



## **PROFESSIONAL MALPRACTICE/LIABILITY INSURANCE:** **EMPLOYER COVERAGE CONFIRMATION FORM**

All SCOT practising members who hold a practising, restricted practising, or temporary practising licence are required to provide proof of professional malpractice/liability insurance coverage for a minimum of five-million dollars.

Current insurance must be maintained throughout the whole period of licensure and must cover the member's entire practice of occupational therapy. This includes all paid and volunteer services.

Registrants must notify SCOT of any changes to their professional malpractice/liability insurance coverage.

Members who rely solely on their employer's insurance are responsible for ensuring they understand the limitations to the insurance provided and must ensure it covers all aspects of their practice.

Members who rely solely on their employer's professional malpractice/insurance coverage, are to fill out the form below

<b>Member Information</b>	
First Name:	Last Name:
<b>Employment Information</b>	
Work Title:	
Employer:	
Work Phone:	Work E-mail:
Do you rely on insurance coverage through the Saskatchewan Health Authority? Yes          No	
<b>Professional Malpractice/Liability Insurance Information (Outside of the Saskatchewan Health Authority)</b>	
Insurance Provider:	Policy Number:
Coverage Amount:	Policy Expiration Date:
I understand that the professional malpractice/liability insurance provided by my employer does not provide coverage outside of my scope of employment and is dependent on my employment at the location indicated on this form.	
I understand that it is my responsibility to understand the risks and limitations to relying on professional malpractice/liability insurance provided by my employer.	
Member Signature	Date: