

## INSURANCE PROPOSAL FOR COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF CANADA

Named Insured:			
Address:			
City/Province:		Postal Code:	
Telephone:		Email address:	
Effective Date:		Retroactive Date:	

### PLEASE ANSWER THE BELOW QUESTIONS

- 1) Your current annual revenue income does not exceed \$350,000? ☐ Yes ☐ No
- 2) Are you a member of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Canada? ☐ Yes ☐ No

(Please note that if any of the statements above are answered no, you will need to refer to your broker)

### COVER & LIMITS - please refer to the cost & rating table

- 1) If you require Error and Omissions cover, please indicate your choice of limit:

Option A (\$1m)  Option B (\$2m)

- 2) If you require General Liability Cover, please indicate your choice of limit:

Option A (\$1m)  Option B (\$2m)

- 3) If you are a clinic owner/operator and require Error and Omissions cover, please indicate your choice of limit:

Option A (\$1m)  Option B (\$2m)

- 4) If you require General Liability Cover, please indicate your choice of limit:

Option A (\$1m)  Option B (\$2m)

- 5) If you require **property cover**, please select your package from the options listed on the next page and indicate your choice:

### CLAIMS INFORMATION

In regards to claims, is the below statement true? ☐ Yes ☐ No

After full enquiry, you are not aware of any circumstances, complaints, claims, loss, or penalties/fines levied against you in relation to the risks that this application relates to.

### DECLARATION

I declare that after proper enquiry the statements and particulars given above are true and that I have not mis-stated or suppressed any material fact. I agree that this application form, together with any other material information supplied by me shall form the basis of any contract of insurance effected thereon. I undertake to inform underwriters of any material alteration to these facts occurring before completion of the contract.

Full name:	<input type="text"/>	Date:	<input type="text" value="MM / DD / YYYY"/>
Position:	<input type="text"/>	Signature:	<input type="text"/>

**PLEASE NOTE:** THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF INSURANCE, PLEASE IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES. THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORISATIONS OR AGREEMENTS TO BIND THE INSURANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED INTO THIS APPLICATION.

## PRICING & RATES FOR COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF CANADA

### SUPPLEMENTARY INFORMATION TO INSURANCE APPLICATION

#### MEDICAL MALPRACTICE COVERAGE

Type of cover	Overview Of Pricing & Rates		Deductible
	Each claim / Aggregate	Premium *	
Errors & Omissions – <b>Option A</b>	\$1,000,000/\$5,000,000	\$325	\$0
Errors & Omissions – <b>Option B</b>	\$2,000,000/\$5,000,000	\$495	\$0
Errors & Omissions – Clinic Malpractice	\$1,000,000/\$5,000,000	\$275	\$0
Errors & Omissions – Clinic Malpractice	\$2,000,000/\$5,000,000	\$425	\$0

NOTE: Clinical medical malpractice to follow Individual Medical Malpractice Liability, for revenue over \$350,000 please refer to Partners as the premium are higher at that revenue level

#### GENERAL LIABILITY COVERAGE

Type of cover	Overview Of Pricing & Rates		Deductible
	Each claim / Aggregate	Premium *	
Commercial General Liability – <b>Option A</b>	\$1,000,000/\$5,000,000	\$225	\$500
Commercial General Liability – <b>Option B</b>	\$2,000,000/\$5,000,000	\$325	\$500

#### INCLUDED SERVICES

Type of activity	Premium
Cyber - \$50,000.	Included
Unlimited Telephone Legal Advice	Included

#### PROPERTY PACKAGES INCLUDING \$1M COMMERCIAL GENERAL LIABILITY LIMIT

Type of cover *	Business Insurance Package option			Deductible
	OPTION E			
Contents (including fixed computers) & business personal property	\$10,000	\$20,000	\$30,000	\$1,000
Contents away from premises and in transit (including portable computers)	\$3,000	\$4,000	\$5,000	\$1,000
Landlord's fixtures and fittings	\$10,000	\$20,000	\$30,000	\$1,000
Business interruption	\$150,000	\$150,000	\$150,000	\$1,000
Equipment Breakdown	INCLUDED	INCLUDED	INCLUDED	\$1,000
<b>Premium</b>	\$380	\$400	\$410	

\* Please note that if the total value of your contents at the time of a loss is greater than the total sum insured, your insurance recovery may be reduced accordingly. 80% Coinsurance applied