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Mental Health Practitioner Professional and General Liability Insurance Application

www.holmanins.com
www.mentalhealthpractitionerinsurance.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.

“**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.

By signing this application form the **Applicant** is consenting to the use of information, including sensitive personal information. Where personal information relates to third parties, the **Applicant** confirms that it has been given the requisite consent to disclose such information to the Insurers for processing.

If there is insufficient space to complete an answer to any question in this application form, please continue on the continuation space (and additional page) provided, which should then be signed, dated, and attached to this application form.

COVERAGE – PROFESSIONAL LIABILITY – “Claims Made” and reported, costs are inclusive of limits.

This insurance under Part A, 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.

- A. 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).
- B. 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.
- C. 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.
- D. 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.
- E. The limits for Defence Costs are included in the limit of liability.

Highlights of Professional Liability:

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
- 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
- Legal Representation Costs \$50,000
- Disciplinary Action Reimbursement \$100,000
- Duty to Defend \$100,000
- Coroner’s Inquest \$50,000
- General Liability \$1,000,000
- Sexual Harassment / Abuse \$100,000
- 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 \$100,000 annual aggregate
- Loss of Documents \$250,000
- Rescuers & Good Samaritan Acts \$1,000 annual aggregate
- Cancellation Extended Reporting 90 days
- Communicable Disease Exclusion
- Options for 2, 3 or 5-year extended reporting
- Deductible \$1,000
- Online Telehealth, Telemedicine, e-consulting included for CRPO members.



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COVERAGE – OPTIONAL - COMMERCIAL GENERAL LIABILITY POLICY – “Occurrence Basis”

Commercial General Liability is available as an optional addition to Professional Liability coverage. Coverage under Professional Liability must be purchased for this additional coverage to apply. Insurance under is on an “Occurrence Basis”.

COMMERCIAL GENERAL LIABILITY POLICY – “Occurrence Basis”

- Bodily Injury and Property Damage Liability \$1,000,000- 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:

- Cyber Expense
- Worldwide Coverage

Optional Coverages Available:

- Entity Coverage
- Online / Internet Training

Qualifications

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

Approved Associations

This application applies only to the activities specifically detailed below by the **Applicant**, AND for which the **Applicant** has an approved relevant qualification from one of the approved associations on page 3 of this application form. If the **Applicant** is in any doubt as to whether an individual activity or association is approved for cover under this policy, the **Applicant** must discuss this with the Coverholder prior to accepting cover hereunder.

