

## Errors & Omissions Insurance

### Application Form

To ensure easy flow in processing your insurance request, please fill out the following as well as the insurance questionnaire. All cheques, applications and questionnaires for insurance must be mailed to 2706-83 Garry Street, Winnipeg, MB, R3C 4J9 and made payable to: **Opticians Association of Canada**

#### APPLICANT INFORMATION:

Name of applicant (print clearly) \_\_\_\_\_

License or student # \_\_\_\_\_ I wish to receive mail at  home  work

Home address \_\_\_\_\_ City/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Home phone \_\_\_\_\_ Home email \_\_\_\_\_

Bus name \_\_\_\_\_ Bus address \_\_\_\_\_

City/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Bus phone \_\_\_\_\_ Bus fax \_\_\_\_\_ Bus email \_\_\_\_\_

#### INSURANCE REQUIREMENTS:

\$3,000,000 Liability Insurance at \*75.00    Questionnaire mandatory    \$ \_\_\_\_\_

\$5,000,000 Liability Insurance at \* 90.00    Questionnaire mandatory    \$ \_\_\_\_\_

*\* Prices may be subject to change*

Payment by            Cheque            Visa            MasterCard

I authorize the Opticians Association of Canada (OAC) to charge my credit card in the amount of \$ \_\_\_\_\_

Credit card number \_\_\_\_\_ Exp. date \_\_\_\_\_

Name of card holder \_\_\_\_\_

Signature of card holder \_\_\_\_\_

**Please note: Applications that do not include the signature of the card holder will not be processed**

**If paying by credit card: Applications and questionnaire can be faxed to 1-204-947-2519.**

**If paying by Cheque: Cheque must be made out to Opticians Association of Canada and mailed to**

**2706-83 Garry Street, Winnipeg, Manitoba, R3C 4J9**