



Canadian Liability Insurance Application



Insured by

GENERAL INSURANCE COMPANY

Enrollment & Insurance Coverage Statement

Name _____

Registration # _____

Address, including Postal Code _____

Business Tel # _____ Fax # _____

Email Address _____

1. a. Have you or any of your employees ever been the recipient of any allegations of professional negligence either in writing or verbally? **Yes** **No**

b. Are you or any of your employees aware of any facts, circumstances or situations, which may reasonably give rise to claim, other than advised above? **Yes** **No**

c. Have you or any of your employees ever been the subject of a hearing, investigation, examination or inquiry by the Board of Orthomolecular and Integrative Medicine or other practice regulatory board or is any such hearing, investigation, examination or inquiry pending in which you or any of your employees are the subject? **Yes** **No**

If the answer to any question above is 'yes', please attach details.

Section 1. Coverage Malpractice Errors & Omissions Liability Options*

Option A, Mandatory Protection for services provided by Integrative and Orthomolecular Medicine Practitioners approved scope of practice as stated by Board of Orthomolecular and Integrative Medicine	ON	PQ		All Other Provinces
Approved Scope of Practice ONLY				
\$1,000,000 Limit per claim, \$1,000,000 annual Limit	\$513.00	\$517.75		\$475.00
\$1,000,000 Limit per claim, \$2,000,000 annual Limit	\$567.00	\$572.25		\$525.00
\$2,000,000 Limit per claim, \$2,000,000 annual Limit	\$621.00	\$626.75		\$575.00

All coverages opted for must share the same limit of Liability

Option B, Multi-Modality Protection for specialty services provided. Proper certification is required for all modalities. All additional modalities are subject to underwriter's approval.	Premium for <u>each</u> additional specialty not considered a part of a normal scope of practice			
Modalities Outside the Approved Scope	ON	PQ		All Other Provinces
\$1,000,000 Limit per claim, \$1,000,000 annual Limit	\$108.00	\$109.00		\$100.00
\$1,000,000 Limit per claim, \$2,000,000 annual Limit	\$135.00	\$136.25		\$125.00
\$2,000,000 Limit per claim, \$2,000,000 annual Limit	\$162.00	\$163.50		\$150.00

Please list each additional specialty you are applying for _____

Section 2. Optional Coverage - Commercial General Liability (CGL) Insurance, or Small Business Package (including CGL), or Office/Clinic Package (including CGL)

Option A - Commercial General Liability Limits	Annual Premium			
	ON	PQ		All Other Provinces
\$1,000,000 Limit per claim, \$1,000,000 annual Limit	\$216.00	\$218.00		\$200.00
\$1,000,000 Limit per claim, \$2,000,000 annual Limit	\$243.00	\$245.25		\$225.00
\$2,000,000 Limit per claim, \$2,000,000 annual Limit	\$270.00	\$272.50		\$250.00

Option B – Small Business Package Including (CGL)	Annual Premium			
\$10,000* Property Insurance (*higher limits available)				All Other
\$2,000 Crime	ON	PQ		Provinces
General Liability Insurance Limits				
\$1,000,000 Limit per claim, \$1,000,000 annual Limit	\$405.00	\$408.75		\$375.00
\$1,000,000 Limit per claim, \$2,000,000 annual Limit	\$415.80	\$419.65		\$385.00
\$2,000,000 Limit per claim, \$2,000,000 annual Limit	\$432.00	\$436.00		\$400.00

Option C - Office/Clinic Package Including (CGL)	Annual Premium			
\$40,000* Property Insurance (*higher limits available)				All Other
\$10,000 Crime	ON	PQ		Provinces
General Liability Insurance Limits				
\$1,000,000 Limit per claim, \$1,000,000 annual Limit	\$756.00	\$763.00		\$700.00
\$1,000,000 Limit per claim, \$2,000,000 annual Limit	\$758.00	\$765.25		\$725.00
\$2,000,000 Limit per claim, \$2,000,000 annual Limit	\$810.00	\$817.50		\$750.00

Premium Calculation

Section 1 Coverage Malpractice Errors & Omissions

Option A – Mandatory _____

Option B-Additional Modalities _____

Section 2 Optional Insurance Packages

Option A Commercial General Liability Insurance _____

Or

Option B Small Business Package including (CGL)
(Complete form) _____

Or

Option C Office/Clinic Package including (CGL)
(Complete form) _____

Total _____

The undersigned applicant declares that, to the best of his/her knowledge and belief, the statements set forth herein are true and accurate. If the information supplied in this statement should change, the undersigned applicant will immediately notify Partners Indemnity Ltd of such changes or amendments.

Signature of Insured

Date

Once completed, please submit this Application with a cheque payable to:

Partners Indemnity Insurance Brokers Ltd.

10 Adelaide Street East, Suite 400
Toronto, Ontario M5C 1J3

If you have questions

Telephone 416-366-5243 or Toll Free 1-877-427-8683

FAX: 1-416-862-2416 or e-mail jraymond@partnersindemnity.com



10/1/2009