Applicant Acknowledgement

_____ Signature

_____ Date

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APPROVED ASSOCIATIONS

Please any association or group that you are a current member

- | | | |
|--|--|--|
| <input type="checkbox"/> Academy of Human Potential | <input type="checkbox"/> Canadian Humanistic & Transpersonal Association - CHATA | <input type="checkbox"/> National Institute for Learning Development Canada (NILD) |
| <input type="checkbox"/> Alberta Association of Marriage and Family Therapy (AAMFT) | <input type="checkbox"/> Canadian Hypnotherapy Association | <input type="checkbox"/> National Register of Health Service Providers in Psychology (NRHSP) |
| <input type="checkbox"/> American Board of Professional Psychology (ABPP) | <input type="checkbox"/> Canadian Mental Health Association (CMHA) | <input type="checkbox"/> Natural Therapies Association of North America |
| <input type="checkbox"/> American Psychological Association (APA) | <input type="checkbox"/> Canadian Professional Social Workers (CASW) | <input type="checkbox"/> New Brunswick Association of Counselling Therapists (NBACT) |
| <input type="checkbox"/> Applied Behaviour Analysis International (ABAI) | <input type="checkbox"/> Canadian Psychiatric Association (CPA) | <input type="checkbox"/> Newfoundland and Labrador Psychology Board |
| <input type="checkbox"/> Association for Contextual Behavioral Sciences (ACBS) | <input type="checkbox"/> Canadian Psychoanalytic Society (CPS) | <input type="checkbox"/> Nova Scotia Board of Examiners in Psychology |
| <input type="checkbox"/> Association for the Advancement of meridian Energy Techniques (AAMET) | <input type="checkbox"/> Canadian Psychological Association (CPA) | <input type="checkbox"/> Nova Scotia School Counsellors Association (NSSCA) |
| <input type="checkbox"/> Association of Canadian Psychology Regulatory Organizations (ACPRO) | <input type="checkbox"/> Canadian Register of Health Service Providers in Psychology (CRHSPP) | <input type="checkbox"/> Ontario Alliance of Career Development Practitioners (OACDP) |
| <input type="checkbox"/> Association of Newfoundland Psychologists | <input type="checkbox"/> Canadian University & College Counselling Association (CUCCA) | <input type="checkbox"/> Ontario Association for Family Mediation (OAFM) |
| <input type="checkbox"/> Association of Professional Sleep Consultants | <input type="checkbox"/> Career Development Association of Alberta (CDAA) | <input type="checkbox"/> Ontario Association for Marriage and Family Therapy (OAMFT) |
| <input type="checkbox"/> Association of Psychologists of Nova Scotia | <input type="checkbox"/> Christ-Centered Spiritual Directors | <input type="checkbox"/> Ontario Association of Child and Youth Counsellors (OACYC) |
| <input type="checkbox"/> Association of Psychologists of the Northwest Territories | <input type="checkbox"/> College of Alberta Psychologists | <input type="checkbox"/> Ontario Association of Consultants, Counsellors, Psychometrists and Psychotherapists (OACCPP) |
| <input type="checkbox"/> Association of State and Provincial Psychology Boards (ASPPB) | <input type="checkbox"/> College of Professional Hypnotherapy | <input type="checkbox"/> Ontario College of Social Workers or any other Provincial Social Worker Association |
| <input type="checkbox"/> British Columbia Association for Marriage and Family Therapy (BCAMFT) | <input type="checkbox"/> College of Psychologists of British Columbia | <input type="checkbox"/> Ontario Federation of Community Mental Health and Addiction Programs (OFCMHAP) |
| <input type="checkbox"/> British Columbia Association of Clinical Counsellors (BCACC) | <input type="checkbox"/> College of Psychologists of New Brunswick | <input type="checkbox"/> Ontario Federation of Community Mental Health and Addiction Programs (OFCMHAP) |
| <input type="checkbox"/> British Columbia Psychological Association | <input type="checkbox"/> College of Psychologists of New Brunswick/College des psychologues du Nouveau-Brunswick | <input type="checkbox"/> Ontario Kinesiology Association |
| <input type="checkbox"/> Canadian Addiction Counsellors Certification Federation (CACCF) | <input type="checkbox"/> College of Psychologists of Ontario | <input type="checkbox"/> Ontario Personal Support Worker Association - OPSWA |
| <input type="checkbox"/> Canadian Art Therapy Association (CATA) | <input type="checkbox"/> College of Registered Psychotherapists of Ontario | <input type="checkbox"/> Ontario Psychological Association |
