

 <p>1 Valleywood Drive, Suite #100, Markham, Ontario L3R 5L9 Canada www.holmanins.com Email: programs@holmanins.com Tel: (905) 886-5630 Toll free: 1-800-567-1279</p>	<p>Therapy Professional and General Liability Insurance Application</p> <p>www.holmanins.com www.therapistinsurance.ca</p>
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**"Claims Made & Reported" Liability Insurance Policy
for Individual Therapists, Complimentary Health and Wellness Professionals**

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 Individual Therapists, Complimentary Health and Wellness Professionals.

Who is Eligible?

Any **Individual Therapist, Complimentary Health or Wellness Professionals** that is domiciled in Canada is eligible to apply for insurance under this program. If you earn more than 20 per cent of your revenue from sources outside of Canada, you are **NOT** eligible for this program.

Who is the Applicant?

The "**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.

What is full disclosure?

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.

What is Professional Liability?

Professional Liability is liability coverage designed to protect professionals against liability incurred as a result of 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.

COVERAGE – PROFESSIONAL LIABILITY – "Claims Made" and reported, costs inclusive.

This insurance, 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. Any claims brought against the **Applicant** after the expiry of the policy period (or any specific run-off extension or extended reporting period) will NOT be covered.

- The policy will NOT cover any claims from incidents which take place before the Retroactive Date, if any, or after the expiration of the policy period (subject to the Extended Reporting Period provision).
- The policy will provide coverage for claims from incidents which take place on or after the Retroactive Date, if any, but before the beginning of the policy period only if the insured did not know of the incident before the beginning of the policy period.
- The policy will NOT cover any loss for which a claim is first made after: 1. The expiration of 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.
- The policy will only cover claims which are first made: 1. During the policy period; or 2. During an Extended Reporting Period if any and then only in accordance with the terms and conditions described in the Extended Reporting Period Section of the policy.
- The limits for Defence Costs are included in the limit of liability.

Canadian Therapy Professional and General Liability Insurance

Highlights of PROFESSIONAL LIABILITY – “Claims Made” and reported, costs inclusive

Policy Limits up to \$5,000,000 per Claim, \$10,000,000 in the aggregate are available across the following covers:

- Professional Liability - Optional Limit
- Libel & Slander \$100,000
- Unintentional Breach of Confidentiality \$100,000
- Personal Information Protections and Electronic document Act \$25,000 / \$50,000 aggregate
- Infringement of Copyright \$100,000
- Criminal Proceedings Defence Cost \$25,000
- Defence Cost and Expenses \$150,000
- Disciplinary Action Reimbursement \$100,000
- Legal Representation Costs \$50,000
- Duty to Defend \$100,000
- Coroner's Inquest \$50,000
- General Liability \$1,000,000
- Sexual Abuse Therapy \$25,000
- Sexual Harassment / Abuse \$50,000
- Expert Witness \$500 per day maximum \$10,000 annual aggregate
- Loss of Earnings to Attend Trial \$500 per day maximum \$25,000 annual aggregate
- Products Liability \$250,000 annual aggregate
- Loss of Documents \$100,000
- Rescuers & Good Samaritan Acts \$100,000
- Cancellation Extended Reporting 90 days
- Communicable Disease Exclusion
- Deductible \$1,000

Highlights of COMMERCIAL GENERAL LIABILITY (OPTIONAL) – “Occurrence Basis”

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.

For most Therapies Professional Liability must be purchased and this is an **OPTIONAL add on coverage with the exception of services such as PSW and Home Health Workers this is a requirement.**

Coverage

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

Optional Coverages Available:

- Student status
- Business Entity Coverage
- Working with Professional Athletes or Dancers
- Online, E-Services, Consulting, Internet Training or Videos
- Worldwide Coverage
- Teaching

Approved Services and Qualifications

This application applies only to the Professional Services specifically applied for by the **Applicant**, AND for which the **Applicant** has relevant qualifications.

In the event of a claim, the **Applicant** will be required to produce qualification certificates.

