

# Opticians & Optometrists Professional Liability Questionnaire

1. Complete Description of Professional Operations: \_\_\_\_\_  
 \_\_\_\_\_

2. Details of all Opticians or Optometrists. If the space provided is insufficient, please provide a separate list.

Name and Specialty: \_\_\_\_\_  
 Education – Licenced, registered, certified as:  Optician  Optometrist \_\_\_\_\_ Years

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3. Are all practitioners licensed by the provincial / territorial agency having jurisdiction?  Yes  No  
 If No, explain and list any operators not licensed: \_\_\_\_\_  
 \_\_\_\_\_

4. Do any of the practitioners belong to professional associations or societies?  Yes  No  
 If yes, please list: \_\_\_\_\_

5. Have any of the practitioners been declined or refused malpractice liability insurance or has any such insurance been cancelled or renewal refused?  Yes  No  
 If yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_

6. Detail any injuries or alleged injuries arising from the operations of any practitioner in the last five years whether or not an insurance claim was made (add additional page(s) if more space is required):  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Are there any professional services or business operations conducted away from the applicant's professional premises?  Yes  No  
 If yes, describe and indicate percentage of overall operations associated with this: \_\_\_\_\_  
 \_\_\_\_\_

8. Do you operate or own for treatment and diagnosis, any **X-Ray, Laser, Infra-Red** equipment or use **radium**, other **radioisotopes** or **teletherapy** units?  Yes  No  
 Are **lenses, eyeglasses, optical goods** or any other products manufactured?  Yes  No  
 Are any **medical acts** performed or **pharmaceutical agents administered**?  Yes  No  
 Is Contact Lens vision correction treatment known as **orthokeratology** practiced?  Yes  No  
 If yes to any of the above, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

9. Do any of the practitioners carry other liability insurance?  Yes  No  
 If yes, provide details: \_\_\_\_\_

Are all practitioners employed solely by the Named Insured?  Yes  No  
 If no, provide details: \_\_\_\_\_

**If available, a copy of the applicant's business brochure must accompany this questionnaire.**