| <input type="checkbox"/> Canadian Association for Child and Play Therapy (CACPT) | <input type="checkbox"/> Cooperative Counselling Therapist of Canada | <input type="checkbox"/> Professional Association of Christian Counsellors and Psychotherapists (PACCP) |
| <input type="checkbox"/> Canadian Association for Music Therapy (CAMT) | <input type="checkbox"/> Council of Canadian Child and Youth Care Associations (CCCYC) | <input type="checkbox"/> Prince Edward Island Counselling Association (PEICA) |
| <input type="checkbox"/> Canadian Association for Pastoral Practice and Education (CAPPE) | <input type="checkbox"/> Creatrix Transformational Solutions Inc. | <input type="checkbox"/> Prince Edward Island Psychologists Registration Board |
| <input type="checkbox"/> Canadian Association for Sandplay Therapy | <input type="checkbox"/> Education and Networking for Rehabilitation and Career Practitioners | <input type="checkbox"/> Professional Board of Hypnotherapy |
| <input type="checkbox"/> Canadian Association for Suicide Prevention (CASP) | <input type="checkbox"/> Evangelical Spiritual Directors | <input type="checkbox"/> Psychological Association of Manitoba |
| <input type="checkbox"/> Canadian Association of Career Educators and Employers (CACEE) | <input type="checkbox"/> Family Mediation Canada (FMC) | <input type="checkbox"/> Psychological Association of Prince Edward Island |
| <input type="checkbox"/> Canadian Association of Neuro-Linguistic Programming | <input type="checkbox"/> Fertility As A Way Network Inc. - FAWN | <input type="checkbox"/> Psychological Society of Saskatchewan |
| <input type="checkbox"/> Canadian Association of Psychoanalytic Child Therapist - CAPCT | <input type="checkbox"/> General Practice Psychotherapy Association (GPPA) | <input type="checkbox"/> Psychologists Association of Alberta |
| <input type="checkbox"/> Canadian Association of Social Workers (CASW) | <input type="checkbox"/> Gestalt Institute of Toronto | <input type="checkbox"/> Psychosocial Rehabilitation Canada (PSR) |
| <input type="checkbox"/> Canadian Baptists of Ontario and Quebec | <input type="checkbox"/> Jesuit Spiritual Directors | <input type="checkbox"/> Quebec Association of Marriage and Family Therapy (QAMFT) |
| <input type="checkbox"/> Canadian Career Information Association (CCIA) | <input type="checkbox"/> International Association of Counsellors and Therapists - IACT | <input type="checkbox"/> Quebec Counselling Association (QCA) |
| <input type="checkbox"/> Canadian Christian and Catholic Spiritual and Educational Ministries | <input type="checkbox"/> International Association of Hypnotherapist - IAPH | <input type="checkbox"/> Saskatchewan College of Psychologists |
| <input type="checkbox"/> The Christian & Missionary Alliance (C&MA) | <input type="checkbox"/> International Medical & Dental Hypnotherapy Association - IMDHA | <input type="checkbox"/> Sisters of St. Joseph |
| <input type="checkbox"/> Canadian College of Professional Counsellors & Psychotherapists | <input type="checkbox"/> Kairos Institute | <input type="checkbox"/> Society for the Exploration of Psychotherapy Integration (SEPI) |
| <input type="checkbox"/> Canadian Complementary Medical Association | <input type="checkbox"/> L'Ordre des psychologues du Québec | <input type="checkbox"/> Spiritual Directors International - SDI |
| <input type="checkbox"/> Canadian Consortium for Collaborative Mental Health Care (CCMHC) | <input type="checkbox"/> Manitoba Psychological Society | <input type="checkbox"/> The Haden Institute |
| <input type="checkbox"/> Canadian Council of Professional Certification - CCPC Global | <input type="checkbox"/> Mennonite Spiritual Directors | <input type="checkbox"/> The Northwest Territories (Department of Health and Social Services) |
| <input type="checkbox"/> Canadian Counselling and Psychotherapy Association (CCPA) | <input type="checkbox"/> Natural Therapies Association of North America | <input type="checkbox"/> Tyndale Association of Spiritual Directors |
| <input type="checkbox"/> Canadian Employee Assistance Program Association (CEAPA) | <input type="checkbox"/> National Association of Dual Diagnosis (NADD) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Canadian Fellowship of Christian Spiritual Directors (CFSD) | <input type="checkbox"/> National Association of Holistic Health Practitioners - NAHHP | |
| <input type="checkbox"/> Canadian Group Psychotherapy Association (CGPA) | <input type="checkbox"/> National Guild of Hypnotists (NGH) | |
| <input type="checkbox"/> Canadian Herbalist's Association of British Columbia (CHA of BC) | <input type="checkbox"/> National Health Practitioners of Canada Association | |

