



Insurance Application for Canadian Counsellors

Français disponible sur demande.

Name: _____

Mailing address: _____

City: _____ Prov.: _____ Postal code: _____

Are you the business owner? Yes No If yes, name of business: _____

Number of employees? _____

Please note: Aon recommends that you purchase legal entity coverage to protect your business from any error or omission made by any professional you employ. If you wish to purchase, please complete questions 14 to 16 on page 2.

If a corporation, please list corporate legal name and all trade and business names.

Business address: _____

City: _____ Prov.: _____ Postal code: _____

Telephone: Day: _____ Evening: _____

Email: _____

1. Have you ever sustained a property loss or have claim(s) been made against you in the past? Yes No
If yes, please attach details.
2. Has any application for property coverage ever been denied? Yes No
3. Do you have any other business or profession, other than your professional practice? Yes No
If yes, please attach details.
4. Do you provide services or perform activities outside of Canada? Yes No
If yes, please attach details, indicating country and percentage of time spent outside of Canada
5. Is your location greater than one (1) km from a fire hydrant? Yes No
6. Is your location greater than five (5) km from a fire hall? Yes No
7. Do you have any locations in Nunavut and/or Northwest Territories? Yes No

If you answered "Yes" to questions 1 to 7 please contact an Aon licensed insurance representative at 1.877.766.3093.

8. What is your educational background?
Please indicate your educational level and area of specialization.

9. Please provide a brief description of your operations and services provided, including types of mental health issues that you specialize in.

10. Do you refer patients to psychiatric institutions? Yes No
If yes, under which circumstances? _____

11. Please provide your total gross revenue: \$ _____

12. Are you a member of any association? Yes No

If yes, please provide the name of the association: _____

13. Do you have professional liability coverage with that association? Yes No

If yes, when was coverage first obtained? _____ (day/month/year)

14. Indicate the number of employees actively engaged in any phase of the applicant's profession or business:

Professional: _____ Clerical: _____ Other: _____

15. Complete the following for any person performing professional activities in applicant's business.

(We may request the resumes of each.)

| Name | Duties | Professional designation | Years of experience |
|------|--------|--------------------------|---------------------|
| | | | |
| | | | |
| | | | |

16. Do the applicant's employees carry professional liability insurance? Yes No

If yes, please complete the following.

| Insurance company | Policy number | Limits | | Primary | Excess |
|-------------------|---------------|-----------|-----------|--------------------------|--------------------------|
| | | Per claim | Aggregate | | |
| | | \$ | \$ | <input type="checkbox"/> | <input type="checkbox"/> |
| | | \$ | \$ | <input type="checkbox"/> | <input type="checkbox"/> |
| | | \$ | \$ | <input type="checkbox"/> | <input type="checkbox"/> |
| | | \$ | \$ | <input type="checkbox"/> | <input type="checkbox"/> |

If no, it is advised that all professional employees carry their own professional liability coverage. Proof of coverage should be obtained by the clinic owner

Coverages available

Please indicate your choice from the rating chart below. Premium and coverage are not guaranteed until the application has been vetted and agreed by underwriters. All premiums are fully earned and retained.

Professional liability and commercial general liability

| Limit (per claim) | Aggregate (per term) | Professional liability only | Professional liability and commercial general liability (for those who contract out their services or bill under a separate entity) |
|--|----------------------|--------------------------------|---|
| | | Premium | Premium |
| Category A | | | |
| <ul style="list-style-type: none"> Canadian career development practitioners who are members of CCCD (Canadian Council for Career Development) or provincial partner organization. All Canadian counsellors who hold a master's degree or PhD in counselling or related field. | | | |
| 1,000,000 | 1,000,000 | <input type="checkbox"/> \$80 | <input type="checkbox"/> \$115 |
| 2,000,000 | 2,000,000 | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$140 |
| 5,000,000 | 5,000,000 | <input type="checkbox"/> \$165 | <input type="checkbox"/> \$235 |
| Category B | | | |
| <ul style="list-style-type: none"> All Canadian counsellors who have educational level other than master's degree. Students completing master's degree and working under supervision of experienced counsellor. All other counsellors and career development practitioners. | | | |
| 1,000,000 | 1,000,000 | <input type="checkbox"/> \$96 | <input type="checkbox"/> \$138 |
| 2,000,000 | 2,000,000 | <input type="checkbox"/> \$132 | <input type="checkbox"/> \$184 |
| 5,000,000 | 5,000,000 | <input type="checkbox"/> \$198 | <input type="checkbox"/> \$282 |