Applicant Acknowledgement

Signature

Date

Print Name

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	

c. Do you operate under an Incorporated Business Entity or Partnership? ☐ Yes ☐ No
If yes, full name of business:

Note: The policy being applied for is an Individual practitioner. An Incorporated Business Entity or Partnership can be added to the policy however it will cover the Individual only and up to 2 administrative non-professional staff that **do not provide any professional services**. There is an **additional charge** for adding Incorporated companies and partnerships. All individual professionals must apply for coverage separately on a separate application.

2 a.

Telephone Number:	Business #	Cell #
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b.

Email Address:	Fax #	Website;
Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Female <input type="checkbox"/> Male	

3.a Relevant Canadian 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 provide evidence of current membership (e.g. Annual Certificate). **Please note that if the Applicant is not a member of any of the approved associations, there is no automatic cover and the application will have to be reviewed and specifically authorized by the Insurers, and even if the authorization is approved the detailed premiums may not still apply.**

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

Canadian Therapy Professional and General Liability Insurance

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

\$ \$

What is your % revenue split between Canada, US and World-wide Canada % United States % World-wide %

b. Number of Employees:

Professional	Clerical	Other
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6. Is any of your work supervised? ☐ Yes ☐ No

If **YES**, please advise by whom and under what circumstances:

Name of Supervisor	Address	Tel #	Email
Please provide qualifications of supervisor			

7. a. Do you work with animals? ☐ Yes ☐ No
 If **YES**, please advise what types of animal.

Please note: Maximum value of anyone animal is limited to \$25,000

b. Are you a student or a candidate for admission to a profession, or an intern or any such other occupation that includes elements of educational tutelage? ☐ Yes ☐ No

Where the **Applicant** is a student or candidate for admission to a profession, or an intern or any such other occupation that includes elements of educational tutelage, it is a condition precedent to the right to be indemnified under this policy that the **Applicant** be under the supervision of a practitioner/instructor qualified within the activities covered and is restricted to performing practice treatments or case work only, and that the **Applicant** advises the recipient of such treatments (or their parent or legal guardian, if the recipient has not attained the age of 16) that they are receiving treatment as part of a training program. The **Applicant** must not offer treatments outside of their capabilities which shall at all times be governed by the phase reached in their training program and their supervising instructor/practitioner's assessment.

If **YES**, please advise name of qualified practitioner or instructor.

Name of qualified practitioner of instructor	Address	Tel #	Email

Please provide qualifications of qualified practitioner or instructor.

c. Do you provide sports therapy / rehabilitation / massage therapy or personal fitness instruction to Professional Sports persons and/or dancers? ☐ Yes ☐ No

d. Do you teach, train or supervise other practitioners? ☐ Yes ☐ No

Where an applicant is a teacher, teaching is considered, certifying and/or qualifying another to teach others. (This should not be confused with instruction of others in participation of an activity.)

Your policy does not extend coverage to the actions of your students. Examples of this would be:

- i) a student or graduate injuring another student during practical training;
- ii) a student or graduate causes harm to a patient and an allegation is made that the damages were in whole or in part as a result of insufficient or deficient training.

If **YES**, please advise the relationship to whom and how often.

Attach relevant qualifications.

To Whom?	How often?
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Canadian Therapy Professional and General Liability Insurance

e. Do you require liability coverage for any Additional Insured's? ☐ Yes ☐ No

If yes, you must purchase Part B – Commercial General Liability coverage.

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"/> Corporate Name <input type="checkbox"/> Municipality <input type="checkbox"/> Studio <input type="checkbox"/> Sponsor <input type="checkbox"/> Landlord
Email :			
Address: (Street)	Province:	Postal Code:	

Name:			<input type="checkbox"/> Corporate Name <input type="checkbox"/> Municipality <input type="checkbox"/> Studio <input type="checkbox"/> Sponsor <input type="checkbox"/> Landlord
Email:			
Address: (Street)	Province:	Postal Code:	

8.a. The policy being applied for provides \$250,000 limited liability coverage for the retail sale to your clients s 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.

Do you require additional products liability coverage in excess of \$250,000? ☐ Yes ☐ No

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.

