

HOLMAN

INSURANCE BROKERS LTD.

7050 Woodbine Avenue Suite #400, Markham Ontario Canada L3R 4G8 Website: www.holmanins.com
Telephone: 905-886-5630 Toll Free: 1-800-567-1279 Fax: 905-886-5622 E-mail: service@holmanins.com



Sponsored Insurance Program For Canadian Federation of Podiatric Medicine

INTRODUCING NEW PROGRAM

An insurance product specifically designed to meet the needs of CFPM throughout Canada.

COVERAGES

Professional Malpractice Liability Insurance

\$1,000,000 Per claim/\$2,000,000 Aggregate

\$2,000,000 Per claim/\$2,000,000 Aggregate Defence Costs, Settlement and Claim Expenses (part of the policy limit)

- Territory – suits brought in Canada and it's Territories

ELIGIBLE RISKS

Canadian Podiatrists/Chiropractors in good standing with their Provincial Regulatory Authority or members of Canadian Podiatric Medical Association

PROGRAM HIGHLIGHTS

- Rates for Surgery and Non-Surgery
- Coroners Inquest Expense Coverage - \$5,000 Sub-limit
- Disciplinary Legal Expense Coverage - \$10,000 Sub-limit
- Retroactive Date: Date of initial purchase of continuous claims made coverage (otherwise inception of policy)
- Extended Reporting Period: Automatic 30 days in the event of non-renewal or cancellation (for other than nonpayment of premium) at no charge.
- No additional charge for entity coverage for sole proprietors operating Personal Service Corporations.
- No charge for staff and students under your supervision
- CGL and Property coverage available
- 2 year policies and higher limits are available upon request.

SERVICE LEVEL AND CONTACT NAMES:

We recognize that CFPM members want to buy their insurance quickly and simply. That is why our insurance policy is backed up by exceptional service levels featuring:

- Most quotes provided within 48 hours
- A fast-track service for urgent submissions
- Confirmation of Insurance within 48 hours of binding
- Claims handled by reputable and experienced claims managers

CONTACT

Mark Holman

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Paul Holman

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Elizabeth Holman

email: elizabeth.holman@holmanins.com

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2010 CHIROPODISTS/PODIATRISTS PROGRAM PROFESSIONAL LIABILITY INSURANCE APPLICATION

THIS APPLICATION IS FOR A CLAIMS MADE POLICY.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. DO NOT LEAVE ANY SPACE BLANK. INDICATE N/A" IF A QUESTION IS INAPPLICABLE. IF THE SPACE PROVIDED IS INSUFFICIENT, PLEASE ATTACH DETAILS ON A SEPARATE SHEET.

SECTION I — THE APPLICANT — To be completed by all applicants.

A) Name of Practitioner(s): _____

IF Entity Coverage is Required Please Complete Section V.

B) Mailing Address: _____

Phone No.: _____ Fax No.: _____

email Address: _____ Website URL: _____

C) Location of Practice: _____ CFPM Membership No(s): _____

SECTION II - DETAILS OF PRACTICE - To be completed by all applicants.

A) Does the Practitioner require insurance coverage for surgical procedures? YES NO

If YES, please explain: _____

B) Please describe non-surgical services provided and/or areas of specialization.

SECTION III – INSURANCE COVERGE – If you are renewing your policy with Creechurch do not complete this section.

A) During the last five (5) years, has the Practitioner carried Professional Liability insurance? YES NO
If YES, please complete the following for all previous policies:

INSURER	TERM	LIMIT	DEDUCTIBLE	PREMIUM

B) When was the first date on which the Practitioner purchased continuous claims made coverage?

C) Has continuous claims made insurance coverage been in effect since this date? YES NO
If NO, please contact Holman Insurance Brokers Ltd.

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SECTION IV - INCIDENTS /CLAIMS To be completed by all applicants.

- A) Has the Practitioner ever been declined, non-renewed or cancelled by any insurer for Professional Liability insurance? YES NO If YES, please explain:
- B) Has the Practitioner ever been refused membership or had his/her membership rescinded in any professional association? YES NO If YES, please explain:
- C) Has any claim been made against the Practitioner in respect of professional services performed? If YES, please complete the following: YES NO If Yes, please provide/attach details:
- D) Is the Practitioner aware of any situation or circumstance, which may reasonably result in a claim? YES NO If Yes, please provide/attach details:

SECTION V - ENTITY COVERAGE

Please complete this section ONLY if you require coverage for your clinic/entity.

- A) Legal name of Clinic/Entity (If not, incorporated please list the name under which you operate):

- B) List all owners of this Clinic/Entity:

- C) List all Chiropractors who work for this Clinic/Entity: _____
- D) Do all Chiropractors listed in item #C carry Professional Liability Insurance? YES NO
If YES, are current Certificates of Professional Liability Insurance maintained on file? YES NO
(If NO, please contact Holman Insurance Brokers Ltd.)
- E) Are there any other medical professionals employed by the Clinic/Entity? YES NO
- F) Do these medical professionals carry their own professional Liability Insurance? YES NO
If YES, are current Certificates of Professional Liability Insurance maintained on file? YES NO
(If NO, please contact Holman Insurance Brokers Ltd.)

Privacy: Have you read Holman Insurance Brokers Ltd. Privacy Policy, which is available at www.holmanins.com? 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.

By purchasing insurance from Creechurch International Underwriters Ltd. (Creechurch) through Lloyd's of London (Lloyd's), a customer provides Creechurch with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with Lloyd's underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law.

