

**LICENSE - APPENDIX C**

**CERTIFICATE OF BEING INSURED UNDER A PROFESSIONAL LIABILITY INSURANCE POLICY**

**A. Personal Information:** License #: \_\_\_\_\_

\_\_\_\_\_  
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: \_\_\_\_\_

**B. 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, 2022 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, 2022 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:** \_\_\_\_\_  
First Name Middle Name Last Name