

Application for Professional Liability Insurance – 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 sole proprietor with no employees.

Mailing address: _____

City: _____ Prov.: _____ Postal code: _____

Business address: (if different from mailing) _____

City: _____ Prov.: _____ Postal code: _____

Telephone: _____ Fax: _____ Email: _____

Have you been certified by Family Mediation Canada? Yes No

Basic plan

	Deductible	Premium	
Certified members: Professional liability			
1,000,000 per claim/1,000,000 per policy period	500	215	<input type="checkbox"/>
2,000,000 per claim/2,000,000 per policy period	500	285	<input type="checkbox"/>
3,000,000 per claim/3,000,000 per policy period	500	350	<input type="checkbox"/>
Non-certified members: Professional liability			
1,000,000 per claim/1,000,000 per policy period	500	245	<input type="checkbox"/>
2,000,000 per claim/2,000,000 per policy period	500	320	<input type="checkbox"/>
3,000,000 per claim/3,000,000 per policy period	500	395	<input type="checkbox"/>
Exclusion: Civil arbitration			

Additional options

Recommended if you provide parent coordinating services			
Additional services: Parent coordination services			
1,000,000 per claim/1,000,000 per policy period	500	125	<input type="checkbox"/>
2,000,000 per claim/2,000,000 per policy period	500	145	<input type="checkbox"/>
3,000,000 per claim/3,000,000 per policy period	500	160	<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)			
1,000,000 per occurrence/1,000,000 annual aggregate	500	160	<input type="checkbox"/>
2,000,000 per occurrence/2,000,000 annual aggregate	500	205	<input type="checkbox"/>
3,000,000 per occurrence/3,000,000 annual aggregate	500	250	<input type="checkbox"/>
Recommended if you retire or leave the profession			
Extended reporting period for professional liability coverage			
One year		50% of last year's premium	<input type="checkbox"/>
Two years		75% of last year's premium	<input type="checkbox"/>

Provides protection should a loss be reported from an incident that occurred during the period that you were practicing.



Declaration

The undersigned declares: The applicant(s) have reviewed all parts and attachments of this application and acknowledges that all information is true and correct and understands that this application for insurance is based on the truth and completeness of this information. Where (a) an applicant for this contract gives false information to the prejudice of the Insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein, or (b) the applicant contravenes a term of the contract or commits a fraud, or (c) the applicant willfully makes a false statement in respect of a claim, coverage may be voided by the insurer and the applicant's right of recovery may be forfeited.

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, credit reporting agencies, motor vehicle/driver licensing authorities, financial institutions, medical professionals 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 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.

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.

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%
- Quebec residents add 9%
- Manitoba residents add 8%
- Newfoundland & Labrador residents add 15%
- Saskatchewan residents add 6%

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

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Toll-free: 1.877.766.3093 | Fax: 1.877.766.9075
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Privacy notice

The collection, use and disclosure of personal information through this site 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>.