



Holman Insurance brokers Ltd. has partnered with the NGH to offer a comprehensive & affordable insurance option to all of its certified members across Canada. For each applicant, premiums start at \$235 a year, which includes Professional Liability, General Liability, plus an additional 115 Modalities at no additional cost.

Advantages of program:

- **Past Life Regression coverage provided**
- Professional Liability limits up to \$5,000,000 per claim / \$10,000,000 Aggregate
- Quality, Stable Insurer
- Most common correlations between hypnosis are **Psychotherapy, Psychology, Reiki, over 50 forms of energy therapy & NLP**, all of which are free!
- No Broker fee's at all
- **Individualized Protection** - Each individual is provided their own policy and wording
- *Libel and Slander included*
- *Sexual Abuse / Molestation coverage included*
- *Coverage for unintentional failure to refer to Health care service providers coverage included \$250,000*
- Canada-wide coverage
- Exclusive program only available through Holman Insurance Brokers Ltd.
- Run-Off Extension coverage included for retiring or leaving business
- **Extensive list of additional Therapy Modalities unmatched by our competitors** (up to 300+ Modalities)

Peter Fetherston
Associate Broker



Holman Insurance Brokers Ltd.
Tel. 905-886-5630 Ext 1428
Fax 905-886-5622
3100 Steeles Ave. East, Suite 101, Markham, Ontario L3R 8T3 Canada

Website: www.holmanins.com
Specialist website: www.therapistinsurance.ca

Email: peter.fetherston@holmanins.com

Canadian Therapy Professional And General Liability Insurance Application Form

NOTE: THIS APPLICATION IS AN IMPORTANT DOCUMENT AND IS BEING RELIED ON BY THE INSURER TO DETERMINE WHETHER IT WILL PROVIDE YOU WITH COVERAGE. PLEASE ENSURE THAT ALL RESPONSES ARE ACCURATE. THIS DOCUMENT WILL FORM PART OF YOUR POLICY.

"**Applicant**" means the individual practitioner detailed in question 1 below. This application form must be completed in ink, signed and dated by the **Applicant**. Please attach an updated and relevant resume/CV together with certificates proving all relevant qualifications in respect of this application. All questions must be answered and where appropriate "Not Applicable" or "N/A" specified. The completed application form along with additional information provided will form part of the contract of insurance with the Insurers. All facts material to the proposed insurance must be disclosed fully and truthfully and to the best of the **Applicant's** knowledge and belief whether or not they are the subject of a specific question herein. In addition to the information contained in the application form including all supporting documentation, if the **Applicant** is aware of any other information which it considers may alter, influence or prejudice the Insurers' appraisal of the risk being proposed, this information must be disclosed in conjunction with this application form.

By signing this application form the **Applicant** is consenting to the use of information, including sensitive personal information. Where personal information relates to third parties, the **Applicant** confirms that it has been given the requisite consent to disclose such information to the Insurers for processing.

If there is insufficient space to complete an answer to any question in this application form, please continue on the continuation space (and additional page) provided, which should then be signed, dated, and attached to this application form.

This is a "Claims Made" Insurance Proposal

This insurance is underwritten on a "claims made" basis, which means that if a claim is made against the **Applicant** then the **Applicant** MUST have a current policy in force. Any claims brought against the **Applicant** after the expiry of the policy period (or any specific run-off extension or extended reporting period) will NOT be covered.

Insuring Clauses Available

Policy Limits up to \$5,000,000 per Claim, \$10,000,000 in the aggregate are available across the following covers:

- Professional Negligence
- Libel & Slander
- Infringement Of Copyright
- Breach Of Confidentiality
- General Liability To Third Parties
- Rescuers & Good Samaritan Acts

In addition, the following are automatically included:

- \$250,000 Duty To Refer To Healthcare Service Providers
- \$100,000 Products Liability For e.g. Herbal Remedies
- \$250,000 Loss Of Documents

Qualifications

In the event of a claim, the **Applicant** will be required to produce qualification certificates.

Approved Associations

This application applies only to the activities specifically detailed below by the **Applicant**, AND for which the **Applicant** has an approved relevant qualification from one of the list of approved associations attached to this application form. If the **Applicant** is in any doubt as to whether an individual activity or association is approved for cover under this policy, the **Applicant** must discuss this with the Coverholder prior to accepting cover hereunder.

Applicant Acknowledgement

Signature

Date

Professional and General Liability Application
 Effected with certain Lloyd's Underwriters ("Insurers")
 through Lloyd's approved Coverholder:
Holman Insurance Brokers Ltd.
3100 Steeles Ave. E Suite 101, Markham, Ontario L3R 8T3
 (Defined herein as "THE COVERHOLDER")

WARNING – This is a CLAIMS MADE policy.