9. a Do you operate your business outside of Canada or provide services / activities to clients that reside outside of Canada? If yes, you will need the World-wide coverage extension. See rating for additional charge. If so, Which Countries? ☐ USA, ☐ United Kingdom, ☐ Other country, please state which countries _____ ☐ Yes ☐ No

b If 9 a above is **Yes**, please advise the percentage of your annual revenue is derived from these services _____ %

10. Do you practice Online or provide E-Services, or Internet training, education and/or instructional Videos or blogging? If yes, you will need an Online / Internet coverage extension. See rating for additional charge. ☐ Yes ☐ No

11. Do you require Cyber Legal Expense coverage? ☐ Yes ☐ No
 A separate application is available if required.

NOTE: If the answers to item 7. 8, 9 and 10 are **YES**, an additional premium loading will apply. Please refer to premium calculation page.

Do you currently purchase Professional Liability Insurance? If **YES**, please give full details:

12. ☐ Yes ☐ No

LIMIT:	DEDUCTIBLE	EXPIRY DATE MM/DD/YY	Type of Insurance	Insurer	PREMIUM

If you previously had a "Claims Made" policy and require retro date coverage, please provide evidence of prior insurance policy.

Canadian Therapy Professional and General Liability Insurance

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|-----|--|------------------------------|-----------------------------|
| 13. | Do you keep records for at least 7 years for all patients/clients?
If NO, please advise why the answer is NO: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | |
| 14. | Do you obtain satisfactory consent in writing from each patient prior to starting treatment?
If YES , please attach sample copy of consent form, intake form or client waiver. IF NO , Please explain why NO. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | |
| 15. | Have any negligence claims ever been made against you whether successful or otherwise? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. | Have any claims for dishonesty ever been made against you whether successful or otherwise? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. | Have any complaints or investigations ever been made or undertaken against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. | 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 |
| 19. | Have you 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 |
| 20. | 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 |
| 21. | Have any sexual harassment and/or abuse claims ever been made against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22. | 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 |
| 23. | 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 |
| 24. | Have you ever been declined, non-renewed or cancelled by any insurer for any type of Liability, Professional Liability, Medical Malpractice. Or Errors and Omissions insurance. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

NOTE: If the answer to any of 13-24 above is YES, please provide full details here or attached sheet if space insufficient:

Canadian Therapy Professional and General Liability Insurance

Therapies & Professional Services

There are several categories of therapies and professional services that can be covered, **each of which has a separate premium banding.**

If more than 10 services are selected, additional premium may apply.

NOTE: Some professional services are not available in Ontario identified as (*excludes Ontario). Please contact our office for the correct application. Please indicate ☒ which individual services cover is required hereunder:

® ™ Trademarks are owned by respective owners.

