Liability Insurance Program: Application Form 2025 – 2026

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

Commercial general liability:
Limit per occurrence: $2,000,000
Aggregate: $5,000,000
Deductible: $500

☐ **Option 1 modalities - Annual premium: $131**
☐ **Option 2 modalities - Annual premium: $179**

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)**
☐ $10,000 Limit of insurance **(Annual premium: $105)**
☐ $15,000 Limit of insurance **(Annual premium: $131)**
☐ $30,000 Limit of insurance **(Annual premium: $158)**
☐ $75,000 Limit of insurance **(Annual premium: $205)**

**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) and Privacy and Data Protection

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

Privacy and Data Protection (Cyber):

☐ **$50,000 –** Annual premium: $85

☐ **$75,000 –** Annual premium: $125

**Please note that there is a $25,000 limit Privacy and Data Protection included in the base coverage at no additional cost.*

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:

☐ Aboriginal traditional therapist	☐ Hair Tissue Mineral Analysis	☐ Raindrop therapy / Vibrational Raindrop
☐ Access Bars/Access Levels	☐ Healing touch	☐ Rapid NeuroFascial Reset
☐ Acupressure	☐ Health Coach	☐ Raynor Massage
☐ Amatsu	☐ Heller work	☐ Reconnective Healing
☐ Applied kinesiology	☐ Herbology / Western Herbs / Phototherapy	☐ Reflexology
☐ Aquatic exercise therapy	☐ Hot stem facials/massage	☐ Registered massage therapy (excluding Ontario)
☐ Aromatherapy	☐ Hot stone massage	☐ Reiki/sonic reiki
☐ Aroma Freedom Technique	☐ Hurley/osborn practice	☐ Rejuvenating face massage
☐ Ashiatsu	☐ Hydrotherapy	☐ Relaxation massage
☐ Ayurveda – massage only	☐ Indian head massage	☐ Sekhem energy healing
☐ Avalon/Ajna Led light therapy	☐ Infrared sauna	☐ Shamanic healing/coaching
☐ Axiatonal alignment	☐ Infinite Energy Method	☐ Shiatsu
☐ Bach flower remedy	☐ Ionization detoxification	☐ Sho-tai
☐ Barre	☐ Iridology	☐ SIT Subconscious Imprinting Technique
☐ Bio-energy healing	☐ K-Taping	☐ Spinal Flow Technique
☐ Biofeedback / Bioresonance / Biofrequency	☐ Life coaching	☐ Somatic Experiencing / Clinical Somatics
☐ Black pearl vibrational energy healing	☐ Live blood cell analysis including Capillary Puncture	☐ Sotai
☐ Body code	☐ Lomi ancient massage	☐ Sound therapy
☐ Body talk	☐ Lymphatic drainage massage	☐ Spinal Flow Technique

Option no. 1 – Check all modalities for which you require coverage:		
☐ Body wraps	☐ Magnetic therapy	☐ Structural integration
☐ Bowen technique	☐ Manicure / Pedicure	☐ Sugaring/waxing/threading
☐ Brain Gym	☐ Matrix energetics	☐ Stress Indicator Point System (SIPS)
☐ Breathwork	☐ Matrix Repatterning	☐ Swedish massage
☐ Chair massage	☐ Meditation training / Breathwork	☐ Tai chi
☐ Chowa Do Ki Therapy	☐ MELT Method	☐ Thai massage
☐ Chakra balancing	☐ Movement Therapy	☐ The Ellen Cutler Method / BioSET Allergy Elimination
☐ Compassionate Inquiry	☐ Microdermabrasion	☐ The Resilience Toolkit
☐ Colour therapy	☐ Myofacial release massage	☐ Thermography
☐ Concious Living Investigation	☐ Myomassology	☐ Tibetan Massage
☐ Craniosacral therapy incl. Somato-Emotional Release	☐ NeurOptimal / Ortho - Binomy	☐ Touch for health
☐ Craniosacral/Biodynamic Craniosacral Therapy	☐ Nia	☐ Trager approach
☐ Crystal healing	☐ Niromathe	☐ TRE (Trauma and tension release exercises)
☐ Dance Therapy / Zumba	☐ Nordic pole walking	☐ Trigger point therapy
☐ Deep tissue/sports massage	☐ NKT-Neurokinetic Therapy	☐ Tuina
☐ Doula services	☐ Nutritionist	☐ Therapeutic touch
☐ Eden energy medicine	☐ Ortho-Bionomy	☐ UFH - Unity Field Healing
☐ Electromagnetic Therapy/Pulsed Electromagnetic Field/BEMER	☐ Osteopathic manual practitioner	☐ Vibroacoustic therapy
☐ Emotion code	☐ P-DTR	☐ Visceral Manipulation/Massage
☐ Emotional freedom technique	☐ Personal training	☐ Yamuna body rolling
☐ Esoteric therapy	☐ Pilates	☐ Yoga
☐ Exfoliations	☐ Polarity therapy	
☐ Facials	☐ Pranic healing	
☐ Fascia stretch	☐ Psych-K	
☐ Feldenkrais Method	☐ Psychosomatic Therapy	
☐ Fitness class instructor	☐ Qi gong	
☐ Grief Recovery Method	☐ Quantum touch	

Teaching extension – included for option 1 modalities only

Option no. 2 – Includes option no. 1 modalities; Check all modalities for which you require coverage		
☐ Acupuncture/traditional Chinese medicine	☐ Eyelash Tinting	☐ Neurofunctional Acupuncture
☐ Animal massage and energy healing therapy	☐ Executive and business coaching	☐ Neurolinguistic programming
☐ ARC – a return to consciousness	☐ FitPaws master trainer	☐ Oxygen Treatments
☐ Ayurveda – other than massage	☐ Forest Therapy	☐ **Paddleboard yoga****
☐ Bio energetic intolerance Elimination	☐ Heilkunst	☐ Psychosomatic energetics
☐ BWRT / Brainspotting	☐ Homeopathy	☐ Past life regression
☐ Colon Irrigation	☐ Hydro massage	☐ Rapid Transformational Therapy
☐ Counselling/psychotherapy	☐ Hypnotherapy	☐ Red light therapy
☐ Cupping	☐ Indirect moxibustion	☐ Theta healing
☐ Digital pulse analyzer	☐ Journey practitioner	☐ Trigenics
☐ Electrodermal screening	☐ Kairos/Shen therapy	☐ Yoga Therapy
☐ Equine Guided Therapy	☐ Lower level laser therapy	
☐ Eyebrow Tinting	☐ Matrix reimprinting	

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? (please provide additional details)

   _____

   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, 2025.

Note: Complete applications are to be sent to Preventative Health Services Group, 173 Highway 8, Dundas, Ontario, L9H 5E1 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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