

Please complete this application in its entirety, as the responses given are material to the provision of terms. There is space for more details in the Additional Information section at the end of the application. Coverage(s) may be provided on a claims-made basis.

Applicant: _____
 Street Address: _____
 City: _____ Province: _____ Postal Code: _____
 Contact: _____ Email: _____ Phone: _____

Addendum: In-Vitro Fertilization (IVF)

1. Please indicate the number of patients receiving assisted fertility treatments per year: _____
2. Please indicate the number of In-Vitro Fertilization (IVF)/Intracytoplasmic Sperm Injection (ICSI) cycles you perform each year: _____
3. Please indicate the number of Intrauterine Insemination (IUI)/Artificial Insemination (AIH/AID) cycles you perform each year: _____
4. Please indicate the number of Gamete Intrafallopian Transfer (GIFT) cycles you perform each year: _____
5. Please indicate the number of Zygote Intrafallopian Transfer (ZIFT) cycles you perform each year: _____
6. Please indicate the number of Pronuclear Stage Transfer (PROST) cycles you perform each year: _____
7. Please indicate the number of Tubal Embryo Stage Transfer (TEST) cycles you perform each year: _____
8. Please indicate the number of Tubal Embryo Transfer (TET) cycles you perform each year: _____
9. Please indicate the maximum number of eggs/embryos transferred per cycle: _____
10. What is the maximum age you will treat? _____
11. Do you refer the patient back to their obstetrician once pregnancy has been confirmed? Yes No
12. Do you perform pre-natal screening? Yes No
13. If Yes to 12., is this just for confirmation of pregnancy (simple dating scans only)? Yes No
14. If No to 12., do you perform pre-natal diagnosis? If Yes, please provide details.* Yes No
15. Up to how many weeks do you perform pre-natal screening? _____
16. Please indicate the number of Preimplantation Genetic Screening (PGS)/Preimplantation Genetic Diagnosis (PGD) tests conducted each year: _____
17. Do you outsource the PGS/PGD services? Yes No
18. If Yes to 17., do you audit the third party? Yes No
19. What limit of insurance do you require the third party in 17. to carry? _____
20. Before frozen embryos are used is PGS/PGD performed again with up-to-date techniques? Yes No
21. Whether PGS/PGD is performed in-house or outsourced, how many misdiagnosis/failures to diagnose have happened in the past 5 years: _____
22. Do you have protocols and practices in place for sample tracking? Yes No
23. If Yes to 22., do you use different labels/vial shapes for each process? Yes No
24. If Yes to 22., do you have a witness signoff procedure? Yes No
25. If Yes to 22., do you double check ID of patient at each stage to confirm identity? Yes No
26. If Yes to 22., do you have a robust tracking and logging system for all samples? Yes No
27. Please indicate the type of embryo transfer by age grouping as a percentage (%) of all cycles:

	Younger than 31	31 to 35	36 to 40	Older than 40
Single Embryo Transfer				
Double Embryo Transfer				
Triple Embryo Transfer				
Greater than Triple				

* Please provide further details in the space provided under the Additional Information Section.

28. Please indicate the number of live births per year for the last 5 years:

	Last Year	2 Years Ago	3 Years Ago	4 Years Ago	5 Years Ago
For IVF/ICSI					
For IUI					

29. Please indicate the number of multiple births per year for IVF/ICSI for the last 5 years:

	Last Year	2 Years Ago	3 Years Ago	4 Years Ago	5 Years Ago
Single Births					
Twin Births					
Triplet and Above Births					

30. Please indicate the number hospital admissions from Ovarian Hyperstimulation Syndrome (OHSS) in the last 5 years:

	Last Year	2 Years Ago	3 Years Ago	4 Years Ago	5 Years Ago
Hospital Admissions					

31. Do you have a documented escalation and admission process for OHSS? Yes No

Privacy Policy

By signing this form, you are consenting to the collection, use, disclosure, and retention of your personal information for the purposes of underwriting and rating, policy issuance, processing and remitting premium, reporting claims, complying with applicable laws and governing bodies, reporting and monitoring results and fraud and criminal prevention. Please see www.signalunderwriting.com/privacy-statement for our External Privacy Policy.

Declarations

I/We, the undersigned, do declare and warrant that all statements and responses provided in this application and the attached addenda are to the best of my/our knowledge are true. Further, I/we warrant that no information has been withheld, suppressed or misstated any material facts that the underwriters may come to rely upon. I/We will notify the underwriters as soon as practicable if anything material is to change. I/We hereby agree and accept that this Declaration shall be the basis of such contract and will form part of the policy. Signing this application does not bind the underwriters or insurers to complete the insurance, nor does it bind the applicant to purchase the quoted coverage.

For British Columbia residents: Signal Underwriting Inc. operates as Signal Underwriting Services in British Columbia.

For Quebec and New Brunswick residents: Signing this Declaration confirms your request that all documentation and correspondence pertaining to the insurance coverage be in the English language.

Name (please print)	Title	Date
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Signature

Additional Information Section

Please use this space to provide any additional information from the questions above, from the addenda or anything you feel is material to the applicant's risk:

* Please provide further details in the space provided under the Additional Information Section.