CATEGORY A

☐ Dental Assistant

CATEGORY B

- | | | |
|--|---|---|
| <input type="checkbox"/> Access Bars ™ | <input type="checkbox"/> Algototherapy | <input type="checkbox"/> Alexander Technique |
| <input type="checkbox"/> Anat Baniel Method ™ | <input type="checkbox"/> Aqua Chi | <input type="checkbox"/> Aromatherapy |
| <input type="checkbox"/> Art Therapy | <input type="checkbox"/> Ask and Receive | <input type="checkbox"/> Aura Soma Color Healing |
| <input type="checkbox"/> Bach Flower Remedy | <input type="checkbox"/> Balneotherapy | <input type="checkbox"/> Belly Fit ™ |
| <input type="checkbox"/> Bio Energetics | <input type="checkbox"/> Bio Feedback | <input type="checkbox"/> Body Mind Balancing |
| <input type="checkbox"/> Brain Gym ™ | <input type="checkbox"/> Breathwork | <input type="checkbox"/> Certified Emotion Code Practitioner ™ |
| <input type="checkbox"/> Certified First Aid | <input type="checkbox"/> Certified Pedorthic Technician | <input type="checkbox"/> Certified Pedorthists |
| <input type="checkbox"/> Chakra Balancing | <input type="checkbox"/> Chakra Dance | <input type="checkbox"/> Clinical Weight Loss |
| <input type="checkbox"/> Color Therapy / Light therapy | <input type="checkbox"/> Cortical Field Re Education | <input type="checkbox"/> Conductive Education® |
| <input type="checkbox"/> Crystal Healing | <input type="checkbox"/> Dance Movement Therapy/Instructor | <input type="checkbox"/> Dance Divine ™ Instructor |
| <input type="checkbox"/> Deep Oscillation Therapy | <input type="checkbox"/> Denturist | <input type="checkbox"/> Developmental Services Worker – DSW |
| <input type="checkbox"/> Eden Energy | <input type="checkbox"/> Electro Therapy | <input type="checkbox"/> Emotion Code |
| <input type="checkbox"/> Emotional Freedom Technique | <input type="checkbox"/> EMF Balancing Technique | <input type="checkbox"/> Ergonomic Therapy |
| <input type="checkbox"/> Energetic Healing | <input type="checkbox"/> Energy Work / Balancing | <input type="checkbox"/> Expressive Arts |
| <input type="checkbox"/> Feldenkrais Method | | |
| <input type="checkbox"/> Feng Shui | <input type="checkbox"/> Grief Counselor | <input type="checkbox"/> Guidance Counselor (excluding addiction & substance abuse – see cat C) |
| <input type="checkbox"/> Guided Imagery | <input type="checkbox"/> Health Coach/Advisor | <input type="checkbox"/> Heart Wisdom Connection ™ |
| <input type="checkbox"/> Holistic Counselling | <input type="checkbox"/> Holistic Practitioner | <input type="checkbox"/> Home Health Worker – must also purchase CGL |
| <input type="checkbox"/> Horticultural Therapy | <input type="checkbox"/> Integrated Energy Therapy | <input type="checkbox"/> Intolerance Elimination |
| <input type="checkbox"/> Intuitive Counseling | <input type="checkbox"/> Iridology | <input type="checkbox"/> Journey Practitioner ™ |
| <input type="checkbox"/> Magnetic Therapy | <input type="checkbox"/> Manual Lymph Drainage | <input type="checkbox"/> Meditation |
| <input type="checkbox"/> Meridian Stress Assessment | <input type="checkbox"/> Mickel Therapy | <input type="checkbox"/> Music -Thanatology |
| <input type="checkbox"/> Music Therapy | <input type="checkbox"/> Neurofeedback | <input type="checkbox"/> Nia Therapy |
| <input type="checkbox"/> Peat Therapy | <input type="checkbox"/> Nutrition / Functional Diagnostic Nutrition | <input type="checkbox"/> Pastoral Counseling |
| <input type="checkbox"/> Personal Support Worker (PSW)- must also purchase CGL | <input type="checkbox"/> Pilates Instructor | <input type="checkbox"/> Plexus Bio Energy Therapy |
| <input type="checkbox"/> Pranic Healing | <input type="checkbox"/> Psychosomatic Therapy | <input type="checkbox"/> Qi Gong Instructor |
| <input type="checkbox"/> Quantum Touch | <input type="checkbox"/> Raviv Method | <input type="checkbox"/> Reiki Practitioner |
| <input type="checkbox"/> Reiki Instructor / Master | <input type="checkbox"/> Shamanic Healing | <input type="checkbox"/> Simply Healed Method ™ |
| <input type="checkbox"/> Spiritual Counselor | <input type="checkbox"/> Spiritual Direction | <input type="checkbox"/> Spiritual Therapy |
| <input type="checkbox"/> Somato Emotion Release | <input type="checkbox"/> Sotai | <input type="checkbox"/> Soul Life ™ |
| <input type="checkbox"/> Sound Therapy / Healing | <input type="checkbox"/> Thalassotherapy | <input type="checkbox"/> Thanadoulia /Contemplative End of Life Care |
| <input type="checkbox"/> The Radiance Technique | <input type="checkbox"/> Vibroacoustic Therapy (VAT) | <input type="checkbox"/> Wellness Coach / Practitioner |
| <input type="checkbox"/> Willow EOL Educator ™ | <input type="checkbox"/> Yoga Instructor (excluding Hot, Aerial and Bikram) | <input type="checkbox"/> Zumba ™ Instructor |

