

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 17 to 19 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 professional liability, property or general liability loss or have claim(s) been made against you in the past? Yes No
If yes, please attach details.
2. Have you any knowledge of any negligent act, error or omission and or breach of duty, which may give rise to a claim against you? Yes No
If yes, please attach details.
3. Has any application for professional liability, property or commercial liability coverage ever been denied? Yes No
4. Do you have any other business or profession, other than your professional practice? Yes No
If yes, please attach details.
5. Do you provide services or perform activities outside of Canada? Yes No
If yes, please attach details, indicating Country and percentage of time spend outside of Canada
6. Is your location greater than one (1) km from a fire hydrant? Yes No
7. Is your location greater than five (5) km from a fire hall? Yes No
8. Do you have any locations in Nunavut and/or NWT? Yes No

If you answered "Yes" to questions 1 to 8 please contact an Aon licensed insurance representative at 1.877.766.3106.

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

10. How long have you practiced as a counsellor? _____

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

12. Do you refer patients to psychiatric institutions? Yes No

If yes, under which circumstances _____

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

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

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

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

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

16. Give particulars of all professional liability insurance held by the applicant for the past three (3) years.

Type of policy		Policy number	Insurer	Policy limit	Policy period
Claims made	Occurrence				
<input type="checkbox"/> *	<input type="checkbox"/>				
<input type="checkbox"/> *	<input type="checkbox"/>				
<input type="checkbox"/> *	<input type="checkbox"/>				

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

Professional: _____ Clerical : _____ Other : _____

18. 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

19. 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/or the coverage is 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
		Premium	Premium
Category A :			
<ul style="list-style-type: none"> Canadian career development practitioners who are members of CCCD's member organizations All Canadian counsellors who hold a Masters degree or PhD in Counselling or related field. 			
1,000,000	1,000,000	\$80 <input type="checkbox"/>	\$115 <input type="checkbox"/>
2,000,000	2,000,000	\$100 <input type="checkbox"/>	\$140 <input type="checkbox"/>
5,000,000	5,000,000	\$165 <input type="checkbox"/>	\$235 <input type="checkbox"/>

		Professional liability only	Professional liability and commercial general liability (for those who contract out their services or bill under a separate entity)
Limit (per claim)	Aggregate (per term)	Premium	Premium
Category B :			
<ul style="list-style-type: none"> All Canadian Counsellors, who have educational level other than Masters degree Students completing Masters degree and working under Supervision of Experienced Counsellor All other counsellors and career development practitioners 			
1,000,000	1,000,000	\$96 <input type="checkbox"/>	\$138 <input type="checkbox"/>
2,000,000	2,000,000	\$132 <input type="checkbox"/>	\$184 <input type="checkbox"/>
5,000,000	5,000,000	\$198 <input type="checkbox"/>	\$282 <input type="checkbox"/>

Deductibles: Professional Liability – Nil / Commercial General Liability – \$500

Legal entity coverage

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

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

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 coverage

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

Property coverage

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			
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	\$50	\$
	Employee dishonesty		
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

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

All cheques payable to Aon Reed Stenhouse Inc., or complete credit card authorization below. 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.

Aon Risk 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

The Applicant(s) (collectively, the "Applicant") confirms that he/she wishes to use Aon's services and consents to Aon's collection, use and disclosure of any personal information required for the following purposes:

- To determine eligibility and process applications for insurance products and to provide information and services as requested
- To understand and assess ongoing needs and offer products and services to meet those needs
- For communication, service, billing and administration purposes
- For claims administration and data analysis
- To comply with legal, audit, security and regulatory requirements
- To verify the personal information provided.

The Applicant authorizes Aon to collect and/or disclose the Applicant's personal information from/to third parties such as insurance companies, other 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 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. The client acknowledges that in providing the requested services, Aon may need to utilize its affiliates and/or third service providers who may be located inside or outside of Canada and therefore personal information may be subject to the laws of that jurisdiction. The Applicant acknowledges that he/she may withdraw a previously given consent for one or more purposes at any time, by contacting Aon's Privacy Officer in writing and understands that such withdrawal may result in Aon's inability to provide the services requested. The Applicant acknowledges that this Consent remains in force until withdrawn by the Applicant in whole or in part, regardless of any other consents the Applicant may sign authorizing the collection, use or disclosure of personal information. Aon's Privacy Policy and Privacy Officer contact information is available at <http://www.aon.com/canada/about-aon/privacy.jsp> or by calling any Aon office in Canada.

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 & 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:

$$\begin{array}{r} \text{Amount of Insurance Carried} \\ \hline \text{Value of the Property} \times 90\% \end{array} \times \text{Amount of Loss} = \text{Claim Payment}$$

$$\begin{array}{r} \$100,000 \\ \hline \$200,000 \times 90\% \end{array} \times \$100,000 = \$55,555 \text{ (the deductible is then applied to this amount)}$$

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.