

# APPLICATION FOR PROFESSIONAL LIABILITY AND/OR BUSINESS INSURANCE



## APPLICANT INFORMATION

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Initial: \_\_\_\_\_

2. Please provide the following contact information:

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Business Address (if different than above): \_\_\_\_\_

3. Designations/Qualifications of Applicant: \_\_\_\_\_

4. CAA Membership Number: \_\_\_\_\_ In Good Standing with the CAA?  YES  NO

5. During the past 5 years, are you, your partner or principal aware of:

A. Is applicant aware of any negligent act, any mistake that may give rise to a claim or suit for damages?  YES  NO

If 'YES', please attach details on a separate sheet.

B. Have you ever had a Professional Liability claim or loss made against you?  YES  NO

If 'YES', please attach details on a separate sheet.

C. Any ethical or code violations as they pertain to your practice?  YES  NO

If 'YES', please attach details on a separate sheet.

D. Your license, registration or certification has been revoked or suspended?  YES  NO

If 'YES', please attach details on a separate sheet.

E. What was the retro-active date on your previous policy? \_\_\_\_\_

**PLEASE NOTE: THIS INSURANCE COVERAGE WILL BE EFFECTIVE ONLY IF YOU ARE A MEMBER IN GOOD STANDING WITH THE CANADIAN ACADEMY OF AUDIOLOGY AT THE TIME THE LOSS OCCURS. COVERAGE WILL BE IN EFFECT ONLY UPON RECEIPT OF SATISFACTORY PAYMENT AND APPLICATION. THE INSURANCE PREMIUMS ARE FULLY RETAINED AT THE DATE YOU APPLY FOR COVERAGE AND WILL NOT BE REFUNDED.**

## INSURANCE INFORMATION

COVERAGES	Renewal / Cost if insurance is effective July 1 – January 1	Cost if insurance is effective January 2 – June 30
<b>PLAN 1</b> <b>Professional Liability Only</b> <input type="checkbox"/> \$3,000,000 per claim \$4,000,000 aggregate \$100,000 Criminal Defence Reimbursement \$100,000 Legal Expense Disciplinary Hearings \$10,000 Sexual Abuse Therapy Fund \$500/day Loss of Earnings	\$55.00	\$30.00
<b>PLAN 2</b> <b>Professional AND Commercial General Liability</b> <input type="checkbox"/> <i>Same as Plan 1 AND</i> \$ 2,000,000 Commercial General Liability	\$230.00	\$119.00
<b>PLAN 3</b> <b>Professional AND Commercial General Liability AND Office Contents – Same as Plan 1, Plan 2, AND</b> <input type="checkbox"/> \$ 50,000 Office Contents \$ 1,000 Deductible	\$595.00	\$300.00

OPTIONAL COVERAGES / INCREASE LIMITS OF COVERAGE	Cost if you apply between July 1 – January 1	Cost if you apply between January 2 – June 30
<b>Professional Liability</b> – Increase from \$3,000,000 to \$5,000,000 <input type="checkbox"/> <b>Commercial General Liability</b> – Increase from \$2,000,000 to \$5,000,000 <input type="checkbox"/>	\$75.00 \$64.00	\$38.00 \$33.00
<b>Office Contents</b> ( <i>Applies to Plan 3 only</i> ) Increase from \$50,000 to \$100,000 <input type="checkbox"/> Increase from \$50,000 to \$150,000 <input type="checkbox"/> Increase from \$50,000 to \$200,000 <input type="checkbox"/> Increase from \$50,000 to \$250,000 <input type="checkbox"/>	\$84.00 \$167.00 \$246.00 \$295.00	\$42.00 \$84.00 \$123.00 \$165.00
<b>Additional Location</b> Include \$50,000 office contents to a second location. <input type="checkbox"/> <b>Address:</b> _____	\$90.00	\$45.00
<b>Crime Insurance</b> \$25,000 Employee Fidelity Bond # of employees _____ <input type="checkbox"/> \$25,000 Third Party Fidelity Bond	\$33.00 per employee	\$17.00 per employee
<b>Legal Entity Coverage</b> ( <i>Application Required</i> ) <input type="checkbox"/>	\$140.00	\$70.00
<b>Please add applicable tax:</b>  <b>Ontario: 8% / Quebec: 9%</b> <b>All other Provinces/Territories: NO TAX</b>	<b>SUB-TOTAL:</b> \$	\$
	<b>PROVINCIAL TAX:</b> \$	\$
	<b>TOTAL:</b> \$	\$

