

Liability Insurance Program: Application Form 2021 – 2022

For 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 (res) _____ Cell _____

Fax _____ Email _____

Effective date coverage required: _____ PHSG Membership no.: _____

Summary of coverage:

Mandatory coverage plan – Includes Both Professional liability and Commercial General Liability

Professional liability:

Limit per claim: \$2,000,000

Aggregate: \$5,000,000

Deductible: Nil

Option 1 modalities - Annual premium: \$131

Option 2 modalities - Annual premium: \$179

Commercial general liability:

Limit per occurrence: \$2,000,000

Aggregate: \$5,000,000

Deductible: \$500

Optional coverage plans

\$3,000,000 limit of liability for professional liability/commercial general liability coverage with a \$5,000,000 aggregate limit of liability

Option 1 modalities - Annual premium: \$163 Option 2 modalities - Annual premium: \$221

\$5,000,000 limit of liability for professional liability/commercial general liability coverage with a \$5,000,000 aggregate limit of liability

Option 1 modalities - Annual premium: \$194 Option 2 modalities - Annual premium: \$263

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

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

\$5,000 Limit of insurance (Annual premium: \$68)

\$30,000 Limit of insurance (Annual premium: \$158)

\$10,000 Limit of insurance (Annual premium: \$105)

\$75,000 Limit of insurance (Annual premium: \$205)

\$15,000 Limit of insurance (Annual premium: \$131)

*Note: the optional property insurance will not be offered to residents of Yukon, Northwest or Nunavut territories.

If you have selected the optional property coverage above, please state the construction type of your building.

Frame – Buildings with walls, floors and roof of a wood or combustible construction - this includes rough cast and metal clad

Masonry – Buildings with walls of masonry or fire resistive materials with combustible floors and roof

Non-combustible – Buildings with walls, floors and roof of non-combustible materials supported by non-combustible supports

Masonry Non-combustible – Buildings with walls of masonry or fire restive materials and floors and roof are of non-combustible materials with non-combustible supports

Fire Resistive - Buildings with exterior walls, floors and roof made of masonry or other non-combustible material with a fire-resistive rating of at least two hours and a roof with a fire-resistive rating of at least one hour

If there is another occupant in your building, please state the nature of their business:

Manufacturing

Retail

Restaurant

Other

No Other Occupant

Is your location greater than 1km from a fire hydrant?

Yes No

Is your location greater than 5kms from a fire hall?

Yes No

If you have additional locations where you conduct business, please complete below. If you have selected the optional Property coverage, for these additional locations, please also provide the construction type of the building, occupancy, distance from hydrant and fire hall on a separate sheet.

Additional location

City _____ Province _____ Postal code _____

Additional location

City _____ Province _____ Postal code _____

Additional location

City _____ Province _____ Postal code _____

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: \$53**

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

\$25,000 Aggregate – **Annual premium: \$53**

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

Business interruption – Comprehensive Coverage – \$250,000 Policy limit – Annual premium: \$53

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. Please mark **ONLY** those for which you have a certificate/diploma

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Aboriginal traditional therapist | <input type="checkbox"/> Fascia stretch | <input type="checkbox"/> Polarity therapy |
| <input type="checkbox"/> Access Bars/Access Consciousness | <input type="checkbox"/> Feldenkrais Method | <input type="checkbox"/> P-DTR |
| <input type="checkbox"/> Acupressure | <input type="checkbox"/> Fitness class instructor | <input type="checkbox"/> Pranic healing |
| <input type="checkbox"/> Amatsu | <input type="checkbox"/> Grief Recovery Method | <input type="checkbox"/> Psychosomatic Therapy |
| <input type="checkbox"/> Applied kinesiology | <input type="checkbox"/> Hair Tissue Mineral Analysis | <input type="checkbox"/> Qi gong |
| <input type="checkbox"/> Aquatic exercise therapy | <input type="checkbox"/> Healing touch | <input type="checkbox"/> Quantum touch |
| <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> Health Coach | <input type="checkbox"/> Raindrop therapy / Vibrational Raindrop |
| <input type="checkbox"/> Ashitsu | <input type="checkbox"/> Heller work | <input type="checkbox"/> Rapid NeuroFascial Reset |
| <input type="checkbox"/> Ayurveda – massage only | <input type="checkbox"/> Herbology / Western Herbs / Phytotherapy | <input type="checkbox"/> Raynor Massage |
| <input type="checkbox"/> Avalon/Ajna Led light therapy | <input type="checkbox"/> Hot stem facials/massage | <input type="checkbox"/> Reconnective Healing |
| <input type="checkbox"/> Axiatonal alignment | <input type="checkbox"/> Hot stone massage | <input type="checkbox"/> Reflexology |
| <input type="checkbox"/> Bach flower remedy | <input type="checkbox"/> Hurley/osborn practice | <input type="checkbox"/> Registered massage therapy (excluding Ontario) |
| <input type="checkbox"/> Barre | <input type="checkbox"/> Hydrotherapy | <input type="checkbox"/> Reiki/sonic reiki |
| <input type="checkbox"/> Bio-energy healing | <input type="checkbox"/> Indian head massage | <input type="checkbox"/> Rejuvenating face massage |
| <input type="checkbox"/> Biofeedback / Bioresonance / Biofrequency | <input type="checkbox"/> Infrared sauna | <input type="checkbox"/> Relaxation massage |
| <input type="checkbox"/> Black pearl vibrational energy healing | <input type="checkbox"/> Ionization detoxification | <input type="checkbox"/> Sekhem energy healing |
| <input type="checkbox"/> Body code | <input type="checkbox"/> Iridology | <input type="checkbox"/> Shamanic healing/coaching |
| <input type="checkbox"/> Body talk | <input type="checkbox"/> K-Taping | <input type="checkbox"/> Shiatsu |
| <input type="checkbox"/> Body wraps | <input type="checkbox"/> Life coaching | <input type="checkbox"/> Sho-tai |
| <input type="checkbox"/> Bowen technique | <input type="checkbox"/> Live blood cell analysis including Capillary Puncture | <input type="checkbox"/> Somatic Experiencing / Clinical Somatics |
| <input type="checkbox"/> Brain Gym | <input type="checkbox"/> Lomi ancient massage | <input type="checkbox"/> Sotai |
| <input type="checkbox"/> Breathwork | <input type="checkbox"/> Lymphatic drainage massage | <input type="checkbox"/> Sound therapy |
| <input type="checkbox"/> Chair massage | <input type="checkbox"/> Magnetic therapy | <input type="checkbox"/> Structural integration |
| <input type="checkbox"/> Chowa Do Ki Therapy | <input type="checkbox"/> Manicure / Pedicure | <input type="checkbox"/> Sugaring/waxing/threading |