Canadian Therapy Professional and General Liability Insurance

CATEGORY C

- | | | |
|---|--|---|
| <input type="checkbox"/> Acu Detox ** | <input type="checkbox"/> Acupressure | <input type="checkbox"/> Addiction & Substance Abuse Counseling (excluding Ontario) |
| <input type="checkbox"/> Aston Patterning | <input type="checkbox"/> Antigynastique™ Body Work | <input type="checkbox"/> Allergy Testing |
| <input type="checkbox"/> Aqua massage / Hydrotherapy | <input type="checkbox"/> Aquatic Exercise Therapy | <input type="checkbox"/> Awakening the Illuminating Heart |
| <input type="checkbox"/> Behavioral Analysis (excluding Ontario) | <input type="checkbox"/> Bowen Technique | <input type="checkbox"/> Bi-Aura Therapy |
| <input type="checkbox"/> Bio Cell Therapy | <input type="checkbox"/> Body Talk System | <input type="checkbox"/> Brandon Raynor Massage |
| <input type="checkbox"/> Breema | <input type="checkbox"/> Brine Baths | <input type="checkbox"/> Certified Orthopedic Footwear Specialist |
| <input type="checkbox"/> Certified Pedorthic Master Craftsman | <input type="checkbox"/> Certified Senior Wellness Practitioner | <input type="checkbox"/> Chair Massage |
| <input type="checkbox"/> Chi Ni Tsang | <input type="checkbox"/> Child and Play Therapy (excluding Ontario) | <input type="checkbox"/> Cognitive Behaviour Therapy |
| <input type="checkbox"/> Connected Kids™ | <input type="checkbox"/> Craniosacral Therapy | <input type="checkbox"/> Exercise Therapy |
| <input type="checkbox"/> Eye Movement Desensitization and Reprocessing – EMDR | <input type="checkbox"/> First Aid Instructor / CPR / AED | <input type="checkbox"/> Footcare Specialist |
| <input type="checkbox"/> Forest Therapy | <input type="checkbox"/> Fitness Instruction Group | <input type="checkbox"/> Fitness Instruction Personal |
| <input type="checkbox"/> Fitness Instruction with equipment | <input type="checkbox"/> Grasten Technique™ | <input type="checkbox"/> Heart Math™ |
| <input type="checkbox"/> Herbalism / Herbalist | <input type="checkbox"/> Hellerwork | <input type="checkbox"/> Hot or Cold Stone Therapy |
| <input type="checkbox"/> Hypnosis | <input type="checkbox"/> Hypnotherapy/ Hypnosis/Consulting Hypnotist | <input type="checkbox"/> Infant Massage |
| <input type="checkbox"/> Indonesian Massage | <input type="checkbox"/> Integrative Healing Practitioner | <input type="checkbox"/> Ion Cleanse |
| <input type="checkbox"/> Jin Shin | <input type="checkbox"/> Karuna Reiki™ | <input type="checkbox"/> Kinesiology (*excludes Ontario) |
| <input type="checkbox"/> Lactation Consultant | <input type="checkbox"/> Lomi- Lomi | <input type="checkbox"/> Manual Osteopathy (DOMP, M.OMSc) |
| <input type="checkbox"/> Martial Arts Instructor Fitness (No contact) | <input type="checkbox"/> Massage Therapy (Non-regulated) excludes Equine Massage | <input type="checkbox"/> Melt Method™ |
| <input type="checkbox"/> Metatronia Therapy™ | <input type="checkbox"/> Myofascial Release Technique | <input type="checkbox"/> Natural Face Lift Technique |
| <input type="checkbox"/> Nature Walks | <input type="checkbox"/> Neuro Linguistic Therapy | <input type="checkbox"/> Neuro Muscular Therapy |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Polarity Therapy | <input type="checkbox"/> Postural Integration |
| <input type="checkbox"/> Pregnancy Massage | <input type="checkbox"/> Rainbow Children | <input type="checkbox"/> Raindrop Therapy |
| <input type="checkbox"/> Recreational Therapist | <input type="checkbox"/> Reflexology Therapy | <input type="checkbox"/> Registered Massage Therapy (excluding Ontario) |
| <input type="checkbox"/> Relaxation Therapy | <input type="checkbox"/> Roling™ | <input type="checkbox"/> Rosen Method |
| <input type="checkbox"/> Rubenfeld Synergy | <input type="checkbox"/> Senior Wellness Practitioner | <input type="checkbox"/> Shiatsu |
| <input type="checkbox"/> Sleep Consultant | <input type="checkbox"/> Somatic Therapy / Somatic Trauma | <input type="checkbox"/> SOS Survival Operating System™ |
| <input type="checkbox"/> Structural Integration | <input type="checkbox"/> Subconscious Imprinting Technique | <input type="checkbox"/> Swedish Massage |
| <input type="checkbox"/> Tai Chi Instructor | <input type="checkbox"/> Thai Massage | <input type="checkbox"/> Total Body Modification |
| <input type="checkbox"/> Therapeutic Recreation | <input type="checkbox"/> Therapeutic Touch | <input type="checkbox"/> Trager™ Approach |
| <input type="checkbox"/> Time Line Therapy™ | <input type="checkbox"/> Touch for Health | <input type="checkbox"/> Trigenics |
| <input type="checkbox"/> Traumatic Event Support Counselor | <input type="checkbox"/> Trigger Release Method | <input type="checkbox"/> Watsu |
| <input type="checkbox"/> Vocational Rehabilitation | <input type="checkbox"/> Voice Bio™ | <input type="checkbox"/> Yoga- Therapy |
| <input type="checkbox"/> Yamuna™ Body Rolling | <input type="checkbox"/> Yoga- Restorative | |
| <input type="checkbox"/> Zen Therapy | <input type="checkbox"/> Zero Balancing | |

