

Liability Insurance Program: Application Form 2016 – 2017

Members of the Preventative Health Services Group

You must be an approved member in good standing with the Preventative Health Services Group.

First name _____ Middle initial _____ Surname _____

Mailing address _____
 City _____ Province _____ Postal code _____

Telephone _____ Residence _____

Fax _____ Email _____

Effective date coverage required: _____ Membership no.: _____

Number of years practicing as a preventative health services professional _____

Do you require signed waiver forms from all of your clients? Yes No

Does your landlord, employer or municipality need to be shown as an additional insured? Yes No

If yes, please provide their full legal name and mailing address

Are you a business owner? Yes No

Are you incorporated? Yes No

Please provide the full legal name of your business and mailing address (if applicable)

Summary of coverage:

Mandatory coverage plan – Includes Professional liability and Commercial General Liability (options 1, and 2)

Professional liability:

Limit per claim: \$2,000,000

Aggregate: \$5,000,000

Deductible: Nil

Annual premium option 1 modalities: \$135

Annual premium option 2 modalities: \$185

Commercial general liability:

Limit per occurrence: \$2,000,000

Aggregate: \$5,000,000

Deductible: \$500

Optional coverage plans

\$3,000,000 professional liability/commercial general liability coverage

Annual premium option 1: \$165 Annual premium option 2: \$225

\$5,000,000 professional liability/commercial general liability coverage

Annual premium option 1: \$200 Annual premium option 2: \$270

Teaching extension – available for option 1 modalities only

Annual additional premium: \$25

Legal entity coverage* (professional liability for a company/business which you own)

1 to 2 employees (Annual premium: \$100)

3 to 5 employees (Annual premium: \$200)

6 to 8 employees (Annual premium: \$300)

9 to 12 employees (Annual premium: \$400)

**This coverage is included for those practitioners who are sole proprietors and do not have any employees or contractors working for their business.*

Optional property coverage – Contents/equipment/stock (no building coverage)*

Recommended for all practitioners that operate their own office or own professional equipment.

- | | |
|--|---|
| <input type="checkbox"/> \$5,000 Limit of insurance (Annual premium: \$40) | <input type="checkbox"/> \$75,000 Limit of insurance (Annual premium:\$170) |
| <input type="checkbox"/> \$10,000 Limit of insurance (Annual premium: \$75) | <input type="checkbox"/> \$125,000 Limit of insurance (Annual premium: \$275) |
| <input type="checkbox"/> \$15,000 Limit of insurance (Annual premium: \$100) | <input type="checkbox"/> \$200,000 Limit of insurance (Annual premium: \$440)** |
| <input type="checkbox"/> \$30,000 Limit of insurance (Annual premium: \$125) | <input type="checkbox"/> \$500,000 Limit of insurance (Annual premium: \$850)** |

*Note: the optional property rates do not apply to Yukon, Northwest or Nunavut territories. Please contact the Aon service team for more information.

**Subject to Insurer review and approval

- Blanket Glass Coverage - \$10,000 Limit of insurance (Annual premium: \$15)

Additional coverages: Crime and/or business interruption (only available if you have purchased property coverage)

Crime:

Employee dishonesty: recommended if you have any employees. Covers loss arising out of employee fidelity.

- \$25,000 Aggregate – Annual premium: \$50

Third party extension: covers losses of money due to employees' fraudulent or dishonest act(s) to a third party.

- \$10,000 aggregate – Additional annual premium: \$50

Business interruption: insurance coverage that replaces business income lost as a result of an event (insured peril) that interrupts the operations of your business.

- Business interruption – Profits form including extra expense – \$250,000 Policy limit – Annual premium: \$50

- Business interruption – Extra expense – \$50,000 policy limit – Annual premium: \$25

All premiums are 100% retained and non-refundable

All premiums subject to applicable taxes

Indicate which one of the following options you wish to purchase.