Mental Health Practitioner Professional and General Liability Insurance Application

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:

Any Applicant who has qualified overseas shall also have to be individually approved prior to cover being authorized by Insurers.

1. Full Name Of Applicant:

First Name	Initial	Last Name
------------	---------	-----------

a. Address:

Street Address		
City	Province	Postal Code

b.

Telephone Number:	Business #	Cell #
-------------------	------------	--------

c.

Email Address:	Fax #
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2.a. Do you operate under a Business Entity or Partnership? Yes No

b. 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 and up to 2 administrative non-professional staff that do not provide any of the insured services. No additional charge for sole proprietor acting under a company name. There is an additional charge for an Incorporated companies and partnerships. All professionals must apply for individual coverage separately.

*PLEASE NOTE: Legal Entity: In the event of a claim, both the Professional and the Business Name could be named in a statement of claim or lawsuit. Legal Entity Coverage protects the business and its assets in such circumstances. This coverage is applicable if you are either a business owner operating on a Legal Entity name and /or employ or subcontract other people.

3. Relevant Canadian Qualifications – **PLEASE ATTACH CERTIFICATES**

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

Relevant Non-Canadian Qualifications - **PLEASE ATTACH CERTIFICATES**

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

Any Applicant who has **Non-Canadian qualifications** will have to be individually approved prior to cover being authorized by Insurers.

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3. Cont'd Associations that you are a current subscribing member of (Including membership No's):- See list on Page 2

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 Of Birth: MM/DD/YY Male Female

5.a. Date Started Practice: MM/DD/YY

5.b. 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 %

5.c. Number of Employees: Professional Clerical Other

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 when this would happen and with what types of animal.

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) and 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

Mental Health Practitioner Professional and General Liability Insurance Application

- d. Do you teach and/or certify or qualify another to teach others? 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**, how often and to whom.

Attach relevant qualifications.

To Whom?	How often?
----------	------------

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

If yes, you must purchase 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 \$100,000 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 \$100,000? 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. Do you operate your business outside of Canada? Yes No

10. Do you do practice Online, provide E-Services, or do Internet training and/or Videos? Yes No

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11. Do you require Cyber Legal Expense coverage? Yes No
 Contact Broker for separate application required for this cover.

NOTE: If the answers to item 7, 8, 9, 10 and 11 are **YES**, an additional premium loading will apply. Please refer to premium calculation page.

12. 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

13. Do you keep records for at least 7 years for all patients/clients? Yes No
 If **NO**, please advise why the answer is **NO**:

14. Do you obtain satisfactory consent in writing from each patient prior to starting treatment? Yes No
 If **YES**, please attach sample copy of consent form, intake form or client waiver.
15. Have any negligence claims ever been made against you whether successful or otherwise? Yes No
16. Have any claims for dishonesty ever been made against you whether successful or otherwise? Yes No
17. Have any complaints or investigations ever been made or undertaken against you? Yes No
18. Have you ever had a document relating to the **Applicant's** activities unintentionally destroyed, damaged, lost or mislaid? Yes No
19. Has the **Applicant** ever been convicted of a criminal offence, other than a motoring offence, or have any prosecution pending? Yes No
20. Have any libel or slander claims, infringement of copyright or breach of confidentiality ever been made against you? Yes No
21. Have any sexual harassment and/or abuse claims ever been made against you? Yes 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? Yes 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? Yes No

NOTE: If the answer to any of 15-23 above is **YES**, please provide full details here or attached sheet if space insufficient:

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Mental Health Professional Service Categories

There are several Mental Health Professional Service that can be covered, **each of which has a separate premium** banding category. You only pay for the highest category. If more than 10 services are selected, additional premium may apply.

Please indicate which individual Professional Services cover is required hereunder:

CATEGORY A (excludes counselling)

- | | | |
|--|--|--|
| <input type="checkbox"/> Gestalt Therapy | <input type="checkbox"/> Psychotherapy # | <input type="checkbox"/> Psychology # |
| <input type="checkbox"/> Psych-K | <input type="checkbox"/> Psychometrist | <input type="checkbox"/> Relationship Development Intervention |

excludes addiction and substance abuse counselling (See Category "C")

