



Ontario Nurses' Association

85 Grenville Street, Suite 400, Toronto, Ontario M5S 3A2

TEL: (416) 964-8833 FAX: (416) 964-8864

(Day/Month/Year)

APPLICATION FOR LEAP AND/OR EXCESS PROFESSIONAL LIABILITY INSURANCE FOR UNITS WITH NO COLLECTIVE AGREEMENTS

(This is a one-time payment for coverage of LEAP and/or Excess Professional Liability Insurance until dues deductions commence)

I am employed at _____ and am included in the Bargaining Unit represented by ONA.

- Enclosed is: ___ \$36.00 for LEAP
 ___ \$36.00 for Excess Professional Liability Insurance
 ___ \$72.00 for LEAP & Excess Professional Liability Insurance

Signature

NAME _____

ADDRESS _____

POSTAL CODE _____

LOCAL NUMBER _____ FULL TIME _____ PART TIME _____

COLLEGE REGISTRATION NUMBER _____ - _____

SOCIAL INSURANCE NUMBER _____ - _____

POSITION ___ STAFF NURSE ___ HEAD NURSE ___ ASSISTANT HEAD NURSE

___ OTHER, EXPLAIN _____

AMOUNT (FOR OFFICE USE ONLY) \$ _____

DO NOT send cash in the mail. Please send a cheque/money order payable to: ONTARIO NURSES' ASSOCIATION, Attention: Dues Department, 85 Grenville St, Suite 400, Toronto, ON M5S 3A2.