Option no. 1 – Check all modalities for which you require coverage:

- | | | |
|---|--|---|
| <input type="checkbox"/> Aboriginal traditional therapist | <input type="checkbox"/> Facials | <input type="checkbox"/> Pranic healing |
| <input type="checkbox"/> Access bars | <input type="checkbox"/> Fascia stretch | <input type="checkbox"/> Qi gong |
| <input type="checkbox"/> Acupressure | <input type="checkbox"/> Fitness class instructor | <input type="checkbox"/> Quantum touch |
| <input type="checkbox"/> Applied kinesiology | <input type="checkbox"/> Healing touch | <input type="checkbox"/> Raindrop therapy |
| <input type="checkbox"/> Aquatic exercise therapy | <input type="checkbox"/> Heller work | <input type="checkbox"/> Reflexology |
| <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> Hot stem facials/massage | <input type="checkbox"/> Registered massage therapy (excluding Ontario) |
| <input type="checkbox"/> Ayurveda – massage only | <input type="checkbox"/> Hot stone massage | <input type="checkbox"/> Reiki/sonic reiki |
| <input type="checkbox"/> Avalon led light therapy | <input type="checkbox"/> Hurley/osborn practice | <input type="checkbox"/> Rejuvenating face massage |
| <input type="checkbox"/> Axiatonal alignment | <input type="checkbox"/> Hydrotherapy | <input type="checkbox"/> Relaxation massage |
| <input type="checkbox"/> Bach flower remedy | <input type="checkbox"/> Indian head massage | <input type="checkbox"/> Sekhem energy healing |
| <input type="checkbox"/> Bio-energy healing | <input type="checkbox"/> Infrared sauna | <input type="checkbox"/> Setai Massage* |
| <input type="checkbox"/> Biofeedback | <input type="checkbox"/> Ionization detoxification | <input type="checkbox"/> Shamanic healing/coaching |
| <input type="checkbox"/> Black pearl vibrational energy healing | <input type="checkbox"/> Iridology | <input type="checkbox"/> Shiatsu |
| <input type="checkbox"/> Body code | <input type="checkbox"/> Life coaching | <input type="checkbox"/> Sotai |
| <input type="checkbox"/> Body talk | <input type="checkbox"/> Live blood cell analysis | <input type="checkbox"/> Sound therapy |
| <input type="checkbox"/> Body wraps | <input type="checkbox"/> Lomi ancient massage | <input type="checkbox"/> Structural integration |
| <input type="checkbox"/> Bowen technique | <input type="checkbox"/> Lymphatic drainage massage | <input type="checkbox"/> Sugaring/waxing |
| <input type="checkbox"/> Brine baths | <input type="checkbox"/> Magnetic therapy | <input type="checkbox"/> Swedish massage |
| <input type="checkbox"/> Chair massage | <input type="checkbox"/> Matrix energetics | <input type="checkbox"/> Tai chi |
| <input type="checkbox"/> Colour therapy | <input type="checkbox"/> Meditation training | <input type="checkbox"/> Thai massage |
| <input type="checkbox"/> Chakra balancing | <input type="checkbox"/> Myofacial release massage | <input type="checkbox"/> Therapeutic touch |
| <input type="checkbox"/> Cranial sacral therapy | <input type="checkbox"/> Myomassology | <input type="checkbox"/> Thermography |
| <input type="checkbox"/> Crystal healing | <input type="checkbox"/> Nia | <input type="checkbox"/> Touch for health |
| <input type="checkbox"/> Deep tissue/sports massage | <input type="checkbox"/> Niromathe | <input type="checkbox"/> Trager approach |
| <input type="checkbox"/> Doula services | <input type="checkbox"/> Nordic pole walking | <input type="checkbox"/> Trigger point therapy |
| <input type="checkbox"/> Eden energy medicine | <input type="checkbox"/> Nutritionist | <input type="checkbox"/> Tuina |
| <input type="checkbox"/> Emotional code | <input type="checkbox"/> Osteopathic manual practitioner | <input type="checkbox"/> Vibroacoustic therapy |
| <input type="checkbox"/> Emotional freedom technique | <input type="checkbox"/> Personal training | <input type="checkbox"/> Yamuna body rolling |
| <input type="checkbox"/> Esoteric therapy | <input type="checkbox"/> Pilates | <input type="checkbox"/> Yoga |
| <input type="checkbox"/> Exfoliations | <input type="checkbox"/> Polarity therapy | |

