your sole proprietorship or Personal Corporation at no additional premium. This is subject to the terms and conditions of the policy.

If you:

- i) are in a partnership;
- ii) own a Corporation with other shareholders;
- iii) own a corporation which has employees,

A separate Corporate Errors & Omissions Insurance policy in the name of the partnership or corporation is required. This policy will provide coverage for the entity and for all non-professional employees working for the corporation, subject to the terms of the policy. All professionals, such as RNs or RN(EC)s, working for the corporation will continue to be required to purchase the individual NurseInsure Malpractice Insurance Coverage (noted above).

Limits of Insurance and Premiums – please see attached NurseInsure Malpractice Application

How To Purchase:

1. Complete the attached NurseInsure Malpractice Application
2. Send in completed application along with payment by cheque to:
The MAGNES Group Inc., 1540 Cornwall Road, Suite 100, Oakville ON L6J 7W5

Upon receipt of the completed application and payment, a Certificate of Insurance evidencing coverage is in place will be sent to your attention.

The Magnes Group Inc. • 1540 Cornwall Road, Suite 100 • Oakville, ON L6J 7W5
(800) 6503435 • (905) 845 9793 • fax: (905) 845 9149 • www.magnesgroup.com





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NurseInsure Business Insurance Program (applicable if you are a Sole Proprietor or Incorporated)

Eligibility –

1. Available to all active members of the Registered Nurses' Association of Ontario (RNAO)
2. Any shareholder who is an RN or RN (EC) is required to purchase Errors & Omissions Insurance under the NurseInsure Malpractice E&O Program (noted above)

Coverage Highlights – provides the following key coverages for your business:

- Property insurance
- Business interruption insurance
- Crime insurance
- Premises liability insurance
- Non-owned automobile insurance
- Employers liability insurance
- Tenant's legal liability insurance

Limits of Insurance and Premiums – please see attached NurseInsure Business Insurance Application

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NurseInsure Malpractice Errors & Omissions Insurance Program

Are you looking for a solution to your Errors & Omissions Insurance needs?

Look no further – RNAO has the solution for you in the NurseInsure Malpractice Errors & Omissions Insurance Program.

NurseInsure was established to meet the business insurance needs for an increasing number of RNAO members including, but not limited to, nurse practitioners, nurses in independent practice, and community health nurses.

Through the NurseInsure Program, RNAO members have access to competitive premium rates for a variety of levels of risk coverage.

Whether you are purchasing insurance as a requirement or whether it is in addition to any protection currently being afforded to you, this program provides you the option to purchase an Errors & Omissions Insurance policy for your own individual insurance protection. NurseInsure affords you peace of mind, with no reliance on other parties to provide you the insurance protection that you need in the rendering of your professional services.

Coverage highlights of the NurseInsure Malpractice E&O Insurance Program include:

- Provides coverage to an RN or RN (EC) for claims arising from alleged/actual negligence in connection with the provision of professional services or activities performed, or which ought to have been performed by the Insured as part of the Insured's practice of nursing and shall include those acts which fall within the scope of practice of nursing or for which the insured may be authorized.
- \$1 million, \$2 million, and \$5 million coverage options are available.
- Option to purchase tail coverage insurance protection in the event of cessation of business, retirement, death, or disability of the insured member.
- Option to purchase Business Entity Malpractice Professional Liability Insurance for an RN or RN(EC) who is in partnership or who is a shareholder in a Corporation with other shareholders and/or employees.

For more information or to purchase NurseInsure E&O Insurance coverage, please contact The MAGNES Group Inc. at 1 800 650 3435 extension 349.

NOTE: This is only an outline of the policy and should not be relied upon. Certain policy exclusions and limitations may apply in any given fact situation and limit the amount excluded and payable under this insurance coverage. Full terms and conditions of this insurance, including all exclusions and limitations are described in the policy document, a copy of which can be obtained from MAGNES. MAGNES does not guarantee or make any representation or warranty that insurance can be placed on terms acceptable to a client.

