

HOLMAN

INSURANCE BROKERS LTD.



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Personal Support Worker (PSW) & Home and Community Care Service Workers Insurance Application

www.holmanins.com

www.pswinsurance.ca

NOTE: THIS APPLICATION IS AN IMPORTANT DOCUMENT AND IS BEING RELIED ON BY THE INSURER TO DETERMINE WHETHER IT WILL PROVIDE YOU WITH COVERAGE. PLEASE ENSURE THAT ALL RESPONSES ARE ACCURATE. THIS DOCUMENT WILL FORM PART OF YOUR POLICY

This program has been specifically designed for Personal Support Workers and Home and Community Care Services

workers. This includes other names used for someone performing similar duties including Health Care Aide, Personal Care Attendant / Aid, Visiting Homemaker, Respite Care Worker, Palliative Care Worker, Supportive Care Assistant or Patient Services Associate. Personal Support Workers are not part of the Regulated Health Professional Act and is therefore a non-regulated service providers. They can provide light house duties however, It does not cover workers doing household repairs, handyman, painters, gardeners, snow shoveling or the use of automobiles in the course of the workers duties.

"Applicant" means the individual detailed below. This application form must be completed in ink, signed, and dated by the **Applicant**. Please attach an updated and relevant resume/CV together with certificates proving all relevant qualifications in respect of this application. All questions must be answered and where appropriate "Not Applicable" or "N/A" specified. The completed application form along with additional information provided will form part of the contract of insurance with the Insurers. All facts material to the proposed insurance must be disclosed fully and truthfully and to the best of the **Applicant's** knowledge and belief whether or not they are the subject of a specific question herein. In addition to the information contained in the application form including all supporting documentation, if the **Applicant** is aware of any other information which it considers may alter, influence, or prejudice the Insurers' appraisal of the risk being proposed, this information must be disclosed in conjunction with this application form.

PROFESSIONAL LIABILITY – "Claims Made"

What is Professional Liability?

Professional Liability is liability coverage designed to protect professionals against liability or errors and omissions in performing their professional services. Our professional liability policy covers economic or financial losses suffered by third parties, as a result of your professional services rendered.

This insurance under Professional Liability, is underwritten on a "claims made" basis, which means that if a claim is made against the **Applicant**, then the **Applicant** MUST have a current policy in force at the time the loss occurs..

PROFESSIONAL LIABILITY – "Claims Made" and Reported, defense cost inclusive:

- Professional Liability optional limits up to \$5,000,000 / \$10,000,000 Aggregate
- Libel & Slander \$100,000
- Loss of Documents \$100,000
- Personal Information Protections and Electronic document Act \$25,000
- Infringement of Copyright \$100,000
- Criminal Proceedings Defence Cost \$25,000
- Legal Representation Costs \$50,000
- Defence Cost and Expenses \$150,000
- Legal Representation Costs \$50,000
- Duty to Defend \$100,000
- Disciplinary Action Reimbursement
- Breach of Confidentiality & Data Protection
- General Liability \$1,000,000
- Sexual Harassment / Abuse \$50,000
- Expert Witness \$500 per day Maximum
- Loss of Earnings to Attend Trial \$500 per day Maximum.
- Remedies Products Liability \$250,000
- Rescuers & Good Samaritans \$1,000
- Therapy and Counselling Fund \$25,000
- Communicable Disease Exclusion

COMMERCIAL GENERAL LIABILITY POLICY – "Occurrence Basis" \$1,000,000 Included

What is Commercial General Liability Insurance?

Insurance to protect a person against legal responsibility arising out of a negligent act or failure to act as a prudent person would have acted to which results in bodily injury or property damage to another party, such as slip and fall on premises.

- Bodily Injury and Property Damage Liability - optional limits up to \$5,000,000
- Personal Injury and Advertising Liability \$1,000,000
- Medical Payments \$2,500 per person
- Tenants Legal Liability \$1,000,000

Extensions:

- Employee Benefits Extension
- Employer's Liability Extension
- Non- Owned Automobile Liability \$1,000,000

The policy applied for does:

- A. NOT cover any actual or alleged act, error, omission, and/or event committed or occurring before the Retroactive Date;
- B. NOT cover any Claim(s) or Circumstance(s), investigation, or proceeding you were aware of (or should reasonably have been aware of) prior to the Inception of this policy;
- C. NOT cover any notification you make after the expiration of 1. the policy period or its earlier termination date, if any; or 2. The Extended Reporting Period, if any, and then only in accordance with the terms described in the policy.
- D. The limits for Defence Costs are included in the limit of liability and any payment of Defence Costs shall reduce the Limit of Indemnity available in respect of payment of Claims.