*no coverage will be afforded for adjustments of the spine, neck, nervous system and joints. No diagnosis of such conditions and or any practice of a chiropractor

Option no. 2 – Includes option no. 1 modalities; Check all modalities for which you require coverage		
<input type="checkbox"/> Acupuncture/traditional Chinese medicine	<input type="checkbox"/> Electrodermal screening	<input type="checkbox"/> Kairos/Shen therapy
<input type="checkbox"/> Animal massage and energy healing therapy	<input type="checkbox"/> Executive and business coaching	<input type="checkbox"/> Lower level laser therapy
<input type="checkbox"/> ARC – a return to consciousness	<input type="checkbox"/> FitPaws master trainer	<input type="checkbox"/> Matrix reimprinting
<input type="checkbox"/> Ayurveda – other than massage	<input type="checkbox"/> Heilkunst	<input type="checkbox"/> Neurolinguistic programming
<input type="checkbox"/> Bio energetic intolerance Elimination	<input type="checkbox"/> Homeopathy	<input type="checkbox"/> Paddleboard yoga*
<input type="checkbox"/> Counselling/psychotherapy	<input type="checkbox"/> Hydro massage	<input type="checkbox"/> Psychosomatic energetics
<input type="checkbox"/> Cupping	<input type="checkbox"/> Hypnotherapy/past life regression	<input type="checkbox"/> Therapeutic clown
<input type="checkbox"/> Digital pulse analyzer	<input type="checkbox"/> Indirect moxibustion	<input type="checkbox"/> Theta healing
<input type="checkbox"/> Ear candeling	<input type="checkbox"/> Journey practitioner	<input type="checkbox"/> Trigenics

***Please note: For practitioners of Paddleboard Yoga:**

- Coverage does not extend to liability arising from the treatment of children/minors/pregnant women and those who have medical conditions where immersion in water could further exacerbate those medical conditions.
- Waiver/disclaimer is required for each participating client to be answered and signed off.
- All clients of the class must disclose conditions as per the questions asked on the waiver.
- All clients must wear a life jacket when participating in the Paddleboard Yoga classes.
- CPR is required for practitioners providing Paddleboard Yoga classes.

The applicant does hereby provide the following warranty to the insurer

Does the applicant, any of the applicant’s employees or any other person proposed for this insurance have knowledge or information of any fact, circumstance or situation which could reasonably give rise to a claim which would fall within the scope of the proposed insurance? Yes No

If yes, please provide details:

It is understood and agreed that if knowledge of any such facts, circumstances or situations exists, whether or not disclosed, any claim or action subsequently arising or developing therefrom shall be excluded from coverage under any policy.

Have you ever sustained a professional liability property or general liability loss or have any claim(s) been made against you in the past 5 years? If so, please provide details split by coverage type and include the number of claims per year and the total incurred losses for the year Yes No

If yes, please provide details:

Is your location greater than 1km from a fire hydrant? Yes No

Is your location greater than 5kms from a fire hall? Yes No

Privacy notice

The collection, use and disclosure of personal information through this application and Aon's services is governed by Aon's Privacy Policy <http://www.aon.com/canada/about-aon/privacy.jsp>.

Highlights

Aon 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 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 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.

Aon 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>.

Please note: Coverage will not be effective until the fully completed, signed and dated application has been received and approved, and payment has been made in full.

Applicant name _____ Title _____

Signature _____ Date _____

Payment form

Complete the calculation below using the premium information provided at the end of the application:

Option premium	\$ _____
Teaching (Available for option 1 modalities only)	\$ _____
Optional legal entity coverage	\$ _____
Optional property coverage	\$ _____
Optional crime coverage (only available if property coverage has been purchased)	\$ _____
Optional business interruption (only available if property coverage has been purchased)	\$ _____
Subtotal	\$ _____
Add 9% Quebec tax, 8% Ontario tax, 8% Manitoba tax or 15% Newfoundland tax, if applicable	\$ _____
Total due**	\$ _____

** Premiums and annual association fees are to be paid to Preventative Health Services Group**

Note: Payment and completed applications are to be sent to Preventative Health Services Group, 15 Vicora Linkway, Suite 602, Toronto, Ontario, M3C 1A7 or by email to george@phsg.ca

Applications will be forwarded by Preventative Health Services Group to Aon Risk Solutions for review and issuance of your evidence of insurance.