CATEGORY B

- | | | |
|---|--|--|
| <input type="checkbox"/> Art Therapy / Expressive Art Therapy | <input type="checkbox"/> Aura Soma Color Healing | <input type="checkbox"/> Bio Energetics |
| <input type="checkbox"/> Bio Feedback | <input type="checkbox"/> Body Mind Balancing | <input type="checkbox"/> Breathwork |
| <input type="checkbox"/> Certified First Aid | <input type="checkbox"/> Developmental Services Worker | <input type="checkbox"/> Emotional Freedom Technique |
| <input type="checkbox"/> Compassionate Inquiry | <input type="checkbox"/> Energetic Healing | <input type="checkbox"/> Energy Work / Balancing |
| <input type="checkbox"/> Family Counseling # | <input type="checkbox"/> Family Constellations Facilitator | <input type="checkbox"/> Guidance Counseling # |
| <input type="checkbox"/> Holistic Counseling | <input type="checkbox"/> Integrated Energy Therapy | <input type="checkbox"/> Life Coach (Group) |
| <input type="checkbox"/> Marriage Counseling | <input type="checkbox"/> Motivation speaker (Group) | <input type="checkbox"/> Meditation |
| <input type="checkbox"/> Mindfulness Group Facilitation | <input type="checkbox"/> Parent Mentoring # | <input type="checkbox"/> Pastoral Counselling |
| <input type="checkbox"/> Personal Support Worker | <input type="checkbox"/> Reiki Instructor | <input type="checkbox"/> Reiki Master |
| <input type="checkbox"/> Shamanic Healing | <input type="checkbox"/> Somatic Experience | <input type="checkbox"/> Sound Therapy / Healing |
| <input type="checkbox"/> Spiritual Counselor | <input type="checkbox"/> Spiritual Direction | <input type="checkbox"/> Yoga Instructor |

excludes addiction and substance abuse counselling (See Category "C")

CATEGORY C

- | | | |
|---|--|---|
| <input type="checkbox"/> Addiction & Substance Abuse Counselling | <input type="checkbox"/> Behavioral Therapy / Analysis | <input type="checkbox"/> BrainWorking Recursive Therapy (BWRT)® |
| <input type="checkbox"/> Certified Child Life Specialist (CCLS) | <input type="checkbox"/> Child and Play Therapy | <input type="checkbox"/> Child and Youth Counsellor / Care |
| <input type="checkbox"/> Cognitive Behaviour Therapy (CBT) | <input type="checkbox"/> Dialectical-Behavioural Therapy (DBT) | <input type="checkbox"/> Educational Therapy |
| <input type="checkbox"/> Eye Movement Desensitization and Reprocessing (EMDR) Therapy | <input type="checkbox"/> Emotion-Focused Therapy (EFT) | <input type="checkbox"/> Holistic Reproductive Mental Health Practitioner |
| <input type="checkbox"/> Hypnotherapy (Private) | <input type="checkbox"/> Life Work Coaching (Individual) | <input type="checkbox"/> Life Work Coaching (Group) |
| <input type="checkbox"/> Motivational Interviewing | <input type="checkbox"/> Narrative and Relational-Process-Experiential (RPE) Therapy | <input type="checkbox"/> Neuro Linguistic Programming – (NLP) Therapy |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Rapid Transformation Therapy - RTT | <input type="checkbox"/> Registered Behaviour Technician – (RBT) |
| <input type="checkbox"/> Relaxation Therapy | <input type="checkbox"/> Solution Focused Therapy (SFT) | <input type="checkbox"/> Soul Life™ |
| <input type="checkbox"/> Subconscious Imprinting Technique | <input type="checkbox"/> Time Line Therapy | <input type="checkbox"/> Trauma Therapy |
| <input type="checkbox"/> Traumatic Event Support | | |

CATEGORY D

- | | | |
|---|---|---|
| <input type="checkbox"/> Executive coach (Individual) | <input type="checkbox"/> Nonviolent Communication | <input type="checkbox"/> Psychometric Assessments |
|---|---|---|

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 the Coverholder for rating.