CATEGORY D

- | | | |
|---|---|--|
| <input type="checkbox"/> Ayurveda | <input type="checkbox"/> Bikram Yoga | <input type="checkbox"/> Bodydynamics Physiotherapy |
| <input type="checkbox"/> Body Work or Equine Body Work* | <input type="checkbox"/> Ear Coning / Candling | <input type="checkbox"/> Equine Massage* |
| <input type="checkbox"/> Fascial Stretch | <input type="checkbox"/> Homeopathy (*excludes Ontario) | <input type="checkbox"/> Hot Yoga |
| <input type="checkbox"/> Martial Arts Instructor (with contact) | <input type="checkbox"/> Muscle Activation Techniques | <input type="checkbox"/> Nerve Stimulation (TENS/IFC) |
| <input type="checkbox"/> Photonic Therapy | <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Pulsed Electromagnetic Field (PEMF) |
| <input type="checkbox"/> Sports Therapy/Rehabilitation | | |

* Must answer Q 7 a) Yes – Working with animals surcharge applies

CATEGORY E

- | | | |
|---|--|---|
| <input type="checkbox"/> Aerial Yoga / Silks / Slack lining | <input type="checkbox"/> Certified Maternity & Child Sleep Consultant™ | <input type="checkbox"/> Group Motivational Speaker |
| <input type="checkbox"/> Pediatric Sleep Consultant | <input type="checkbox"/> Standup Paddle boarding (SUP) | <input type="checkbox"/> Whole Women Practitioner™ |

NO CATEGORY APPLICABLE

- ☐ If an individual activity does not appear in the list above and requires cover, please provide full details below including details of training, accreditation and course syllabus details. (Such activity will have to be specifically agreed and approved by Insurers prior to cover being granted). Please submit this application to Holman Insurance Brokers Ltd. for rating.

Canadian Therapy Professional and General Liability Insurance

PREMIUM CALCULATION & INVOICE

Rates are subject to change without notice. The Applicant should discuss specific requirements with Holman Insurance Brokers Ltd. if in any doubt as to the adequacy of the limits being considered. If more than 10 services are selected, an additional premium may apply. Subject to a satisfactory application, the Applicant will be charged the following:

CATEGORIES AND LIMIT TO BE COVERED

COVERAGE – “Claims Made” Professional & General Liability – Deductible \$1,000

Please select and check off the required limit and category. Write the applicable premium in the column. ▼

Check CATEGORY ► ▼ Check LIMIT OF INDEMNITY	<input type="checkbox"/> Category A ONLY	<input type="checkbox"/> Category A – B	<input type="checkbox"/> Category A – C	<input type="checkbox"/> Category A – D	<input type="checkbox"/> Category A – E	PREMIUM
<input type="checkbox"/> \$1,000,000 Per Claim, \$2,000,000 Aggregate	\$250.00	\$300.00	\$375.00	\$475.00	\$550.00	\$
<input type="checkbox"/> \$2,000,000 Per Claim, \$4,000,000 Aggregate	\$275.00	\$325.00	\$400.00	\$500.00	\$600.00	
<input type="checkbox"/> \$3,000,000 Per Claim, \$6,000,000 Aggregate	\$325.00	\$375.00	\$450.00	\$550.00	\$650.00	
<input type="checkbox"/> \$5,000,000 Per Claim, \$10,000,000 Aggregate	\$525.00	\$575.00	\$625.00	\$750.00	\$900.00	