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NurseInsure Malpractice Application – 2010 to 2011 Term

GENERAL INFORMATION

IF MORE THAN ONE REGISTERED NURSE REQUIRES COVERAGE, PLEASE COMPLETE A SEPARATE FORM FOR EACH NURSE

| | | | | |
|-------------------------------------|---|----------------|---------------------|--|
| Full Name of Insured (please print) | | Street Address | | |
| Work Telephone () | City | Province | Postal Code | |
| Work Fax () | Home Telephone () | | Home Fax () | |
| Email | Applicant is a RNAO member? <input type="checkbox"/> Yes <input type="checkbox"/> No | | RNAO Membership No. | |

NOTE: APPLICANT MUST BE A MEMBER TO TAKE PART IN THIS INSURANCE PROGRAM

| | |
|--|--|
| Do you have a valid certificate of registration from the College of Nurses of Ontario? <input type="checkbox"/> Yes <input type="checkbox"/> No | Registration Status with CNO: <input type="checkbox"/> RN <input type="checkbox"/> RN [EC] <input type="checkbox"/> Student |
|--|--|

Are you licensed in any other province or territory in Canada?
 Yes No If yes, please list provinces licensed in and registration status of RN, RN (EC), or Student

Employment information:
 An Employee Sole Proprietor Personal Corporation with no employees Personal Corporation with employees
 Shareholder in Corporation Other (Please specify):

Reason for purchasing NurseInsure Malpractice Insurance (for statistical purposes):

Interest Group (for statistical purposes):
 Independent Practice Nurses Nurse Practitioners' Association of Ontario Other (please specify):

A. MALPRACTICE PROFESSIONAL LIABILITY – INDIVIDUAL

PROFESSIONAL SERVICES COVERED

Professional Services are services or activities performed, or which ought to have been performed, by the Insured as part of the Insured's practice of nursing and shall include those acts which fall within the scope of practice for nursing or for which the Insured may be authorized. Coverage is subject to the terms, conditions, and exclusions of the policy.

| ANNUAL PREMIUM CALCULATION (EFFECTIVE FROM NOVEMBER 1 ST 2010 TO NOVEMBER 1 ST 2011) | | | | | | |
|--|---------------------------------|---|---------|--|--------------------|--------------------------|
| Per Claim Limit | Aggregate / Policy Period Limit | Annual Premium (Including Magnes Commission of 15%) | + Tax | + Magnes Fee (incl. tax, non-refundable) | = Total Annual Due | Please Check One |
| \$1,000,000 | \$1,000,000 | \$165.00 | \$13.20 | \$31.80 | \$210.00 | <input type="checkbox"/> |
| \$2,000,000 | \$2,000,000 | \$190.00 | \$15.20 | \$31.80 | \$237.00 | <input type="checkbox"/> |
| \$5,000,000 | \$5,000,000 | \$300.00 | \$24.00 | \$31.80 | \$355.80 | <input type="checkbox"/> |

IF YOU CHOOSE TO REDUCE YOUR LIMIT OF LIABILITY, PLEASE NOTE: By lowering your limit of liability, you are in fact lowering your limit of liability for all past acts as well. This means that the services you provided while you had a higher limit of coverage will now only be covered for the lower limit of liability.

Please amend my limits as requested. I have read and understood the implications of lowering my limit of liability.

PLEASE NOTE IF EFFECTIVE DATE OF INSURANCE IS AFTER NOVEMBER 1ST 2010, PRO-RATED CALCULATIONS BELOW

| Effective Date (DD/MM/YY): | | QUARTERLY PREMIUM CALCULATION (BASED ON EFFECTIVE DATE): | | | | |
|----------------------------|---------------------------------|--|----------------------|----------------------|---------------------|--------------------------|
| Per Claim Limit | Aggregate / Policy Period Limit | Nov 2 – Jan 31 (100%) | Feb 1 – Apr 30 (75%) | May 1 – Jul 31 (50%) | Aug 1 – Nov 1 (25%) | Please Check One |
| \$1,000,000 | \$1,000,000 | \$210.00 | \$157.50 | \$105.00 | \$52.50 | <input type="checkbox"/> |
| \$2,000,000 | \$2,000,000 | \$237.00 | \$177.75 | \$118.50 | \$59.25 | <input type="checkbox"/> |
| \$5,000,000 | \$5,000,000 | \$355.80 | \$266.85 | \$177.90 | \$88.95 | <input type="checkbox"/> |

1.- Is the Applicant aware of any facts, circumstances or situations which may reasonably give rise to a claim other than as advised below?

