

SECTION 1: APPLICANT INFORMATION

1. First Name: _____ Last Name: _____ Initial: _____

2. Please provide the following contact information:

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Business Address (if different than above): _____

3. Designations/Qualifications of Applicant: _____

4. CAA Membership Number: _____ Are you in good standing with the CAA? YES NO

5. During the past 5 years, are you, your partner or principal aware of the following:

a. Is applicant aware of any negligent act, any mistake that may give rise to a claim or suit for damages? YES NO

If "YES", please attach details on a separate sheet and attach to the submission of this document.

b. Have you ever had a Professional Liability claim or loss made against you? YES NO

If "YES", please attach details on a separate sheet and attach to the submission of this document.

c. Any ethical or code violations as they pertain to your practice? YES NO

If "YES", please attach details on a separate sheet and attach to the submission of this document.

d. Your license, registration or certification has been revoked or suspended? YES NO

If "YES", please attach details on a separate sheet and attach to the submission of this document.

e. What was the retro-active date on your previous policy? _____

PLEASE NOTE: THIS INSURANCE COVERAGE WILL BE EFFECTIVE ONLY IF YOU ARE A MEMBER IN GOOD STANDING WITH THE CANADIAN ACADEMY OF AUDIOLOGY AT THE TIME THE LOSS OCCURS. 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.

SECTION 2: INSURANCE INFORMATION

COVERAGES	Premium If Policy Is Started Between July 1 – January 1	Premium If Policy Is Started Between January 2 – June 30
<input type="checkbox"/> PLAN 1 Professional Liability Only \$3,000,000 per claim \$4,000,000 aggregate \$100,000 Criminal Defence Reimbursement \$100,000 Legal Expense Disciplinary Hearings \$10,000 Sexual Abuse Therapy Fund \$500/day Loss of Earnings	\$59.00	\$40.00
<input type="checkbox"/> PLAN 2 Professional AND Commercial General Liability <i>Same as Plan 1 PLUS</i> \$ 2,000,000 Commercial General Liability	\$235.00	\$129.00
<input type="checkbox"/> PLAN 3 Professional AND Commercial General Liability AND Office Contents <i>Same as Plan 1, Plan 2, PLUS</i> \$ 50,000 Office Contents \$ 1,000 Deductible	\$600.00	\$310.00
OPTIONAL COVERAGES / INCREASE LIMITS OF COVERAGE	Cost if you apply between July 1 – January 1	Cost if you apply between January 2 – June 30
<input type="checkbox"/> Professional Liability – Increase from \$3,000,000 to \$5,000,000 <input type="checkbox"/> Commercial General Liability – Increase from \$2,000,000 to \$5,000,000 Non Owned Automobile Liability <i>(Must Purchase Commercial General Liability)</i> <input type="checkbox"/> - Limit of \$2,000,000 <input type="checkbox"/> - Limit of \$5,000,000	\$80.00 \$59.00 \$45.00 \$70.00	\$48.00 \$33.00 \$25.00 \$38.00
Office Contents <i>(Applies to Plan 3 only)</i> <input type="checkbox"/> Increase from \$50,000 to \$100,000 <input type="checkbox"/> Increase from \$50,000 to \$150,000 <input type="checkbox"/> Increase from \$50,000 to \$200,000 <input type="checkbox"/> Increase from \$50,000 to \$250,000	\$79.00 \$162.00 \$241.00 \$290.00	\$42.00 \$84.00 \$123.00 \$165.00
Additional Location <input type="checkbox"/> Include \$50,000 office contents to a second location. Address: _____	\$85.00	\$45.00
Crime Insurance <input type="checkbox"/> \$25,000 Employee Fidelity Bond # of employees _____ <input type="checkbox"/> \$25,000 Third Party Fidelity Bond	\$28.00 per employee	\$17.00 per employee
<input type="checkbox"/> Legal Entity Coverage <i>(Application Required)</i>	\$135.00	\$70.00
PLEASE ADD APPLICABLE TAX: Ontario: 8% / Quebec: 9% / Manitoba: 8% / Newfoundland & Labrador: 15% / Saskatchewan: 6% / All other Provinces & Territories: NO TAX	Policy Fee:	\$50.00
	SUB-TOTAL:	\$
	PROVINCIAL TAX:	\$
	TOTAL 100% minimum retained:	\$

IMPORTANT NOTICE TO APPLICANT:

DISCLAIMER: PROLINK is the trade name of PROLINK Insurance Inc., The PROLINK Insurance Group Inc., Le Groupe d'assurances PROLINK Inc.

This is an application for insurance and the insurer is not obligated to accept the applicant for coverage. If a policy is issued, one signed copy of the application will be attached to the policy or certificate. Signature on the application form and submission of a premium payment does not bind the insurer to complete an insurance transaction with the applicant. This policy provides Errors and Omissions insurance that applies on a claims-made basis. The following provides a general description of this coverage and is subject to the terms and provisions of the actual policy.

