

FAMILY MEDIATION CANADA

APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE

Aon Reed Stenhouse Inc.
710 – 1525 Carling Avenue
Ottawa, Ontario K1Z 8R9
Fax: (613) 722-2570
Phone: 1-866-488-3521 (Bilingual)



Family Mediation Canada
Médiation Familiale Cana

FIRST NAME: _____ LAST NAME: _____ INITIAL: _____

MAILING ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE _____

PHONE: (BUS) _____ (HOME): () _____ FAX NO.: _____

BUSINESS ADDRESS: _____

MEMBERSHIP #: _____

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.

**FMC INSURANCE PROGRAM
COVERAGE AVAILABLE**

CERTIFIED MEMBERS PROFESSIONAL LIABILITY	DEDUCTIBLE	ANNUAL COST	I WOULD LIKE THE FOLLOWING LIMIT
\$1,000,000 Per Claim/ \$1,000,000 Per Year	\$500.00	\$170.00 per year	<input type="checkbox"/>
\$2,000,000 Per Claim/ \$2,000,000 Per Year	\$500.00	\$225.00 per year	<input type="checkbox"/>

NON-CERTIFIED MEMBERS PROFESSIONAL LIABILITY	DEDUCTIBLE	ANNUAL COST	I WOULD LIKE THE FOLLOWING LIMIT
\$1,000,000 Per Claim/ \$1,000,000 Per Year	\$500.00	\$190.00 per year	<input type="checkbox"/>
\$2,000,000 Per Claim/ \$2,000,000 Per Year	\$500.00	\$250.00 per year	<input type="checkbox"/>

ALL MEMBERS COMMERCIAL GENERAL LIABILITY (Available only to applicants who purchase Professional Liability)	DEDUCTIBLE	ANNUAL COST	I WOULD LIKE THE FOLLOWING LIMIT
\$1,000,000 Per Claim/ \$1,000,000 Per Year	\$500.00	\$105.00 per year	<input type="checkbox"/>
\$2,000,000 Per Claim/ \$2,000,000 Per Year	\$500.00	\$135.00 per year	<input type="checkbox"/>

- Members joining between June 1st to August 31st-100% of annual premium
- Members joining between September 1st to November 30th -75% of annual premium
- Members joining between December 1st to February 28th -50% of annual premium
- Members joining between March 1st to May 31st -25% of annual premium

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

AUTHORIZATION FOR CREDIT CARD CHARGE:

NAME OF CREDIT CARD HOLDER _____

F M C

VISA - M/C Account No. _____ / _____ / _____

EXPIRY: _____

SIGNATURE _____

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