Yes No If yes, please attach details.

2.- Operations outside of Canada?

Yes No

NOTE: This insurance applies only to claims which give rise to suits or judicial proceedings first brought against the Insured within Canada. Worldwide Territory Coverage is available subject to underwriting approval and subject to applicable additional premium.

Do you wish to be provided with a quote including Worldwide Territory Coverage?

Yes No If yes, please provide details on a separate sheet

3.- Have you had prior Insurance Coverage?

Yes No If yes, please provide the insurance company and policy number:

4.- In the past five years, has the Applicant ever been the recipient of any allegation(s) of professional negligence either in writing or verbally?

Yes No If yes, please provide details

B. NEW OPTIONAL COVERAGE – MALPRACTICE PROFESSIONAL LIABILITY – BUSINESS ENTITY

This section is applicable if you are a sole proprietor, have a partnership, have a Personal Corporation, and/or have a Corporation with employees. We would like to bring the following **important information** to your attention:

If you are a sole proprietor or have a Personal Corporation (ie. an entity solely owned by yourself) **AND** do not have any employees, the Individual NurseInsure Malpractice Insurance coverage (Part A of this application) automatically extends to cover your sole proprietorship or Personal Corporation at no additional premium. This is subject to the terms and conditions of the policy.

If you:

- iv) are in a partnership;
- v) own a Corporation with other shareholders;
- vi) own a corporation which has employees,

A separate Corporate Errors & Omissions Insurance policy in the name of the partnership or corporation is required. Limit options and applicable premium are outlined below. This policy will provide coverage for the entity and for all non-professional employees working for the corporation, subject to the terms of the policy. All professionals, such as RNs or RN(EC)s, working for the corporation will continue to be required to purchase the individual NurseInsure Malpractice Insurance Coverage (Part A of this application).

GENERAL INFORMATION

| | | | | |
|----------------------------------|------|----------------|-------------|--|
| Legal Entity Name (please print) | | Street Address | | |
| Telephone () | City | Province | Postal Code | |
| Description of Operations | | | | |
| Fax () | | Email | | |

How many non-professional employees?

Less than 5

Between 5 and 10

More than 10 If more than 10, please specify how many employees:

Note: Coverage is available subject to underwriting approval and subject to applicable additional premium.

ANNUAL PREMIUM CALCULATION (EFFECTIVE FROM NOVEMBER 1ST 2010 TO NOVEMBER 1ST 2011)

| Per Claim Limit | Aggregate / Policy Period Limit | Annual Premium (Including Magnes Commission of 15%) | + Tax | = Total Annual Due | Please Check One |
|-----------------|---------------------------------|---|---------|--------------------|--------------------------|
| \$1,000,000 | \$1,000,000 | \$165.00 | \$13.20 | \$178.20 | <input type="checkbox"/> |
| \$2,000,000 | \$2,000,000 | \$210.00 | \$16.80 | \$226.80 | <input type="checkbox"/> |

NOTE: If a higher limit is desired, please contact our office for a quote.

PLEASE NOTE IF EFFECTIVE DATE OF INSURANCE IS AFTER NOVEMBER 1ST 2010, PRO-RATED CALCULATIONS BELOW

| Effective Date (DD/MM/YY): | | QUARTERLY PREMIUM CALCULATION (BASED ON EFFECTIVE DATE): | | | | |
|----------------------------|---------------------------------|--|----------------------|----------------------|---------------------|--------------------------|
| Per Claim Limit | Aggregate / Policy Period Limit | Nov 2 – Jan 31 (100%) | Feb 1 – Apr 30 (75%) | May 1 – Jul 31 (50%) | Aug 1 – Nov 1 (25%) | Please Check One |
| \$1,000,000 | \$1,000,000 | \$178.20 | \$133.65 | \$89.10 | \$44.55 | <input type="checkbox"/> |
| \$2,000,000 | \$2,000,000 | \$226.80 | \$170.10 | \$113.40 | \$56.70 | <input type="checkbox"/> |

| SUMMARY TOTAL | |
|---|-----------|
| COVERAGE DESCRIPTION | TOTAL DUE |
| A. TOTAL MALPRACTICE INSURANCE – INDIVIDUAL | |
| B. NEW OPTIONAL COVERAGE – CORPORATE ERRORS & OMISSIONS INSURANCE | |
| TOTAL TO BE PAID (A+B) | |

