

FAMILY MEDIATION CANADA
APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE

Aon Reed Stenhouse Inc.
333 Preston Street, Suite 600
Preston Square, Tower 1
Ottawa, Ontario K1S 5N4



Phone: (613) 722-7070, Toll Free: 1-866-488-3451
Fax: (613) 722-2570

Helping Families Succeed Since 1985

NEW APPLICATION

NAME: _____ MEMBERSHIP NO. _____

COMPANY NAME: _____

MAILING ADDRESS: _____

PHONE: () _____ E-MAIL _____

BUSINESS ADDRESS: _____
IF DIFFERENT FROM MAILING _____

1. How long have you practised as a mediator? _____
2. Have you ever previously purchased professional liability Insurance?
 Yes No If yes, what was the retroactive date of the coverage? _____
3. Have you ever sustained a professional liability loss or has such a claim been made against you?
 Yes No If yes, please attach details.
4. Have you any knowledge of any negligent act, any error, any omission or breach of duty which might give rise to a claim against you?
 Yes No If yes, please attach details.
5. Has any application for professional liability ever been denied?
 Yes No If yes, please attach details.

I declare that to the best of my knowledge the statements set forth herein are true. Signing of this application does not bind the applicant or company to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued. You must be a member in good standing of FMC for your policy to respond.

Signature of Applicant

Date

NOTE: COVERAGE WILL BE IN EFFECT ONLY UPON RECEIPT OF SATISFACTORY PAYMENT AND APPLICATION.

THE INSURANCE PREMIUMS ARE FULLY RETAINED AT THE DATE YOU APPLY FOR COVERAGE AND WILL NOT BE REFUNDED.

BASIC PLAN

CERTIFIED MEMBERS PROFESSIONAL LIABILITY	DEDUCTIBLE	PREMIUM	
\$1,000,000 Per Claim/ \$1,000,000 Per Year	\$500	\$145	<input type="checkbox"/>
\$2,000,000 Per Claim/ \$2,000,000 Per Year	\$500	\$191	<input type="checkbox"/>
\$3,000,000 Per Claim/\$3,000,000 Per Year	\$500	\$234	<input type="checkbox"/>

NON-CERTIFIED MEMBERS PROFESSIONAL LIABILITY	DEDUCTIBLE	PREMIUM	
\$1,000,000 Per Claim/ \$1,000,000 Per Year	\$500	\$162	<input type="checkbox"/>
\$2,000,000 Per Claim/ \$2,000,000 Per Year	\$500	\$213	<input type="checkbox"/>
\$3,000,000 Per Claim/ \$3,000,000 Per Year	\$500	\$264	<input type="checkbox"/>

ADDITIONAL OPTIONS

RECOMMENDED IF YOU PROVIDE PARENT CO-ORDINATING SERVICES.

Additional Services; PARENT CO-ORDINATION SERVICES	DEDUCTIBLE	PREMIUM	
\$1,000,000 Per Claim/ \$1,000,000 Per Year	\$500	\$85	<input type="checkbox"/>
\$2,000,000 Per Claim/ \$2,000,000 Per Year	\$500	\$98	<input type="checkbox"/>
\$3,000,000 Per Claim/ \$3,000,000 Per Year	\$500	\$107	<input type="checkbox"/>
Exclusion: Removing children from the home			

RECOMMENDED IF YOU OPERATE UNDER A BUSINESS NAME.

Legal Entity Coverage – Covers your registered business or company name for Professional Liability (Clinic Malpractice Liability)	PREMIUM	
0-2 Professional Employees 3-6 Professional Employees 6 + employees	Included \$150 Call for quote	<input type="checkbox"/>

RECOMMENDED IF YOU HAVE THE PUBLIC ENTERING YOUR PREMISES OR IF YOU VISIT CLIENT'S HOMES.

ALL MEMBERS COMMERCIAL GENERAL LIABILITY (Available only to applicants who purchase Professional Liability)	DEDUCTIBLE	PREMIUM	
\$1,000,000 Per Claim/ \$1,000,000 Per Year	\$500	\$105	<input type="checkbox"/>
\$2,000,000 Per Claim/ \$2,000,000 Per Year	\$500	\$135	<input type="checkbox"/>
\$3,000,000 Per Claim/ \$3,000,000 Per Year	\$500	\$165	<input type="checkbox"/>

EXTENDED REPORTING PERIOD (TAIL COVERAGE) For Professional Liability coverage	1 YEAR – 50% OF LAST YEAR'S PREMIUM	2 YEARS – 75% OF LAST YEAR'S PREMIUM
Expiring Limit: \$1,000,000 Per Claim/ \$1,000,000 Per Year	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
\$2,000,000 Per Claim/ \$2,000,000 Per Year	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
\$3,000,000 Per Claim/ \$3,000,000 Per Year	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____

THE FOLLOWING PROVINCES ARE SUBJECT TO PROVINCIAL SALES TAX: Ontario Residents add 8% Ontario Sales Tax Quebec Residents add 9% Quebec Sales Tax All other provinces are exempt. GST is not applicable to insurance premiums. ALL CHEQUES PAYABLE TO AON REED STENHOUSE INC. OR COMPLETE THE CREDIT CARD AUTHORIZATION BELOW	SUB-TOTAL	
	TAX	
	TOTAL ENCLOSED	

AUTHORIZATION FOR CREDIT CARD CHARGE:

NAME OF CARD HOLDER _____	
VISA - M/C Account No. _____ / _____ / _____	
SIGNATURE: _____	EXPIRY: _____