Deductibles: Professional liability – nil/commercial general liability – \$500

Legal entity

Coverage if your registered business or company is named in a lawsuit.

| Type of business | Legal entity coverage |
|------------------------|-----------------------------------|
| Sole owner | <input type="checkbox"/> Nil |
| 1 – 2 employees | <input type="checkbox"/> \$50 |
| 3 – 6 employees | <input type="checkbox"/> \$100 |
| 7 – 10 employees | <input type="checkbox"/> \$150 |
| More than 10 employees | <input type="checkbox"/> Referral |

Note:

- Legal entity coverage must be purchased in conjunction with **professional liability option** or **professional liability and commercial general liability option**.
- Limits are shared between applicant and applicant's legal entity.
- All professional employees are required to secure their own, individual professional liability coverage.

Extended reporting period

This coverage is available upon request. Please contact an Aon licensed insurance representative at 1.877.766.3106.

Property

| Property coverage | Limit | Premium | Your selection |
|---|---------------------------------|---------|----------------|
| Property coverage (only available if commercial liability is purchased, please select one if required) Recommended for all practitioners that operate their own office or own professional equipment. Coverage for contents including equipment and stock (no building coverage). | | | |
| 1. Property | \$75,000 | \$170 | \$ |
| 2. Property | \$125,000 | \$275 | \$ |
| 3. Property | \$200,000 | \$440 | \$ |
| 4. Property | \$500,000 | \$850 | \$ |
| 5. Property | \$750,000 | \$975 | \$ |
| Crime and business interruption (only available if insured has purchased property coverage) | | | |
| Crime | | | |
| <ul style="list-style-type: none"> Employee dishonesty: Recommended if you have any employees. Covers loss arising out of employee fidelity. Third party extension: Covers losses of money due to employees' fraudulent or dishonest act(s) to a third party. | | | |
| Business interruption | | | |
| <ul style="list-style-type: none"> Insurance coverage that replaces business income lost as a result of an event (insured peril) that interrupts the operations of your business. | | | |
| 1. Crime | \$25,000 employee dishonesty | \$50 | \$ |
| 2. Third party extension | \$10,000 | \$50 | \$ |
| 3. Business interruption – profits form including extra expense | \$250,000 | \$50 | \$ |

Payment information

The following provinces are subject to provincial sales tax:

Ontario residents add 8% sales tax
 Québec residents add 9% sales tax
 Manitoba residents add 8% sales tax
 Newfoundland and Labrador residents add 15% sales tax
 Saskatchewan residents add 6% sales tax

All other provinces are exempt. GST is not applicable to insurance premiums.

All cheques payable to Linx Underwriting Solutions, or complete credit card authorization on next page. Credit card information may be forwarded to our office by the following methods: fax, email or by mail.

| | |
|----------------|----|
| Sub-total | \$ |
| Tax | \$ |
| Total enclosed | \$ |

Authorization for credit card charge

VISA or M/C account no.: _____ Expiry date: _____

Cardholder name: _____ Signature: _____

Please mail, fax or email all completed applications to the appropriate address or number shown below.

