



Sinclair-Cockburn Financial Group  
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## Professional Liability and Business Insurance Program New Business Application For Members of the Canadian Academy of Audiology July 1, 2009 – July 1, 2011

### GENERAL INFORMATION

Choose Plan I, II, or III and any optional coverage extensions.  
Return this form to Sinclair-Cockburn Financial Group with payment for the coverages selected.

Insured Name \_\_\_\_\_ Your business Name (if applicable) \_\_\_\_\_

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

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

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

### TO BE COMPLETED BY ALL APPLICANTS - PROFESSIONAL LIABILITY

- |  |  |
|--|--|
| 1. Applicant is a Licensed Audiologist? <input type="checkbox"/> Yes <input type="checkbox"/> No   | 2. Are you a member of CAA? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 3. Have you had or do you have Professional Liability Insurance Coverage?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name of your previous or current Insurance Company  |  |
| 4. Have you ever been denied Professional Liability coverage?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details   |  |
| 5. Was your previous Professional Liability insured on a claims-made basis? <input type="checkbox"/> Yes <input type="checkbox"/> No   | 6. Is applicant an ADP Vendor? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 7. How many years experience?  | 8. Are you employed full-time or part-time?<br><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time   |
| 9. How many patients do you treat in a year?   | 10. Do you see patients from outside Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, please confirm the approximate percentage of your total patients seen % |
| 11. In what types of practice setting do you provide services?<br><input type="checkbox"/> Private practice in clinic or office <input type="checkbox"/> Private practice in home <input type="checkbox"/> School <input type="checkbox"/> Community Care Access Centres<br><input type="checkbox"/> Group practice-rehabilitation <input type="checkbox"/> Company (on-site) <input type="checkbox"/> Other (please describe) |  |
| 12. 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide/attach details:  |  |
| B. Have you ever had a Professional Liability claim or loss made against you?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide/attach details:   |  |
| C. Any ethical or code violations as they pertain to your practice?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide/attach details:   |  |
| D. Your license, registration or certification has been revoked or suspended?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide/attach details:   |  |

### PLEASE COMPLETE ONLY IF YOU SELECT PLANS II OR III - DESCRIPTION OF OPERATIONS

13. Please briefly describe the nature of your operations and the type of services rendered by your Practice.  
\_\_\_\_\_
14. Are there operations outside of Canada?  Yes  No If yes, please provide details on a separate sheet.  
\_\_\_\_\_
- |   |  |
|---|--|
| 15. Annual Revenue \$ _____   | 16. Number of Employees _____                |
| 17. Is there a safe on the premises?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | If Yes, what is the classification?<br>_____ |
| 18. Are any tasks involving money handled entirely by one employee? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please provide details on a separate sheet. |  |
| Do all cheques require counter-signature? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 19. Do your operations involve going into patients' homes?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | If Yes, how often?<br>_____                  |

20. Are new employees being asked if they are bondable?  Yes  No If Yes, please provide details and percentage of each operation.

21. Do you have any other business or profession other than audiologist?  Yes  No

22. Loss Payable: Name of All Lender(s) and Lessor(s), if any, which must be named in "Loss Payable" Clause  
Name and address of Lender/Lessor

**PLEASE COMPLETE ONLY IF YOU SELECT PLAN III  
PROPERTY INSURANCE (Please complete one copy for each location)**

23. Street Address

|      |          |             |
|------|----------|-------------|
| City | Province | Postal Code |
|------|----------|-------------|

24. Use of Premises  Office  Clinic   
Other (describe) 25. Approximate Square Footage

26. Have you ever had any property or crime claim in the past 5 years?  
 Yes  No If Yes, please provide/attach details:

27. Protection  Sprinkler System  Firehall within 5km  Fire Hydrant within 500ft  
 Central Station Fire Alarm  Central Station Burglar Alarm

28. Construction of Exterior Walls  
 Brick, Concrete, Steel, Stone  Wood Frame, Brick Veneer

29. Construction of Roof (not shingles or roof coverings)  
 Wood  Concrete  Steel Deck  Other (please specify)

30. Heating Source  Steam  Gas  Electric  Oil  Other 31. Are the premises air conditioned?  Yes  No If yes,  Central Air  
 Individual Units Number of Units:

32. Do all cheques require counter-signature?  
 Yes  No

**COVERAGES Please select Plan I along with optional Plan II or Plan III and choice of Optional Extensions**

\*Note that applicable Ontario tax is 8%, NFLD applicable tax is 14%, AB, BC, SK, NWT, PEI, NB, MS, YK, MB are tax exempt.

|  |   |
|--|---|
| <input type="checkbox"/> <b>Plan I – Professional Liability Limit of \$2,000,000/\$4mil.</b> | <input type="checkbox"/> <b>Extension 1 – Excess Prof. Liability Limit of \$5,000,000/\$7,000,000</b> |
| Annual Premiums  | Annual Premiums   |
| Member of CAA \$58.00 + 25admin + tax*   | Member of CAA \$79.00+tax*  |

|  |   |
|--|---|
| <input type="checkbox"/> <b>Plan II – Commercial Gen. Liability Limit of \$2,000,000/5mil.</b> | <input type="checkbox"/> <b>Extension 2 – Excess Commercial General Liability \$5,000,000/\$5mil.</b> |
| Annual Premiums  | Annual Premiums   |
| \$200 + tax*   | \$79.00 + tax*  |

|  |   |
|--|---|
| <input type="checkbox"/> <b>Plan III – Office Contents Limit of Coverage \$50,000.</b> | <input type="checkbox"/> <b>Extension 3 – Increased Office Contents per each \$50,000 limit</b> |
| Annual Premiums  | Annual Premiums   |
| \$390.00 + tax*  | \$85.00 + tax*  |
| Each Additional Office \$280.00 + tax*   |   |

|  |  |
|--|--|
| <input type="checkbox"/> <b>Extension 4 – Excess Satellite Offices</b> | <input type="checkbox"/> <b>Extension 5 – Fidelity Bond Employee. Limit of \$25,000.</b> |
| Annual Premiums  | Per Employee \$30.00 + tax*  |
| \$79.00 + tax*   | Each Additional Location \$15.00 + tax*  |
|  | Third Party \$165.00 + tax*  |

**For Plan II and Plan III please list all locations on a separate page**

**"I understand that no cover will be in force until the underwriter has accepted the application and the premiums have been paid. I understand that any false statement(s) on this application may void this application."**

Privacy: Have you read Sinclair-Cockburn's Privacy Policy, which is available at www.scfg.ca? Do you consent to the collection, use disclosure and retention of your Personal Information as set out in the Privacy Policy and do you understand that you may (subject to certain restrictions and consequences) later withdraw your consent as to any or all of the purposes identified in that Policy?

By signing this form you are consenting to the Privacy statements above.

**Premiums quoted include standard broker commission of: 20% for all Professional Liability covers and 20% to all others**

**SIGNATURE**

|                     |       |
|---------------------|-------|
| Name (please print) | Title |
|---------------------|-------|

|           |                   |
|-----------|-------------------|
| Signature | Date (mm/dd/yyyy) |
|-----------|-------------------|