This application applies only to the Professional Services specifically applied for by the **Applicant as s Personal Support Worker**.

Applicant Acknowledgement

Signature

Date

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WARNING

If the Applicant receives a claim or becomes aware of a circumstance that may give rise to a claim, the Applicant must contact Holman Insurance Brokers Ltd. immediately to ensure that the claim notification provisions under the policy are adhered to. Failure to do so could prejudice the Applicant's ability to claim under the Applicant's insurance policy.

If the Applicant is a new client to Holman Insurance Brokers Ltd. and the Applicant's previous liability policy was not on a "claims made" basis with the same "retro-active date" to that provided under this insurance application, please call Holman Insurance Brokers Ltd. for advice as the Applicant may be exposed to a gap in cover. It is the responsibility of the Applicant to understand the type of insurance they are applying for.

Personal Information of The Applicant (You) - Please provide the following specific information:

1.a.	Full Name of Applicant :	First Name	Initial	Last Name
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b.	Location Address:	Street Address		
	City	Province	Postal Code	

- 2.a. Do you operate under a Business Entity or Partnership? ☐ Yes ☐ No
If yes, Full Name of Business:

Note for Incorporated Business Entity or Partnership Coverage:

This policy being applied for will cover the Business Entity or Partnership if incorporated. There is an additional charge for an Incorporated companies and partnerships. All professionals must apply for individual coverage separately.

2 b.	Telephone Number:	Business #	Cell #
2.c.	Email Address:	Fax #	
	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Female <input type="checkbox"/> Male	

- 3.a. Qualifications – **PLEASE ATTACH CERTIFICATES for new applicants and new certifications**

Name of Association, School or Centre	Course Title	Dates MM/DD/YY

3. b Associations that you are a current subscribing member of (Including membership Nos):-

Name of Association	Membership No.	Date First Joined	Membership Type

Please note that the Applicant does not need to be a member of any association, but must have either a PSW Certificate, nursing degree or training or relevant First Aid Certificate and CPR training.

4. Date Started Practice: MM/DD/YY _____

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5.. What is your annual income? Past 12 months: Anticipated for next 12 months:

\$ \$

6.. Do you require liability coverage for any Additional Insured's? ☐ Yes ☐ No
An additional premium loading will apply. Please refer to premium calculation page.

It is requested the following entities are to be added to the policy as Additional Insured, but only with respect to the operation of the Named Insured. The certificate applies to the named insured while operating within the scope of your Professional Services.

Name and complete address, including postal code AND email of Additional Insured:			Interest in the insurance:
Name:			<input type="checkbox"/> Health Care Organization <input type="checkbox"/> Municipality <input type="checkbox"/> Sponsor
Email :			
Address: (Street)	Province:	Postal Code:	

7.a. The policy being applied for provides \$250,000 limited liability coverage for the retail sale to your clients for natural supplements, herbal remedies, creams, gels, powders, essential oils, spritzers, tinctures, homeopathic or flower remedies and/or any bottles, jars or dispensers provided in connection thereto. ☐ Yes ☐ No

Do you require additional products liability coverage in excess of \$250,000?

b. Do you manufacture or distribute any products? ☐ Yes ☐ No
If yes, please note these products are specifically excluded. You may apply separately for additional coverage. Please contact our office for a supplementary application.

c. Do you require these coverages for contents, stock, crime, business interruption theft and fire coverage? ☐ Yes ☐ No
If yes, these coverages are specifically excluded, however you may apply separately for these additional coverages. Please contact our office for a supplementary application.

A commercial package policy is bundled business insurance coverage for various perils, such as commercial contents, business interruption, crime and commercial general liability.

8. Do you currently purchase Professional Liability Insurance? If **YES**, please give full details: ☐ Yes ☐ No

LIMIT:	DEDUCTIBLE	EXPIRY DATE MM/DD/YY	RETRO-DATE if applicable MM/DD/YY	PREMIUM

9. Do you keep records for at least 7 years for all patients/clients? ☐ Yes ☐ No

If **NO**, please advise why the answer is **NO**:

10. Do you obtain satisfactory consent in writing from each patient (guardian) / prior to starting services? ☐ Yes ☐ No
If **YES**, please attach sample copy of consent form, intake form or client waiver. IF **NO**, Please explain why **NO**.