Linx Underwriting Solutions

Dept. 700200, P.O. Box 3309, MIP, Markham, ON L3R 6G6
Toll-free: 1.877.766.9075 | Tel.: 1.877.766.2680
Email: aha@aon.ca

Declarations, warranty, privacy, and consent

Privacy notice

The collection, use and disclosure of personal information through this site and Linx’s services is governed by Aon’s Privacy Policy <http://www.aon.com/canada/about-aon/privacy.jsp> (Linx is an Aon company).

Highlights

Linx collects, uses and discloses personal information:

- To determine eligibility and process applications for products and services and to provide information and services
- To understand and assess ongoing needs of clients and potential clients and offer products and services to meet those needs
- For communication, service, marketing, billing and administration
- For claims administration and data analysis
- For fraud detection and prevention
- For analytics purposes by aggregating or otherwise de-identifying personal information
- To develop proprietary tools and databases
- To provide consulting services to insurance companies
- To comply with legal, audit, security and regulatory requirements
- To obtain and update credit information with appropriate third parties, such as credit reporting agencies, where transactions are made on credit
- Other purposes disclosed in our Privacy Policy or our terms of business or disclosed to you at the time of collection, use or disclosure

Each Applicant authorizes Linx to collect and/or disclose the Applicant’s personal information from/to third parties such as insurance companies, brokers, adjusters, agencies, motor vehicle/driver licensing authorities and others as may be required for the above purposes. If the Applicant is providing any additional insured personal information, the Applicant providing this information warrants having obtained the prior written consent from each additional insured for the collection, use and disclosure of their personal information as set out herein.

Linx uses affiliates and/or third service providers. These affiliates and service providers may operate outside of Canada and, therefore, your personal information may be subject to the laws of other jurisdictions.

For further information, including how to contact Aon’s Privacy Officer, please read Aon’s Privacy Policy available at <http://www.aon.com/canada/about-aon/privacy.jsp>.

Print name of applicant _____ Position: _____

Signature of applicant: _____ Date: _____

Please note: Coverage cannot be bound unless this application has been fully completed and duly signed and dated. Furthermore, potential inception date of coverage will be the date the application has been vetted and agreed by underwriters.

Note

Contents at your premises include equipment, stock and improvements and betterments that you have made to your leased premises. This policy is subject to a 90% co-insurance clause so please ensure that you have adequate limits to reflect the full replacement cost value of your contents, equipment, stock, and all improvements and betterments or it will affect the amount paid to you if you have a claim.

Co-insurance clause

Since the concept of co-insurance is a fundamental principle of property and business continuation insurance, it is imperative that you understand it before considering the amount of insurance you buy.

Co-insurance is an agreement between "You" and the "Insurance Company", whereby you agree to maintain coverage up to a stated percentage of the value of the property you wish to insure (90%).

Should a loss occur, consideration is then given to the amount of insurance carried compared to actual replacement cost values prior to the loss. If the amount of insurance is within the agreed co-insurance percentage requirement, the loss is paid in full, up to the policy limits. If, however, the amount of insurance that you carry is below the agreed percentage – you and the company then share the loss.

Example: Assume the value of the contents you are insuring is \$200,000 and the policy contains a 90% co-insurance clause. This means you should be carrying at least \$180,000 in coverage. If you were only insuring a portion of the required coverage (e.g.: \$100,000 limits) and had a loss of \$100,000, the insurance company would indemnify you for a portion of the loss based on the following formula:

$$\frac{\text{Amount of insurance carried}}{\text{Value of the property} \times 90\%} \times \text{Amount of loss} = \text{Claim payment}$$
$$\frac{\$100,000}{\$200,000 \times 90\%} \times \$100,000 = \$55,555 \text{ (the deductible is then applied to this amount)}$$

As you can see, it is imperative to insure to full replacement cost value in order to be indemnified for the full loss.

A regular and careful review of the value of your insured property is essential if co-insurance penalties are to be avoided. Aon recommends that your insurable values be reviewed frequently by a competent, independent appraisal company.