



Empower Results®



Family Mediation Canada
Médiation Familiale Canada

Professional and Commercial General Liability Application: New Family Mediation Canada

Name: _____ Membership no. _____

Business name: (if applicable) _____

Note: coverage under this policy will extend to your business, but only if you are a sole proprietor without employees.

Mailing address: _____

City: _____ Prov.: _____ Postal code: _____

Business address: (if different from mailing) _____

City: _____ Prov.: _____ Postal code: _____

Telephone: _____ Fax: _____

Email address: _____

How long have you practiced as a mediator? _____

Have you ever previously purchased professional liability insurance? Yes No

If yes, what was the retroactive date of the coverage? _____

Have you ever sustained a professional liability loss or has such a claim been made against you? Yes No

If yes, please provide details.

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 provide details.

Has any application for professional liability ever been denied? Yes No

If yes, please provide details.

Have you been certified by Family Mediation Canada? Yes No



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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"/>

Excluded: Civil arbitration

Additional options

Recommended if you provide parent coordinating services

Additional services: Parent coordination 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 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"/>



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Declarations, warranty, privacy and consent

The Applicant(s) (collectively, the “**Applicant**”) confirms that he/she wishes to use Aon’s services and consents to Aon’s collection, use and disclosure of any personal information required for the following purposes:

- To determine eligibility and process applications for insurance products and to provide information and services as requested
- To understand and assess ongoing needs and offer products and services to meet those needs
- For communication, service, billing and administration purposes
- For claims administration and data analysis
- To comply with legal, audit, security and regulatory requirements
- To verify the personal information provided.

The 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 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. The client acknowledges that in providing the requested services, Aon may need to utilize its affiliates and/or third service providers who may be located inside or outside of Canada and therefore personal information may be subject to the laws of that jurisdiction. The Applicant acknowledges that he/she may withdraw a previously given consent for one or more purposes at any time, by contacting Aon’s Privacy Officer in writing and understands that such withdrawal may result in Aon’s inability to provide the services requested. The Applicant acknowledges that this Consent remains in force until withdrawn by the Applicant in whole or in part, regardless of any other consents the Applicant may sign authorizing the collection, use or disclosure of personal information. Aon’s Privacy Policy and Privacy Officer contact information is available at <http://www.aon.com/canada/about-aon/privacy.jsp> or by calling any Aon office in Canada.

Signed by: _____ Position: _____

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.

Payment Information

The following provinces are subject to provincial sales tax:

- Ontario residents add 8% sales tax
- Québec residents add 9% sales tax
- Manitoba residents add 7% sales tax

All other provinces are exempt. GST is not applicable to insurance premiums.

All cheques payable to Aon Reed Stenhouse Inc., or complete credit card authorization below.

Sub-total	\$
Tax	\$
Total enclosed	\$

Authorization for credit card charge

VISA or M/C account no.: _____ Expiry date: _____

Cardholder name: _____ Signature: _____

Aon Risk Solutions

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