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

<input type="checkbox"/> Chakra balancing	<input type="checkbox"/> Matrix energetics	<input type="checkbox"/> Stress Indicator Point System (SIPS)
<input type="checkbox"/> Compassionate Inquiry	<input type="checkbox"/> Meditation training	<input type="checkbox"/> Swedish massage
<input type="checkbox"/> Colour therapy	<input type="checkbox"/> MELT Method	<input type="checkbox"/> Tai chi
<input type="checkbox"/> Concious Living Investigation	<input type="checkbox"/> Movement Therapy	<input type="checkbox"/> Thai massage
<input type="checkbox"/> Craniosacral therapy incl. Somato-Emotional Release	<input type="checkbox"/> Microdermabrasion	<input type="checkbox"/> The Ellen Cutler Method
<input type="checkbox"/> Craniosacral/Biodynamic Craniosacral Therapy	<input type="checkbox"/> Myofacial release massage	<input type="checkbox"/> The Resilience Toolkit
<input type="checkbox"/> Crystal healing	<input type="checkbox"/> Myomassology	<input type="checkbox"/> Thermography
<input type="checkbox"/> Dance Therapy / Zumba	<input type="checkbox"/> NeurOptimal	<input type="checkbox"/> Touch for health
<input type="checkbox"/> Deep tissue/sports massage	<input type="checkbox"/> Nia	<input type="checkbox"/> Trager approach
<input type="checkbox"/> Doula services	<input type="checkbox"/> Niromathe	<input type="checkbox"/> TRE (Trauma and tension release exercises)
<input type="checkbox"/> Eden energy medicine	<input type="checkbox"/> Nordic pole walking	<input type="checkbox"/> Trigger point therapy
<input type="checkbox"/> Electromagnetic Therapy/Pulsed Electromagnetic Field/BEMER	<input type="checkbox"/> NKT-Neurokinetic Therapy	<input type="checkbox"/> Tuina
<input type="checkbox"/> Emotion code	<input type="checkbox"/> Nutritionist	<input type="checkbox"/> Therapeutic touch
<input type="checkbox"/> Emotional freedom technique	<input type="checkbox"/> Ortho-Bionomy	<input type="checkbox"/> UFH - Unity Field Healing
<input type="checkbox"/> Esoteric therapy	<input type="checkbox"/> Osteopathic manual practitioner	<input type="checkbox"/> Vibroacoustic therapy
<input type="checkbox"/> Exfoliations	<input type="checkbox"/> Personal training	<input type="checkbox"/> Yamuna body rolling
<input type="checkbox"/> Facials	<input type="checkbox"/> Pilates	<input type="checkbox"/> Yoga