If the following activities are undertaken the above premiums will be increased with the following additional premium loading:

▼ If you answered YES to the following questions loading applies. Check off all that apply.			LOADING	
<input type="checkbox"/> Business Entity – Question 1 c.	ADD	\$100	\$	
<input type="checkbox"/> Working With Animals. – Question 7a.	ADD	50%	\$	
<input type="checkbox"/> Student Status – Question 7 b.	ADD	30%	\$	
<input type="checkbox"/> Working with Professional Athletes or Dancers – Question 7 c.	ADD	100%	\$	
<input type="checkbox"/> Teach, Qualify or Certify – Question 7 d.	ADD	30%	\$	
<input type="checkbox"/> Increased product liability coverage – Question 8 a.	ADD	30%	\$	
<input type="checkbox"/> Worldwide- Question 9.	ADD	\$150	\$	
<input type="checkbox"/> Online, E-Services, Consulting, Internet Training or Videos – Question 10	ADD	\$150	\$	

Total PROFESSIONAL LIABILITY

\$

COVERAGE (OPTIONAL) – Commercial General Liability – “Occurrence Basis” Deductible \$1,000

▼ Check select and check off the required limit. Write the applicable premium in the column ▼

Limit	Annual Premium	PREMIUM
<input type="checkbox"/> \$1,000,000 per Occurrence / \$1,000,000 Aggregate	\$200	\$
<input type="checkbox"/> \$2,000,000 per Occurrence / \$2,000,000 Aggregate	\$250	\$
<input type="checkbox"/> \$3,000,000 per Occurrence / \$3,000,000 Aggregate	\$350	\$
<input type="checkbox"/> \$5,000,000 per Occurrence / \$5,000,000 Aggregate	\$450	\$

▼ If you answered YES to questions 7.e loading applies.

<input type="checkbox"/> Additional Insured – Question 7 e (must purchase options CGL below)	\$50 per additional insured	\$
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Total COMMERCIAL GENERAL LIABILITY

\$

TOTAL Professional Liability and Commercial General Liability

\$

POLICY FEE

\$ 60.00

TOTAL BEFORE TAX

\$

For residents of Manitoba add 7% Newfoundland/Labrador add 15% Ontario add 8%
Quebec add 9% Saskatchewan add 6% Other provinces no tax

TAX

\$

TOTAL INCLUDING TAX

\$

Canadian Therapy Professional and General Liability Insurance

All premiums are annual and 100% retained. Please retain a copy for your records as no other invoice will be provided.

Please advise the date insurance required is to be effective:	MM/DD/YYYY
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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 declare that the above statements are true in every respect. I hold qualification certificate(s) for the therapy(ies) and/or professional services stated on this application form. I have not withheld or misrepresented any material fact. I agree that this application will form the basis of the contract between myself and the Insurer and/or Holman Insurance Brokers Ltd.

Applicant's Signature

Date

Print Name

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

Checklist

- Application completed with all questions answered. All pages #1 to #11 must be returned. ☐
- Relevant certificates and qualifications attached.(see question #3) – for new applicants or and new ☐
- Certifications for renewals
- Membership Documentation (e.g. Certificate of Membership). ☐
- Copy of prior insurance policy if prior retro date is required.- Not required for renewals ☐
- Resume CV attached. – Not required for renewals ☐
- Sample patient, client intake and consent forms attached. – page 6 question 14 ☐
- Categories – (page 7 and 8) – all applicable have been checked off. ☐
- Premium calculation including tax for options– page 9. ☐
- ☐ cheque attached ☐ online, if applicable Bank confirmation # _____ Name of Bank _____
- ☐ Interac e Transfer

**Email application back to the broker who sent you the application otherwise email to
programs@holmanins.com**

PAYMENT OPTIONS

Credit Card, Visa or Mastercard

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

Note: There is an administrative convenience fee of 3.0% charged.

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.
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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.
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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.
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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.