Cheque is to be made payable to The Magnes Group Inc., and sent with a fully completed application to: The Magnes Group Inc.
1540 Cornwall Road, Suite100, Oakville ON L6J 7W5

Insurance will be made effective from the date of receipt of both correct payment and an application that is reviewed and accepted.

IMPORTANT

This insurance is written on a claims made and reported basis which means that this section of the policy will only apply to those claims made against the applicant during the policy period and reported to the Insurer during the policy period.

The acquisition of knowledge in the policy period of circumstances that may give rise to a claim in the future must also be reported to the Insurer during the policy period in order for coverage to apply to a future claim that arises out of those circumstances.

This application does not bind the applicant or the company to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made a part of the Policy. The Applicant agrees that if the information supplied on the application changes between the date of the application and the time when the policy is issued, the applicant will immediately notify the company of such change.

The Insured represents that the information furnished in this application is complete, true and correct. Any misrepresentation, omission, concealment or incorrect statement of material fact, in the application or otherwise, shall be grounds for rescission of any policy issued in reliance upon such information.

PRIVACY CONSENT - The Client hereby acknowledges that The MAGNES Group Inc. has been retained by the Client to acquire or renew a policy or policies of insurance or to provide Consulting and/or Risk Management Services for the Client, under which the individual Client, or named individuals in addition to the Client, or where the Client is a commercial or other entity, its employees, servants and representatives (hereafter collectively called "insured individuals") may be insured.

As part of the application for new or renewal insurance coverage(s), the Client hereby authorizes The MAGNES Group Inc. to collect, use and disclose personal information of such insured individuals as required and as permitted pursuant to relevant Canadian privacy laws or other relevant Canadian laws.

The Client hereby expressly consents to The MAGNES Group Inc. collecting, using or disclosing personal information of such insured individuals, or providing such personal information to third parties, including the plan sponsor (RNAO) and insurance companies, as required by relevant Canadian laws or for the purpose of acquiring or renewing a policy or policies of insurance. Where there are insured individuals in addition to the Client, or where the Client is a commercial or other entity, the Client hereby covenants and warrants that the Client has obtained the appropriate consent from all of the insured individuals to disclose their personal information to The MAGNES Group Inc. for these purposes accordingly. Each of the parties further agrees to safeguard the security of such personal information in a manner appropriate to the sensitivity of that information and as required by relevant Canadian privacy laws. The Privacy Policy of The MAGNES Group Inc. can be viewed at www.magnesgroup.com or can be forwarded to the Client upon request.

PROGRAM DISCLOSURE: Your coverages will be placed with a program administered by The Magnes Group Inc. Magnes has engaged in a competitive marketing process to offer a competitive product. We have negotiated this Program on a group basis with insurers but we have not acted as a broker for any individual participant.

I hereby declare that to the best of my knowledge and belief, the above statements and particulars are true, that I have not suppressed or misstated any material facts and I agree that this declaration shall form the basis of the insurance contract prepared on my behalf by the Insurer.

SIGNATURE

Name (please print)

Signature

Date (mm/dd/yyyy)



NurseInsure Business Insurance Application 2010 – 2011

NOTE: In order to be eligible for the RNAO NurseInsure Business Insurance Program, each shareholder of the business who is an RN or RN(EC) is required to purchase Errors & Omissions Insurance under the NurseInsure Malpractice E&O Program.