## DISCLOSURE AND CONSENT

The Client hereby acknowledges that the Broker has been retained by the Client to acquire or renew a policy or policies of insurance or to provide Consulting and/or Risk Management Services for the Client, under which the individual Client, or named individuals in addition to the Client, or where the Client is a commercial or other entity, its employees, servants and representatives (*hereafter collectively called "insured individuals"*) may be insured.

As part of the application for new or renewal insurance coverage(s), the Client hereby authorizes the Broker to collect, use and disclose personal information of such insured individuals as required and as permitted pursuant to relevant privacy laws or other laws.

The Client hereby expressly consents to the Broker collecting, using or disclosing personal information of such insured individuals, or providing such personal information to third parties as required, including insurance companies. Where there are insured individuals in addition to the Client, or where the Client is a commercial or other entity, the Client hereby covenants and warrants that the Client has obtained the appropriate consent from all of the insured individuals to disclose their personal information to the Broker for these purposes accordingly.

The Claim Information Forms, if any, that are attached to this Application include the details of:

- A. All fact situations and incidents which have occurred in the past and which may reasonably be expected to result in a claim, suit or arbitration against the us (the Applicant);
- B. All fact situations and incidents which have occurred in the past and which may reasonably be expected to result in a claim, suit or arbitration against us (the applicant) in the future. All such claims, suits and incidents have been reported to our (Applicants) current or prior insurer(s). It is understood and agreed that all such claims, suits, arbitrations, fact situations and incidents will be excluded from coverage under any policy issued by the Company.

It is understood and agreed that failure to provide true and complete response to any of the questions, statements or request for information in this Application or to provide any other information material to this Application may, at the sole option of the Company, result in the voiding of the insurance policy issued in reliance on this Application and /or denial of coverage for specific claims asserted against us (the Applicant) or any other insured under the policy. The undersigned on behalf of Applicant and all other insured under any this policy issued by the Company, hereby waives any defence to an action by the Company for recession of such policy based upon misrepresentation of fact or failure to disclose material information in connection with this Application. Applicant agrees to hold the Company harmless from all loss as a result of any such misrepresentation or failure to disclose, including, without limitation, all costs and attorney fees incurred by the Company in connection with said action for rescission.

**I HEREBY DECLARE** that the above statements and particulars are true to the best of my knowledge, that I have not suppressed or misstated any facts and I agree that this application shall form part of the insurance policy. I also acknowledge that I am obligated to report any changes that could affect the disclosures in this application that occur after the date of signature, but prior to the effective date of coverage.

\_\_\_\_\_  
*Applicant's Name Printed*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant's Signature*

**Please FAX this completed application to: Harry Churchill-Smith @ 877 595 1649.  
You can also SCAN and EMAIL a completed copy of this application AUDIOLOGY@LMS.CA**

**If you have general inquires or questions about this program please contact: Harry Churchill-Smith P: 416 644 7734 E: HarryS@LMS.ca**

## CREDIT CARD AUTHORIZATION

Date of Transaction: \_\_\_\_\_

Name of Person Authorizing Payment: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Type of Card:  VISA  MASTERCARD

Credit Card Number: \_\_\_\_\_

Credit Card Expiry Date: \_\_\_\_\_

Total Amount to Be Charged: \_\_\_\_\_

Customer Code / Customer Number: \_\_\_\_\_  
(TO BE COMPLETED BY LMS PROLINK)

Request from CSR/TSR \_\_\_\_\_  
(TO BE COMPLETED BY LMS PROLINK)