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|-----|--|------------------------------|-----------------------------|
| 11. | Have any negligence claims ever been made against you whether successful or otherwise? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. | Have any claims for dishonesty ever been made against you whether successful or otherwise? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. | Have any complaints or investigations ever been made or undertaken against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. | Have you ever had a document relating to the Applicant's activities unintentionally destroyed, damaged, lost or mislaid? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. | Has the Applicant ever been convicted of a criminal offence, other than a motoring offence, or have any prosecution pending? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. | Have any libel or slander claims, infringement of copyright or breach of confidentiality ever been made against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. | Have any sexual harassment and/or abuse claims ever been made against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. | Are you aware of any circumstances which may give rise to a potential claim or request for indemnity under this professional liability insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. | Have you ever had a claim made against you whether successful or otherwise in respect of bodily injury, property damage, premises (including tenant's liability), liability, personal injury, advertising liability or medical expenses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

NOTE: If the answer to any of 11-19 above is YES, please provide full details here or attached sheet if space insufficient:

Personal Support Worker (PSW) & Home and Community Care Service Workers Insurance Application

Services Provided

Personal Support Workers (PSW) and Home and Community Care Services workers are *front line* health care service providers who provide direct care to the elderly or ill patients in a wide variety of settings and play a crucial role in our health care system. They are not part of the Regulated Health Professional Act and are therefore a non-regulated service providers..

Please indicate ☒ which services your typically provide for which coverage is required:

- ☐ Health Care Aide
- ☐ Home Support Care Worker
- ☐ Palliative Care Worker
- ☐ Patient Services Associate
- ☐ Personal Care Attendant / Aid / Companion
- ☐ Respite Care Worker
- ☐ Supportive Care / Community Care Worker
- ☐ Visiting Homemaker
- ☐ Other Please specify _____

PREMIUM CALCULATION & INVOICE

Subject to a satisfactory application and approved by the insurer, The **Applicant**, will be charged the following:

COVERAGE: Professional Liability – “Claims Made” and Reported, costs inclusive and \$1,000,000 Commercial General Liability – Occurrence Basis Included

▼ Check select and check off the required limit.		Write the applicable premium in the column ▼	
		Annual Premium	PREMIUM
<input type="checkbox"/>	\$1,000,000 per Claim / \$2,000,000 Aggregate	\$295.00	\$
<input type="checkbox"/>	\$2,000,000 per Claim / \$4,000,000 Aggregate	\$345.00	
<input type="checkbox"/>	\$3,000,000 per Claim / \$6,000,000 Aggregate	\$445.00	
<input type="checkbox"/>	\$5,000,000 per Claim / \$10,000,000 Aggregate	\$545.00	

Increase – Commercial General Liability

<input type="checkbox"/>	\$1,000,000 per Occurrence / \$1,000,000 Aggregate	\$ Included	\$
<input type="checkbox"/>	\$2,000,000 per Occurrence / \$2,000,000 Aggregate	\$50	
<input type="checkbox"/>	\$3,000,000 per Occurrence / \$3,000,000 Aggregate	\$150	
<input type="checkbox"/>	\$5,000,000 per Occurrence / \$5,000,000 Aggregate	\$250	

▼ If you answered YES to questions additional charge applies

<input type="checkbox"/>	Business Entity – Question 2.a.	Add \$100	\$
<input type="checkbox"/>	Additional Insured – Question 6.	Add \$50 Per additional insured	\$
		ADD POLICY FEE	\$ 50.00
		TOTAL BEFORE TAX	\$
For residents of Manitoba add 7% Newfoundland/Labrador add 15% Quebec add 9% Ontario add 8% Saskatchewan add 6% Other provinces no tax		TAX	\$
		TOTAL INCLUDING TAX	\$

All premiums are annual and 100% retained.

Please retain a copy for your records as no other invoice will be provided. Rates are subject to change without notice.

Please advise the date insurance required is to be effective:	MM/DD/YYYY
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Personal Support Worker (PSW) & Home and Community Care Service Workers Insurance Application

Protection of the Applicant's Personal Information:

By completing this application and returning it to Holman Insurance Brokers Ltd., the **Applicant** agrees and consents to the collection, use and disclosure of such information, including any personal information, by Holman Insurance Brokers Ltd. For the following purposes:

- Communicating with the **Applicant**
- Assessing the **Applicant's** application for insurance
- Disclosing information to Insurance Companies
- Negotiating, maintaining or renewing insurance on the **Applicant's** behalf
- Providing claims assistance and service.
- Advising the **Applicant** of other products or services
- Complying with regulators and legal authorities

For more information about our privacy policies and practices or for a copy of our Privacy Policy please visit our web site www.holmanins.com or contact our Privacy Officer at Holman Insurance Brokers Ltd.

