The Opticians of Manitoba

"Our Focus Is Your Eyesight"

CERTIFICATE OF BEING INSURED UNDER A PROFESSIONAL LIABILITY INSURANCE POLICY

(to be completed and submitted only if you are not purchasing membership in the OAC and therefore you will not have the insurance coverage through an OAC membership and you are using your employer's insurance or purchasing your own insurance from another insurance company)

A. Personal Information: **License Number**

_____

FIRST NAME MIDDLE NAME LAST NAME

B. Policy Details:

Name of Insurance Company: _____ Policy Number: _____

Policy Amount: _____ Does the policy state " Professional Liability Insurance" ? Yes ☐ No ☐

If No, identify the type of insurance policy it is: _____

C. Declaration and Acknowledgment to be Completed and Signed by the Optician:

I _____

PLEASE PRINT NAME

hereby certify to the Opticians of Manitoba that I am insured under a professional liability insurance policy with policy limits of not less than $1,000,000. This policy is in full force and in effect as of

_____

Date

AND

I hereby undertake to the Opticians of Manitoba that, in the event this policy is due to expire prior to December 31,2019 I will either renew or replace the policy prior to the expiry date with one that contains policy limits of not less than 1,000,000 and that will not expire prior to December 31, 2019 and that I will submit the new policy to the Opticians of Manitoba no later than the date that the current policy on file with the Opticians of Manitoba expires .

AND

I understand and acknowledge that making a false statement may be considered an act of Professional Misconduct under the Code of Ethics of the Opticians of Manitoba Yes ☐ No ☐

Optician's Signature: _____ **Date:** _____

Witness : _____ **License number:** _____

First Name Middle Name Last Name (if licensed by the OOM)

Address: _____

Street Name and Number Unit /Apt no. PO Box City Province Postal Code

Phone: _____ **Email address:** _____

Signature of Witness: _____

Please note: If your current insurance certificate expires December 31, 2018 a new certificate of being insured must be provided as part of your 2019 license renewal unless you sign and submit the Inactive Declaration stating that you will not engage in the practice of opticianry in 2019.

Please mail (DO NOT FAX OR EMAIL) this form as original signatures are required, with your 2019 application forms to the Opticians of Manitoba at 215 -1080 Portage Avenue, Winnipeg, MB R3G 3M3