Teaching extension – included for option 1 modalities only

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"/> Eyebrow Tinting	<input type="checkbox"/> Lower level laser therapy
<input type="checkbox"/> Animal massage and energy healing therapy	<input type="checkbox"/> Eyelash Tinting	<input type="checkbox"/> Matrix reimplanting
<input type="checkbox"/> ARC – a return to consciousness	<input type="checkbox"/> Executive and business coaching	<input type="checkbox"/> Neurolinguistic programming
<input type="checkbox"/> Ayurveda – other than massage	<input type="checkbox"/> FitPaws master trainer	<input type="checkbox"/> Oxygen Treatments
<input type="checkbox"/> Bio energetic intolerance Elimination	<input type="checkbox"/> Heilkunst	<input type="checkbox"/> Paddleboard yoga**
<input type="checkbox"/> Colon Irrigation	<input type="checkbox"/> Homeopathy	<input type="checkbox"/> Psychosomatic energetics
<input type="checkbox"/> Counselling/psychotherapy	<input type="checkbox"/> Hydro massage	<input type="checkbox"/> Past life regression
<input type="checkbox"/> Cupping	<input type="checkbox"/> Hypnotherapy	<input type="checkbox"/> Rapid Transformational Therapy
<input type="checkbox"/> Digital pulse analyzer	<input type="checkbox"/> Indirect moxibustion	<input type="checkbox"/> Theta healing
<input type="checkbox"/> Electrodermal screening	<input type="checkbox"/> Journey practitioner	<input type="checkbox"/> Trigenics
<input type="checkbox"/> Equine Guided Therapy	<input type="checkbox"/> Kairos/Shen therapy	

Coverage provided for Equine related modalities does not include coverage for high valued horses; this includes but is not limited to horses used for the following purposes:

- Reproduction
- Sport
- Work (ie. mounted police horses)
- Entertainment and Culture (ie. Horses used for television, film etc.)

****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.

All premiums are 100% retained and non-refundable. All premiums subject to applicable taxes

Underwriting Questionnaire

- 1. **Number of years practicing as a preventative health service professional** _____
- 2. **Do you require signed waiver forms from for all of your clients?** Yes No
- 3. **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

- 4. **Do you provide services outside of Canada?** Yes No
If yes, please provide the percentage (%) of your operations attributed to these services _____ %
Is the applicant marketing / advertising these services in the United States? Yes No
*Please note that no coverage will be afforded for Retreats outside of Canada.
- 5. **Do you provide any services to patients who are residents outside of Canada?** Yes No
Under what circumstances are non-Canadian residents being treated? _____
Are jurisdiction waivers signed by all non-Canadian residents? Yes No
Provide the percentage (%) of total patient visits / services that are from non-Canadian residents _____ %

Warranty Questionnaire

The applicant does hereby provide the following warranty to the insurer

- 1. **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.

- 2. **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:

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.

Declaration

The Applicant for this insurance declares that, to the best of his/her knowledge and belief, the statements set forth herein are true and correct and that all reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The Applicant further agrees that if any significant change in the condition of this Application is discovered between the date of this Application form and the date insurance was purchased, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to Aon Reed Stenhouse Inc. who in turn will advise the Insurer of such changes. The Insurer may elect to withdraw or modify any outstanding authorization to bind coverage.

Although submission of this Application form does not bind the Applicant to purchase the insurance, the Applicant agrees that this form and the information furnished pursuant thereto shall be the basis of the contract should a policy be issued and this form will become part of the policy. It is also agreed that should a policy be issued, eligibility for this insurance program is contingent upon membership in good standing as a representative of Preventative Health Services Group and/or its subsidiary corporations.

I confirm that I understand that Preventative Health Services Group and/or its subsidiary corporations make no representation or warranty with respect to the terms and conditions of the insurance coverage applied for herein, that the insurance that may be provided pursuant to this Application is provided to me exclusively by Berkley Canada, and that the insurance is subject to the terms and conditions stated in the applicable insurance policy issued by Berkley Canada. I also understand that all decisions regarding coverage and any other matter provided in the insurance policy are made by Berkley Canada in accordance with the terms and conditions of the applicable insurance policy. I further confirm that I understand that the insurance policy that may be provided to me pursuant to this Application constitutes the entire agreement respecting the insurance applied for herein and there are no conditions, covenants, representations, warranties or other provisions, whether express or implied, collateral, statutory or otherwise, relating to the subject matter of the insurance policy or coverage except as written in the aforementioned insurance policy.

Applicant name _____ **Title** _____

Signature _____ **Date** _____

Payment calculation form

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

Option premium	\$
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, 7% Manitoba tax, 6% Saskatchewan or 15% Newfoundland tax, if applicable	\$
Annual Preventative Health Services Group membership fee billed by Aon at request of Preventative Health Services Group and remitted to them	\$ 50.00
Premium payment will be made directly to Aon Reed Stenhouse. A secure payment link will be provided once the application has been submitted and approved.	
Total due	\$

Your premium will be pro-rated if applying after October 1, 2021.

Note: Complete applications are to be sent to Preventative Health Services Group, 25 Sleepy Hollow Crt, Dundas, Ontario, L9H 1H4 or by email to inbox@phsg.ca

Applications will be forwarded by Preventative Health Services Group to Aon Reed Stenhouse for review and issuance of your certificate of insurance.

Premium payment will be made directly to Aon Reed Stenhouse. A secure payment link will be provided once the application has been submitted and approved.

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

Programs Service Team

Aon Reed Stenhouse

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Toll-free: 1.866.335.5551 | Fax: 1.844.969.4087

Email: phsg@aon.ca