

CERTIFICATE OF BEING INSURED UNDER A PROFESSIONAL LIABILITY INSURANCE POLICY FORM (COBI)

Please PRINT all information clearly. All required information is marked with an asterisk (*). Please complete all sections below.

A. Personal Information			
			* Registration Number
* Last Name	* First Name	Middle Name	
B. Policy Details			
* Name of Insurance Company		* Policy number	
* Policy amount	* Does the policy state "Professional Liability Insurance" or "Malpractice Insurance" <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No' Identify the type of insurance policy:		
C. Optician Acknowledgement			
* I understand and acknowledge that making a false statement may be considered an act of professional misconduct for the purposes of clause 51(1)(C) of the Health Professions Procedural Code <input type="checkbox"/> Yes <input type="checkbox"/> No			
D. Optician Declaration and Signature			
* I _____ (please print name) hereby certify to the College of Opticians of Ontario 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 effective as of the date hereof;			
AND			
hereby undertake to the College of Opticians of Ontario that, in the event the said policy is due to expire prior to January 1, 2013, 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 January 1, 2013.			
* Optician Signature:		* Date:	
* Signed at (Location/ including province or country):			
E. Witness Information			
* Witness information/ signature is requested to confirm the authenticity of the signature of the member.			
* Registration Number (If a Member of the College of Opticians)		* Last Name	
* First Name	Middle Name	* Occupation of witness	
F. Witness Address			
* Street Number	* Street Name	Unit/ Apartment No.	
P.O. Box	* City	Province	* Postal Code
* Home Phone	Home Fax	Email	
G. Witness Signature			
* Witness Signature:		* Date:	
PLEASE NOTE: This COBI expires December 31, 2012. A new COBI must be provided at each renewal, unless a Member signs an Undertaking that he / she will not engage in the practice of opticianry.			

Please mail or fax this form to:
The College of Opticians of Ontario
85 Richmond Street West, Suite 902
Toronto, ON. M5H 2C9
Fax: 416-368-2713 OR 1-800-990-9698