GENERAL INFORMATION

| | | | |
|---|----------------|--------------------------------|--|
| Full Name of Insured Company (please print) | | Legal Entity Name | |
| Street Address | | City | Province |
| | | | Postal Code |
| Telephone () | Fax () | Company Owner's RNAO Number | Membership is Active <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please provide name(s) of principal(s) of Insured Company | | | |

LIABILITY INSURANCE

Please provide Description of Operations

| | |
|--|---------------------|
| Annual Revenue \$ | Number of Employees |
| Number of Patient Visits per month (attach list if more than one location) | |

CRIME INSURANCE

| | | |
|---|---------------------------------------|--|
| Is there a safe on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, what is the classification? | |
| Are countersignatures required on all cheques? <input type="checkbox"/> Yes <input type="checkbox"/> No | Total Class A (Full time equivalent)? | Total number of employees including Class A? |
| Are any tasks involving money handled entirely by one employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details on a separate sheet. | | |
| Do your operations involve going into patients' homes? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, how often? | |
| Are new employees being asked if they are bondable? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

PROPERTY INSURANCE (Please complete one copy for each location)

Location Name

| | | | |
|--|---|-------------|-------------|
| Street Address | City | Province | Postal Code |
| Use of Premises <input type="checkbox"/> Office <input type="checkbox"/> Clinic <input type="checkbox"/> Other (describe) | Approximate Square Footage | Year Built | |
| Protection <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Firehall within 5km <input type="checkbox"/> Fire Hydrant within 500ft <input type="checkbox"/> Central Station Fire Alarm <input type="checkbox"/> Central Station Burglar Alarm | | | |
| Construction of Exterior Walls <input type="checkbox"/> Brick, Concrete, Steel, Stone <input type="checkbox"/> Wood Frame, Brick Veneer | | | |
| Construction of Roof (not shingles or roof coverings) <input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Steel Deck <input type="checkbox"/> Other (please specify) | | | |
| Heating Source <input type="checkbox"/> Steam <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other | Are the premises air conditioned? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Central Air <input type="checkbox"/> Individual Units Number of Units: | | |
| Loss Payable: Name of All Lender(s) and Lessor(s), if any, which must be named in "Loss Payable" Clause | | | |
| Name of Lender/Lessor | | | |
| Address | | | |
| City | Province | Postal Code | |

CLAIMS EXPERIENCE

Has your business incurred a property or liability claim in the last 5 years?
 Yes No If yes, please describe.

| Business Insurance Package | Option 1 (No Staff) | Option 2 (Staff and revenues of less than \$250,000) | Option 3 (Staff and revenues of more than \$250,000) |
|---|----------------------------|--|--|
| 1. Commercial General Liability: \$1,000 Deductible - Limit of Liability (excludes malpractice coverage for Nurse and products/completed operations) If additional limits are required, please contact our office for a quotation Other Coverages included: \$2,000,000 Tenant's Legal Liability, \$1,000,000 Employers Liability, \$1,000,000 Employee Benefits Liability, \$2,000,000 Non Owned Automobile Liability, \$50,000 SEF#94 | \$ 2,000,000 | \$ 2,000,000 | \$ 2,000,000 |
| 2. Property Insurance If a higher property limit is required, please contact our office for further assistance Deductibles: Earthquake: \$50,000 or 3% of Insured Property or Interest (whichever is greater), Flood: \$25,000 each and every loss, Sewer Backup: \$2,500, Water Damage: \$500, 24 Hour Waiting Period for Off Premises Power, All Other Losses: \$500 Note: Limit does not include coverage for laptops off premises, please contact our office if this coverage is required Property Insurance Coverage Extensions: (Not applicable unless property insurance purchased) Limits noted below are automatically provided but additional amounts can be purchased. | \$ 25,000 | \$ 100,000 | \$100,000 |
| i) Rental Value ii) Accounts Receivable iii) Valuable Papers iv) Extra Expense | \$ 10,000 | \$ 10,000 | \$ 10,000 |
| | \$ 25,000 | \$ 25,000 | \$ 25,000 |
| | \$ 25,000 | \$ 25,000 | \$ 25,000 |
| | \$ 25,000 | \$ 25,000 | \$ 25,000 |
| 3. Practice Interruption (Profits Form) | \$ 250,000 | \$ 250,000 | \$ 250,000 |
| 4. Crime Employee Dishonesty Money Orders and Counterfeit Currency Loss Inside Loss Outside Depositors Forgery Credit Card Forgery Audit Expense | Amount of Insurance | | |
| | \$ 10,000 | \$ 10,000 | \$ 10,000 |
| | \$ 5,000 | \$ 5,000 | \$ 5,000 |
| | \$ 5,000 | \$ 5,000 | \$ 5,000 |
| | \$ 5,000 | \$ 5,000 | \$ 5,000 |
| | \$ 5,000 | \$ 5,000 | \$ 5,000 |
| | \$ 5,000 | \$ 5,000 | \$ 5,000 |
| | \$ 5,000 | \$ 5,000 | \$ 5,000 |
| 5. Boiler & Machinery | \$ 25,000 | \$100,000 | \$100,000 |