All program-related inquiries and coverage/insurance questions are to be directed to Aon Risk Solutions at phsg@aon.ca or by contacting the Aon service team at 1.866.335.5551.

Aon Risk Solutions | Programs Service Team
 600 Alden Road, 7th Floor | Markham, ON L3R 0E7
 Toll-free: 1.866.335.5551 | Fax: 1.866.335.5524
 Email: phsg@aon.ca

Preventative Health Services Group rate schedule:

Please select the option and the month in which you are entering the plan	Professional liability and commercial general liability – \$2,000,000 limit of liability	Professional liability and commercial general liability – \$3,000,000 limit of liability	Professional liability and commercial general liability – \$5,000,000 limit of liability	Teaching (only available for option 1 modalities)
Option 1				
October	135.00	165.00	200.00	25.00
November	123.00	151.00	183.00	23.00
December	112.00	137.00	167.00	21.00
January	101.00	123.00	150.00	19.00
February	89.00	109.00	133.00	17.00
March	79.00	97.00	117.00	15.00
April	68.00	83.00	100.00	12.00
May	57.00	69.00	84.00	10.00
June	45.00	55.00	67.00	8.00
July	35.00	45.00	50.00	7.00
August	35.00	45.00	50.00	7.00
September	35.00	45.00	50.00	7.00
Option 2				
October	185.00	225.00	270.00	
November	169.00	206.00	247.00	
December	154.00	187.00	225.00	
January	138.00	168.00	202.00	
February	123.00	149.00	179.00	
March	108.00	132.00	158.00	
April	93.00	113.00	135.00	
May	72.00	94.00	113.00	
June	62.00	75.00	90.00	
July	50.00	60.00	70.00	
August	50.00	60.00	70.00	
September	50.00	60.00	70.00	

Property insurance

Property limit	\$5,000	\$10,000	\$15,000	\$30,000	\$75,000	\$125,000	\$200,000	\$500,000
October	40.00	75.00	100.00	125.00	170.00	275.00	440.00	850.00
November	37.00	69.00	92.00	114.00	156.00	252.00	403.00	778.00
December	33.00	62.00	83.00	104.00	142.00	229.00	367.00	708.00
January	30.00	56.00	75.00	95.00	127.00	206.00	329.00	636.00
February	27.00	50.00	66.00	83.00	113.00	182.00	292.00	564.00
March	23.00	44.00	59.00	73.00	100.00	162.00	258.00	498.00
April	20.00	38.00	50.00	63.00	85.00	138.00	221.00	426.00
May	17.00	31.00	42.00	52.00	71.00	115.00	184.00	356.00
June	10.00	25.00	33.00	42.00	57.00	92.00	147.00	284.00
July	10.00	19.00	25.00	32.00	43.00	69.00	111.00	214.00
August	10.00	19.00	25.00	32.00	43.00	69.00	111.00	214.00
September	10.00	19.00	25.00	32.00	43.00	69.00	111.00	214.00

Additional coverage (only available if insured has purchased property coverage)

	Crime	Third party extension to crime	Business interruption – profits form incl. extra expense	Business interruption – extra expense	Blanket Glass Coverage
October	50.00	50.00	50.00	25.00	15.00
November	46.00	46.00	46.00	23.00	15.00
December	42.00	42.00	42.00	21.00	15.00
January	37.00	37.00	37.00	19.00	15.00
February	33.00	33.00	33.00	17.00	15.00
March	29.00	29.00	29.00	15.00	15.00
April	25.00	25.00	25.00	13.00	15.00
May	21.00	21.00	21.00	11.00	15.00
June	17.00	17.00	17.00	8.00	15.00
July	13.00	13.00	13.00	7.00	15.00
August	13.00	13.00	13.00	7.00	15.00
September	13.00	13.00	13.00	7.00	15.00