Further information about Creechurch's personal information protection policy may be obtained by contacting their privacy officer at 416-601-2155

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WARRANTY STATEMENT

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. The undersigned also warrants that they have not suppressed or misstated any material facts.

If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants he or she will immediately report such changes to the Insurer.

Signing of this Application does not bind the undersigned to purchase this insurance, nor does it bind the Insurer to complete this insurance. However, should the Insurer bind and issue a policy, this Application shall serve as the basis of such contract and will be attached to and form part of the policy.

SIGNED: _____ DATED: _____

NAME (Please Print): _____ TITLE/POSITION: _____

PREMIUM CALCULATOR

	Limits	Deductible	Annual Premium (no surgery)	Annual Premium (surgery)	SELECTED PREMIUM
<input type="checkbox"/>	\$1,000,000 per Claim \$2,000,000 Aggregate	\$500	\$550	\$675	\$
<input type="checkbox"/>	\$2,000,000 per Claim \$2,000,000 Aggregate	\$500	\$900	\$1,150	
Entity Coverage available for:				Additional Premium	
<input type="checkbox"/>	\$1,000,000 Limit	entity added on only one policy		\$150	\$
		entity added on two policies		\$75	\$
		entity added on three or more policies		\$ 50	\$
<input type="checkbox"/>	\$2,000,000 Limit	entity added on only one policy		\$200	\$
		entity added on two policies		\$75	\$
		entity added on three or more policies		\$50	\$

Commercial General Liability - OPTIONAL

	Limits	Deductible	Annual Premium	
<input type="checkbox"/>	\$1,000,000 Limit	\$1,000 P.D.	\$350	\$
<input type="checkbox"/>	\$2,000,000 Limit	\$1,000 P.D.	\$550	

Commercial Property - OPTIONAL

	Limits	Deductible	Annual Premium	
<input type="checkbox"/>	\$50,000 - contents - excluding Portable computers	\$1,000 per claim, except Sewer Backup - \$2,500 each claim	\$350	\$

SELECT THE REQUIRED COVERAGES AND CALCULATE

For 2 year policy premiums, please contact us.

TOTAL	\$
Add Ontario Tax 8% if applicable	\$
GRAND TOTAL	\$

Please remit forms (page 1- 3) along with payment payable to:

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Policy Information for Insurance Program for CANADIAN FEDERATION OF PODIATRIC MEDICINE

Policy Wording:	<u>Lloyd's Property Wording</u>
Standard Endorsement(s) now incorporated into the wording:	<ul style="list-style-type: none">• Data / Media Clarification Endorsement• Absolute Date Recognition Endorsement
Conditions:	<ul style="list-style-type: none">• Signed application must be received with payment prior to binding
Referral Criteria:	<ul style="list-style-type: none">• Limits in excess of those noted unless an excess rate is noted• Any U.S. exposure• Any risk with claims• Any risk with services other than those defined under the program
EXTENSIONS:	<ul style="list-style-type: none">• EDP Breakdown Coverage \$5,000 Limit• Newly Acquired Contents \$25,000 for 90 days• Insured Property in Transit or Temporarily off the Premises \$5,000 Limit• Parcel Post \$5,000 Limit• Valuable Papers \$25,000 Limit• Accounts Receivable \$25,000 Limit• Extra Expense and Expediting Expense, Including loss due to Civil Action For 30 Days \$10,000 Limit• Damage to Building by Theft \$5,000 Limit• Debris Removal 25% Maximum \$25,000 Limit• Pollution Clean-up and Removal \$10,000 Limit• Tenants' Leasehold Interest-Rents \$10,000 Limit• Glass Included for Building Owners, \$1,000 limit for any one plate for tenants, subject to a \$5,000 limit per occurrence

CONTACT NAMES:

Mark Holman email: mark.holman@holmanins.com
Paul Holman email: paul.holman@holmanins.com
Elizabeth Holman email: elizabeth.holman@holmanins.com

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Policy Information for Insurance Program for CANADIAN FEDERATION OF PODIATRIC MEDICINE

Policy Wording:	<u>Chiropracist/Podiatrist CGL Wording 100703</u>
Standard Endorsement(s) now incorporated into the wording:	<ul style="list-style-type: none">• Terrorism/War Exclusion• Abuse Exclusion• Mould Exclusion• Products and Completed Operations Exclusion
Conditions:	<ul style="list-style-type: none">• Payment must be received at time of binding.• No stand alone CGL coverage – must be purchased as part of the program package
Referral Criteria:	<ul style="list-style-type: none">• Limits other than \$2,000,000• Any U.S. exposure• Any risk with claims Any risk with services other than those defined in the Master policy

CONTACT NAMES:

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Policy Information for Insurance Program for CANADIAN FEDERATION OF PODIATRIC MEDICINE

Policy Wording:	<u>Chiropracist/Podiatrist Professional Liability Insurance Program</u>
Standard Endorsement(s) now incorporated into the wording:	<ul style="list-style-type: none">• Mould Exclusion• Terrorism/War Exclusion• Disciplinary Hearings Legal Expense Endorsement• Coroners Inquest Legal Expense Endorsement• Abuse Exclusion• Crystalline Silica – Silicosis Exclusion• Data / Media Clarification Endorsement• Absolute Date Recognition Endorsement
Conditions:	<ul style="list-style-type: none">• Must be a member in good standing of College of Chiropracists of Ontario or CPMA• Signed application must be received with payment prior to binding
Referral Criteria:	<ul style="list-style-type: none">• Limits other than noted above• Any U.S. exposure• Any risk with claims• Any risk with services other than those defined by College of Chiropracists of Ontario or CPMA

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