TRISURA®

THE PROFESSIONAL ASSOCIATION OF CHRISTIAN COUNSELLORS AND PSYCHOTHERAPISTS

MISCELLANEOUS PROFESSIONAL LIABILITY AND COMMERCIAL GENERAL LIABILITY INSURANCE PROGRAM FOR MEMBERS APPLICATION FORM

THIS IS AN APPLICATION FOR A CLAIMS MADE PROFESSIONAL LIABILITY POLICY WITH CLAIM EXPENSES INCLUDED IN THE LIMIT OF LIABILITY AND A COMMERCIAL GENERAL LIABILITY INSURANCE POLICY. All questions must be answered completely.

You must be, and remain, a Certified Member or a Student Member in good standing with the PACCP in order to participate in this insurance program.

1. (a) Name of Applicant: _____

   (b) Address: _____

   _____

2. (a) Confirm whether you are a: Certified Member ☐ Student Member ☐

   (b) If you are a Certified Member, are you also registered with the College of Registered Psychotherapists of Ontario? Yes ☐ No ☐

   (c) If you are a Student Member, confirm the following:

   Teaching Centre Name: _____

   Teaching Centre Address _____

   Is the Teaching Supervisor a current member of PACCP? Yes ☐ No ☐

3. The standard coverage for **Individual Members** included in this Insurance Program is:

Type of Coverage	Limits of Liability
Professional Liability Insurance	$5,000,000 per Claim / $5,000,000 Aggregate
Commercial General Liability Insurance	$5,000,000 each Occurrence / $5,000,000 General Aggl

4. Do you wish to purchase additional coverage for your business contents? Yes ☐ No ☐

   (a) If "Yes", please note that coverage applies solely to the Address shown in Question 1 above.

   (b) Confirm your purchase below:

Type of Coverage	Limits of Insurance	Deductible	Select Option
Commercial Property: Office Contents	$50,000	$1,000	☐

5. If you own or operate a **counselling Clinic or Business**, you may purchase Professional Liability coverage for your Business.

   Note: Only the majority owner or most senior partner/member of the Business should purchase this Entity Extension.

   (a) Full Legal Name of Business: _____

   (b) Address of Business: _____

   (c) Business is a: ☐ Sole Proprietor ☐ Corporation ☐ Partnership ☐ Other: _____

   (d) Do all of the professional staff carry personal professional liability insurance? Yes ☐ No ☐

   (e) Do you always have current proof of their professional liability insurance on file? Yes ☐ No ☐

(f) How many professional employees and/or sub-contractors are employed by or contracted with your Business? _____

(g) Are there any services other than personal counselling or psychotherapy services provided? Yes ☐ No ☐

(h) If Yes, list the types of services or treatments provided by the Business: _____

_____

6. (a) Has any insurance been refused or cancelled in the past five years? Yes ☐ No ☐

(b) Has the Applicant, or any of the Applicant's employees, ever been investigated by, or suspended from practice by, any governing body of his/her profession? Yes ☐ No ☐

(c) Does the Applicant or any other person proposed for this insurance have knowledge or information of any claim, demand, occurrence, suit, or proceeding which has been made or is pending against any insured proposed for coverage under the proposed insurance? Yes ☐ No ☐

(d) Have there been any suits, claims, occurrences (including allegations) made against the Applicant or any other person proposed for this insurance in the last five years? Yes ☐ No ☐

If Yes to any of the above, attach details.

THE APPLICANT DOES HEREBY PROVIDE THE FOLLOWING WARRANTY TO THE INSURER

7. Does the Applicant, any of the Applicant's employees or any other person proposed for this insurance have knowledge or information of any fact, circumstance or situation which could reasonably give rise to a claim which would fall within the scope of the proposed insurance? Yes ☐ No ☐

If Yes, provide details: _____

_____

_____

It is understood and agreed that if knowledge of any such facts, circumstances or situations exists, whether or not disclosed, any claim or action subsequently arising or developing therefrom shall be excluded from coverage under any policy issued by Trisura Guarantee Insurance Company.

FALSE INFORMATION

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals information concerning any fact material thereto for the purpose of misleading any insurance company or other person, commits a fraudulent insurance act which is a crime.

DECLARATIONS AND SIGNATURE

The undersigned authorized representative of the Applicant:

(i) declares, after inquiry, that the statements and representations set forth in this Application, and all materials submitted to or requested by the Insurer in conjunction with this Application, are true;

(ii) acknowledges that these statements, representations, and materials are relied on by the Insurer and that they shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be effected;

(iii) agrees that if the information supplied in connection with this Application changes between the date of this Application and the effective date of any insurance effected pursuant to this Application, the undersigned will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding indications, quotations and/or authorization or agreement to effect the insurance; and

(iv) acknowledges that any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this Application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of any investigation and inquiry in connection with this Application for insurance and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

Signing of this Application does not obligate the Applicant or the Insurer to effect the insurance, but it is agreed that all materials submitted to or requested by the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. Terms and conditions, including limits of coverage, offered by the Insurer may differ from those applied for by the Applicant. It is further agreed that this Application and all materials submitted to or requested by the Insurer in conjunction with this Application are the basis of and are deemed attached to and incorporated into any policy effected pursuant to this Application.

PLEASE NOTE: COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED.

Applicant	Date
Signature	Title