DISCLOSURE OF MATERIAL FACTS

It is essential that every **Applicant** when seeking a quotation, taking out or renewing an insurance policy reveals to the prospective Insurer(s) any material facts or information (including any material circumstances or change in circumstances) which might influence the judgment of Insurer(s) in determining the premium or in determining whether they will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the Insurer(s) and enable them to repudiate liability there under. If you have any doubt as to what constitutes a material fact or circumstance, seek professional advice.

PROGRAM DISCLOSURE

Your coverage will be placed with a program administered by Holman Insurance Brokers Ltd. We have engaged in a marketing process to offer a competitive product on a group basis with insurers as we have not acted as a broker for any individual participant. Should your application not be accepted for whatever reason by the insurer, the information may be used by Holman to seek an alternative insurer if available.

EMAIL AUTHORIZATION

In an effort to bring our policy holders the most cost-effective insurance plan, all of our correspondence is completed electronically, including renewal applications, invoicing and the delivery of the policy documents. The email address supplied by you in this application will be used. We must be notified of any change to your email address. The policy holder agrees that it will hold Holman Insurance Brokers Ltd. harmless with respect to any e-mail changes caused by the policy holder's failure to provide current and valid information for the receipt of documents.

The Applicant/policy owner further agrees that the policy documents transmitted electronically by Holman Insurance Brokers Ltd. to the electronic address supplied are in lieu of all other forms of communication. The policy Owner accepts that electronic delivery of policy documents is sufficient to meet all reporting requirements of the policy.

DECLARATION

I/we declare that the above statements are true in every respect. I/we hold qualification certificate(s) for the therapy(ies) stated on this application form. I/we have not withheld or misrepresented any material fact. I/we agree that this application will form the basis of the contract between me/us and Holman Insurance Brokers Ltd.

Applicant's Signature

Date

Print Name

Please retain a copy for your records as no other invoice will be provided.

Return completed application and additional materials requested to:

Holman Insurance Brokers Ltd.

1 Valleywood Drive, Suite #100, Markham ON L3R 5L9

Telephone: (905) 886-5630

Email: programs@holmanins.com

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Checklist

Application completed with all questions answered. ☐

Relevant certificates and qualifications attached.– for new applicants or and new Certifications for renewals ☐

Resume CV of experience attached. – if no PSW or Nursing Certificates ☐

Premium calculation ☐

☐ cheque attached ☐ online Bank confirmation # _____ if online Name of Bank _____

PAYMENT OPTIONS

Credit Card, Visa or Mastercard

1. Go to <https://www.policypayments.com/Holman?step2>

Note: There is an administrative fee of 2.50% charge.

Interac e-Transfer ®

If you wish to pay by Interac e-Transfer ® you can send to etransfer@holmanins.com with no need to provide an answer to a security question. Is it safe to send an Interac e-Transfer® transaction without a security question as Holman Insurance Brokers Ltd. is registered for Autodeposit, whereby our bank has verified our identity.

Internet Banking

Each bank has designed a unique format for their web site. However, the necessary procedures are generally similar.

1. Under Bill Payment: Choose Add Payee/Bill.
2. Enter Holman. Choose All Categories and province Ontario and submit.
3. Under Bill company/Payee - Select Holman Insurance Brokers Ltd. and enter your account number which is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
4. Select the account you wish to withdraw the funds from. (i.e. credit card, savings, chequing, line of credit). Indicate the amount of payment and submit. A confirmation and reference number will be displayed to acknowledge your payment.

Telephone Banking

1. Request your bank set up a new Payee/Bill to do a Bill Payment.
2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
4. Your banking institution will then take your payment over the telephone by your choice of payment method.

Debit Card Payments

1. Contact your bank by telephone or visit bank in person. Request that they set up an option to allow you to make Bill Payments by Debit Card.
2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
4. Once you have set up Holman Insurance Brokers Ltd., you are able to proceed with payments via your branch ATMs with your debit card.
5. Choose banking option: Bill Payment and follow your bank instructions.

In Person at the Bank

1. At your own bank, request they set up a new Payee/Bill to do a Bill Payment.
2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
4. You can choose to pay via the different accounts you hold with that particular bank or by other financial institution credit cards.
5. When paying in person at different financial institutions, bring your invoice/statement and request to make a Bill Payment.
6. Advise the teller that the Payee is Holman Insurance Brokers Ltd. and follow the prompts from step #2.

Note: Do not ask for a wire transfer or funds transfer, the banks charge you extra for this service and charge us extra for which we do not reimburse. These additional fees can range as high as \$50 or more.

By Mail

Cheque or money order payable to:
Holman Insurance Brokers Ltd.,
1 Valleywood Drive, Suite #100,
Markham ON L3R 5L9

Please note: NSF Payments – there will be an additional \$25 service charge.