ANNUAL AND QUARTERLY PREMIUM CALCULATION

| | Annual Premium Calculation | | | Calculated Premium if Payment Month = | | | | Please Check One |
|---|----------------------------|---------|------------------|---------------------------------------|----------------------|-----------------------|---------------------|--------------------------|
| | Annual Premium | + Tax | = Annual Premium | Nov 1 – Jan 30 (100%) | Feb 1 – Apr 30 (75%) | May 1 – July 31 (50%) | Aug 1 – Nov 1 (25%) | |
| A. Option 1 (No Staff) | \$450.00 | \$36.00 | \$486.00 | \$486.00 | \$364.50 | \$243.00 | \$121.50 | <input type="checkbox"/> |
| Option 2 (Staff and revenues of less than \$250,000) | \$650.00 | \$52.00 | \$702.00 | \$702.00 | \$526.50 | \$351.00 | \$175.50 | <input type="checkbox"/> |
| Option 3 (Staff and revenues of more than \$250,000) | \$850.00 | \$68.00 | \$918.00 | \$918.00 | \$688.50 | \$459.00 | \$229.50 | <input type="checkbox"/> |

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Insurance will be made effective from the date of receipt of both correct payment and an application that is reviewed and accepted.

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As part of the application for new or renewal insurance coverage(s), the Client hereby authorizes The MAGNES Group Inc. to collect, use and disclose personal information of such insured individuals as required and as permitted pursuant to relevant Canadian privacy laws or other relevant Canadian laws.

The Client hereby expressly consents to The MAGNES Group Inc. collecting, using or disclosing personal information of such insured individuals, or providing such personal information to third parties, including the plan sponsor (RNAO) and insurance companies, as required by relevant Canadian laws or for the purpose of acquiring or renewing a policy or policies of insurance. Where there are insured individuals in addition to the Client, or where the Client is a commercial or other entity, the Client hereby covenants and warrants that the Client has obtained the appropriate consent from all of the insured individuals to disclose their personal information to The MAGNES Group Inc. for these purposes accordingly. Each of the parties further agrees to safeguard the security of such personal information in a manner appropriate to the sensitivity of that information and as required by relevant Canadian privacy laws. The Privacy Policy of The MAGNES Group Inc. can be viewed at www.magnesgroup.com or can be forwarded to the Client upon request.

PROGRAM DISCLOSURE: Your coverages will be placed with a program administered by The Magnes Group Inc. Magnes has engaged in a competitive marketing process to offer a competitive product. We have negotiated this Program on a group basis with insurers but we have not acted as a broker for any individual participant.

SIGNATURE

The Insured represents that the information furnished in this application is complete, true and correct. Any misrepresentation, omission, concealment or incorrect statement of material fact, in the application or otherwise, shall be grounds for rescission of any policy issued in reliance upon such information. I hereby declare that to the best of my knowledge and belief, the above statements and particulars are true, that I have not suppressed or misstated any material facts and I agree that this declaration shall form the basis of the insurance contract prepared on my behalf by the Insurer.

| | |
|---------------------|-----------|
| Name (please print) | Signature |
| Title | |
| Date (mm/dd/yyyy) | |

**Please send this completed form and the appropriate cheque to:
The Magnes Group Inc. 1540 Cornwall Road, Suite100, Oakville ON L6J 7W5**

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