- A. The policy will not cover any losses from incidents which take place before the Retroactive Date, if any, or after the expiration of the policy period (subject to the Extended Reporting Period provision).
- B. The policy will provide coverage for losses from incidents which take place on or after the Retroactive Date, if any, but before the beginning of the policy period only if the insured did not know of the incident before the beginning of the policy period.
- C. The policy will not cover any loss for which a claim is first made after:
 1. The expiration of the policy period or its earlier termination date, if any; or
 2. The Extended Reporting Period if any and then only in accordance with the terms described in the policy.
- D. The policy will only cover claims which are first made:
 1. During the policy period; or
 2. During an Extended Reporting Period if any and then only in accordance with the terms and conditions described in the Extended Reporting Period Section of the policy.
- E. Please request a copy of the Policy and review the terms and conditions to obtain more information.
- F. The limits for Defence Costs are over and above the liability and will not reduce the limit of liability.

Disclosure and Consent:

As part of my application for insurance I consent to the collection and use of personal information required for the purposes of considering my application for insurance by the insurer and the authorized insurance broker for Ontario Applicants, PROLINK and/or the authorized insurance broker for applicants outside of Ontario, The PROLINK Insurance Group Inc. the insurer and the broker are authorized to collect, use, and disclose personal information and provide such personal information to third parties, as required for the purpose of underwriting this application for insurance, as permitted by the relevant provincial and federal privacy laws or other applicable laws, and as required by the applicant's association and/or governing body. I understand that at any time I may ask to review the personal information pertaining to my application for insurance and the insurer and broker will be obligated to provide me with any information I am entitled to receive under the relevant provincial and federal privacy laws or other applicable laws. I have reviewed the information in this Application, gathered information from all partners/directors/ officers/ employees/agents under this entity whether present or prior regarding their knowledge or awareness of any claims or situations which may give rise to any claims

The Claim Information Forms, if any, that are attached to this Application include the details of:

- A. All facts, situations, and incidents which have occurred in the past and which may reasonably be expected to result in a claim, suit or arbitration against us (the Applicant);
- B. All facts, situations, and incidents which have occurred in the past and which may reasonably be expected to result in a claim, suit or arbitration against us (the applicant) in the future. All such claims, suits and incidents have been reported to our (Applicants) current or prior insurer(s). It is understood and agreed that all such claims, suits, arbitrations, fact situations and incidents will be excluded from coverage under any policy issued by the insurer.

It is understood and agreed that failure to provide true and complete response to any of the questions, statements or request for information in this Application or to provide any other information material to this Application may, at the sole option of the insurer, result in the voiding of the insurance policy issued in reliance on this Application and /or denial of coverage for specific claims asserted against us (the Applicant) or any other insured under the policy. The undersigned on behalf of the Applicant and all other insureds under this policy issued by the insurer, hereby waives any defense to an action by the insurer for voiding or revoking of the policy based upon misrepresentation of fact or failure to disclose material information in connection with this Application. The Applicant agrees to hold the insurer harmless from all loss as a result of any such misrepresentation or failure to disclose, including, without limitation, all costs and attorney fees incurred by the insurer in connection with said action for voiding or revoking the policy.

I HEREBY DECLARE that the above statements and particulars are true to the best of my knowledge, that I have not suppressed or misstated any facts and I agree that this application shall form part of the insurance policy. I also acknowledge that I am obligated to report any changes that could affect the disclosures in this application that occur after the date of signature, but prior to the effective date of coverage.

Applicant's Signature: _____ **Name (please print):** _____ **Date:** _____

PLEASE COMPLETE AND RETURN THE APPLICATION THROUGH ONE OF THE FOLLOWING METHODS:

- ✓ Via **EMAIL** please send to: **AUDIOLOGY@prolink.insure**
- ✓ Via **FAX** please send to: **416 595 1649 attn. CAA PROGRAM MANAGER**
- ✓ Via **MAIL** please send to: **PROLINK**
150 King Street West Suite 2401 - P.O. Box 16 Toronto ON. M5H 1J9

CREDIT CARD PAYMENT AUTHORIZATION FORM

PLEASE NOTE: FULL PAYMENT WILL BE APPLIED TO THE CREDIT CARD INFORMATION SUBMITTED.

ADDITIONAL FEES: Note that a \$50 fee will be assessed for all declined credit card due to funds not authorized/available or invalid card numbers.

Client Name or Entity Name: _____

Name on Card: _____

I hereby authorize PROLINK to charge the following credit card:

YES NO

Name of Person Authorizing Payment: _____

Type of Card: VISA MASTERCARD

Credit Card Number: _____

Credit Card Expiry Date: _____

Total Amount to Be Charged: \$ _____

Date Credit Card is to Be Charged: _____

If no date is provided than charges will be processed immediately.

Email Address to Send Receipt: _____

If no email address is given than receipts will not be provided.

THE FOLLOWING WILL BE COMPLETED BY PROLINK STAFF:

Customer Code: _____ Name of Staff Member Processing this Form: _____