



natural health practitioners of canada  
 praticiens de la santé naturelle du canada

## Business Insurance Program Application

**Applicant must be a member in good standing of the NHPC to be eligible for this insurance coverage.**

### Applicant information

Name of applicant: \_\_\_\_\_ NHPC membership no.: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal code: \_\_\_\_\_

If you change your business location at any time, you must notify Aon Risk Solutions.

**Additional locations can be added upon request. Limits will be shared across all locations unless otherwise specifically requested.**

Contact name: (if other than applicant) \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Business name (if any): \_\_\_\_\_

Are you the business owner?  Yes  No

Business address (Complete only if different from above.)

Location address 1: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal code: \_\_\_\_\_

Fill Location address 2 only if applicable.

Location address 2: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Is your business a:  Corporation?  Partnership?  Sole proprietorship? No. of years in business: \_\_\_\_\_

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

No. of employees: (including yourself) \_\_\_\_\_ No. of independent contractors: \_\_\_\_\_

Estimated annual gross business receipts: \$ \_\_\_\_\_

Business operations: (check all that apply)

Massage therapist  Other (please specify): \_\_\_\_\_

### Description of business premises

Where is your business normally based?  Your home  Clinic/office  Off-site at clients' premises  Various clinics

If not your home, please describe the type of building your business occupies:

Strip plaza  Medical/office complex  Enclosed mall  Industrial mall

Is your business the sole occupant in the building?  Yes  No

Estimate square feet your business occupies: \_\_\_\_\_ Estimate building age: \_\_\_\_\_ No. of stories: \_\_\_\_\_

If the building is over 30 years old, please estimate dates of upgrades, if applicable:

Plumbing: \_\_\_\_\_ Wiring: \_\_\_\_\_ Roofing: \_\_\_\_\_ Heating: \_\_\_\_\_

Other types of businesses located in the building, if applicable (i.e. office, medical clinic, restaurant, wholesaler):

Is the building: Within 500 feet of a fire hydrant?  Yes  No Within 5 miles (8 km) of a firehall?  Yes  No

Does the building have:  Automatic sprinkler system?  Burglary detection system?  
 24 hour monitoring?  Smoke/heat detectors?  
 Other security measures (i.e. doors, dead bolt locks, bars)? (please specify)

If you have a burglary detection system, please provide the name of the alarm company. \_\_\_\_\_

## Construction details

Check which type of construction applies to the building you occupy: (please check one only)

- Fire resistive (reinforced concrete walls, concrete roof)  
 Non-combustible (masonry walls, steel deck roof)  
 Masonry (solid brick or concrete block walls, wood joist roof and floor)  
 Wood frame; brick veneer; aluminum siding on frame; wood joist roof and floor

If you are a tenant in a clinic or office environment does your lease agreement contain insurance requirements, such as the requirement to add your landlord as additional insured, under your business insurance policy?  Yes  No

## Previous insurance

Insurance company: (not the broker) \_\_\_\_\_

Policy no. \_\_\_\_\_ Expiry date: \_\_\_\_\_

Check if the following applies: I am a member and have never carried business insurance for my practice.

## Previous claims/loss history

Have you had any business insurance losses or claims in the past five (5) years?  Yes  No

If yes, please fill out the following:

Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Approximate amount paid: \$ \_\_\_\_\_

Cause: \_\_\_\_\_

If insufficient space to list claims, please list details on a separate piece of paper.

**Approval of your application may be delayed or refused if claims experience is unacceptable.**

## Coverage requirements

### Base program coverages

The standard NHPC Business Insurance Package Policy includes: **Premium: \$190**

- \$30,000 Business contents\* for each location you regularly occupy (including a maximum of \$25,000 computer equipment)
- \$100,000 Business interruption (profits form) including extra expense
- \$25,000 Employee dishonesty
- \$10,000 Money and securities
- \$10,000 Depositors' forgery
- \$10,000 Counterfeit paper currency and money orders
- \$10,000 Inside/outside

\* This policy contains a 90% co-insurance clause with respect to your property assets: this means you must insure to within at least 90% of the replacement value (contents, equipment, tenants' improvements, computers) or cost price (inventory) at all locations combined, otherwise, in event of a claim, you could have your claim reduced to the extent of the under-insurance.

**\* Important note: Those members with home-based businesses should not include personal contents nor the residence building value under this application. This application is intended to include coverage for business property only.**

### Optional coverage requirements

**Premiums shown are for standard program coverages and limits. Optional coverages and/or increased limits will be subject to additional premiums, which will be quoted to the applicant upon request.**

**Optional higher business contents\* limit:**        \$ \_\_\_\_\_

1. **Complete only if more than \$30,000 business contents limit is required and contact Aon Risk Solutions for a quote.**  
 \*Estimate current replacement cost for clinic equipment, equipment, mini-computers, tenants' improvements and cost price for inventory.
2. **Optional building coverage**  
 If you own your building, or are required to cover your building under your current lease, please contact Aon Risk Solutions for a quote.
3. **Optional business interruption (profits form) including extra expense\*\* limit, if higher than \$100,000:**        \$ \_\_\_\_\_  
**Complete only if more than \$100,000 business interruption (profits form) including extra expense limit is required, and contact Aon Risk Solutions for a quote.**  
 \*\* To calculate business interruption amount, estimate your annual estimated sales less cost of stock for the next 12 months.
4. **Commercial general liability insurance is not automatically included under the business package program. This coverage is available upon request through the business insurance program. Telephone 780.423.9801 to inquire.**

### 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.**

<b>Subtotal</b>	<b>\$</b>	<b>190.00</b>
<b>Tax</b>	<b>\$</b>	
<b>Total enclosed</b>	<b>\$</b>	

### Aon Risk Solutions

10025-102A Avenue, Edmonton, AB T5J 0Y2  
 Fax: 780.423.9876 (attention: Danielle Boisvert or Shamair Turner)  
 Tel.: 780.423.9801 (ask for the NHPC service team)  
 Email: danielle.boisvert@aon.ca or shamair.turner@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.**