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PREMIUM CALCULATION & INVOICE

Policy coverage starts at \$1,000,000 for any one claim, capped at \$5,000,000 for all claims (aggregate) made during the policy period. Higher limits as detailed below are available and the **Applicant** should discuss specific requirements with the Coverholder if in any doubt as to the adequacy of the limits being considered. Subject to a satisfactory application, the **Applicant** will be charged the minimum of following subject review of modalities. Depending upon the number of services an additional charge may apply.:

CATEGORIES AND LIMIT TO BE COVERED

COVERAGE – Professional & General Liability –“Claims Made”

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

▼ Check off one ► LIMIT OF INDEMNITY	<input type="checkbox"/> A ONLY	<input type="checkbox"/> A - B	<input type="checkbox"/> A - C	<input type="checkbox"/> A - D	PREMIUM
<input type="checkbox"/> \$1,000,000 Per Claim, \$5,000,000 Aggregate	\$250	\$300	\$330	\$385	\$
<input type="checkbox"/> \$2,000,000 Per Claim, \$4,000,000 Aggregate	\$275	\$330	\$355	\$435	
<input type="checkbox"/> \$3,000,000 Per Claim, \$6,000,000 Aggregate	\$325	\$410	\$440	\$495	
<input type="checkbox"/> \$5,000,000 Per Claim, \$10,000,000 Aggregate	\$450	\$540	\$600	\$660	

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 2.a.	ADD	\$100	\$
<input type="checkbox"/> Working With Animals - Question 7.a.	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, Certify or Qualify - 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 Internet Training or Videos - Question 10	ADD	\$150	\$
Total PROFESSIONAL LIABILITY			\$

COVERAGE – (OPTIONAL) – Commercial General Liability – “Occurrence Basis”

▼ Check off one. Please 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 Claim / \$1,000,000 Aggregate	\$150	\$
<input type="checkbox"/>	\$2,000,000 per Claim / \$2,000,000 Aggregate	\$200	\$
<input type="checkbox"/>	\$3,000,000 per Claim / \$3,000,000 Aggregate	\$300	\$
<input type="checkbox"/>	\$5,000,000 per Claim / \$5,000,000 Aggregate	\$400	\$
<input type="checkbox"/>	Additional Insured – Question 7.e.	\$50 per additional insured	\$

TOTAL COMMERCIAL GENERAL LIABILITY \$

TOTAL PROFESSIONAL LIABILITY, COMMERCIAL GENERAL LIABILITY \$

POLICY Fee \$50.00

TAXABLE TOTAL PROFESSIONAL LIABILITY AND COMMERCIAL GENERAL LIABILITY PLUS POLICY FEE \$

For residents of Manitoba add 7% Newfoundland/Labrador add 15% Quebec add 9% Ontario add 8% Saskatchewan add 6%	TAX	\$
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TOTAL INCLUDING TAX \$

All premiums are annual and 100% retained. Policy is subject to a \$1,000 Deductible.

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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Mental Health Practitioner Professional and General Liability Insurance Application

NOTE: COVERAGE CAN ONLY BE BOUND AND CONFIRMED BY HOLMAN INSURANCE BROKERS LTD.

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 but 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.

The email address supplied may be used to notify you of other related insurance products of interest to you.

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

Professional and General Liability Checklist

Application completed in full. All questions must be answered.

All pages #1 to #13 must be returned. (including page #1).

Relevant certificates and qualifications attached. (see question #3)

Membership Documentation (e.g. Certificate of Membership).

Copy of prior insurance policy if prior retro date is required.

Resume cv attached.

Sample patient, client intake and consent forms attached. – page 6 question 14

Professional Service Categories – (page 8) – all applicable have been checked off.

Method of Payment (must accompany application, instructions next page)

cheque attached (your cancelled cheque is your receipt)

online Internet payment (Bill Pay) Bank confirmation # _____ Name of Bank _____
confirmation receipt provided by bank provider

Visa/Master Card - email confirmation receipt will be sent provider upon transaction

Please keep a copy your application and payment receipt (ie cheque, Bank confirmation or online payment receipt).

An invoice will not be issued.

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

PAYMENT OPTIONS

Credit Card, Visa or Mastercard

1. Go to www.mentalhealthpractitionerinsurance.ca Please note there is 2.5 % administration fee charged for this option.
 2. Click on Payment Options
 3. Click on Master Card/ Visa icon and enter the required information.
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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 as known as Bill Pay – this is a preferred method (not to be confused with e-Transfer)

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 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