If the Applicant receives a claim or becomes aware of a circumstance that may give rise to a claim, the Applicant must contact Holman Insurance Brokers Ltd. immediately to ensure that the claim notification provisions under the policy are adhered to. Failure to do so could prejudice the Applicant's ability to claim under the Applicant's insurance policy.

If the Applicant is a new client to Holman Insurance Brokers Ltd. and the Applicant's previous liability policy was not on a claims made basis with the same retro-active date to that provided under this insurance application please call Holman Insurance Brokers Ltd. for advice as the Applicant may be exposed to a gap in cover.

Personal Information Of The Applicant (You) - Please provide the following specific information:

Any **Applicant** who has qualified overseas shall also have to be individually approved prior to cover being authorized by Insurers.

1.	Full Name Of Applicant :	First Name	Initial	Last Name
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2a.	Address (street, city, province and postal code):	Street Address		
	City	Province	Postal Code	

b.	Telephone Number:	Business #	Cell #
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c.	Email Address:	Fax #
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3. **Relevant Canadian Qualifications – PLEASE ATTACH CERTIFICATES**

Name of Association, School or Centre	Course Title	Dates MM/DD/YY

Relevant Non-Canadian Qualifications -PLEASE ATTACH CERTIFICATES

Name of Association, School or Centre	Course Title	Country	Dates MM/DD/YY

Any **Applicant** who has **Non-Canadian qualifications** will have to be individually approved prior to cover being authorized by Insurers.

3. Cont'd Associations that you are a current subscribing member of (Including membership Nos):-

Name of Association	Membership No.	Date First Joined	Membership Type

Please provide evidence of current membership (e.g. Annual Certificate). Please note that if the **Applicant** is not a member of any of the approved associations, there is no automatic cover and the application will have to be reviewed and specific authorized by the Insurers, and even if the authorization is approved the above premiums may not still apply.

Any **Applicant** who has non-Canadian qualifications will have to be individually approved prior to cover being authorized by Insurers.

4. Date Of Birth:- MM/DD/YY

5. Date Started Practice: MM/DD/YY

6. Is any of your work supervised? Yes No

If **YES**, Please advise by whom and under what circumstances:

Name of Supervisor Address Tel # Email

Please provide qualifications of supervisor			

7. a. Do you work with children under the age of 16? Yes No
 If **YES**, Please advise what age and under what circumstances:

b. Are you a student or a candidate for admission to a profession, or an intern or any such other occupation that includes elements of educational tutelage? Yes No

Where the **Applicant** is a student or candidate for admission to a profession, or an intern or any such other occupation that includes elements of educational tutelage, it is a condition precedent to the right to be indemnified under this policy that the **Applicant** be under the supervision of a practitioner/instructor qualified within the activities covered and is restricted to performing practice treatments or case work only, and that the **Applicant** advises the recipient of such treatments (or their parent or legal guardian, if the recipient has not attained the age of 16) and that they are receiving treatment as part of a training program. The **Applicant** must not offer treatments outside of their capabilities which shall at all times be governed by the phase reached in their training program and their supervising instructor/practitioner's assessment.

If **YES**, Please advise name of qualified practitioner of instructor.

Name of qualified practitioner of instructor	Address	Tel #	Email

Please provide qualifications of qualified practitioner of instructor.

- c. Do you provide weight training as part of any therapy? Yes No
- d. Do you provide sports therapy / rehabilitation / massage therapy or personal fitness instructor to Professional Sports persons and/or dancers? Yes No
- e. Do you provide any teaching? If **yes**, how often and to whom. Attach relevant qualifications. Yes No

To Whom?	How often?

NOTE: The answers to item 7 a – e are yes, an additional premium loading will apply, refer to premium calculation page.

8. Do you keep records for at least 7 years for all patients? Yes No
- If **NO**, please advise why the answer is **NO**:

9. Do you obtain satisfactory consent in writing from each patient prior to starting treatment? If **YES**, please attach sample copy of consent form, intake form or client waiver. Yes No
10. Have any negligence claims ever been made against you whether successful or otherwise? Yes No
11. Have any claims for dishonesty ever been made against you whether successful or otherwise? Yes No
12. Have any complaints or investigations ever been made or undertaken against you? Yes No
13. Have you ever had a document relating to the Applicant's activities unintentionally destroyed, damaged, lost or mislaid? Yes No
14. Has the Applicant ever been convicted of a criminal offence, other than a motoring offence, or have any prosecution pending? Yes No
15. Have any libel or slander claims, infringement of copyright or breach of confidentiality ever been made against you? Yes No
16. Have any sexual harassment and/or abuse claims ever been made against you? Yes No
17. Are you aware of any circumstances relating to the questions 10-16 above which may give rise to a potential claim or request for indemnity under this medical malpractice insurance? Yes No

18. Have you ever been convicted of any criminal offence, other than motoring, or is any prosecution pending? Yes No

NOTE:
 If the answer to any of 10-18 above is **YES**, please provide full details:

19. Has any insurer ever cancelled, declined, refused to renew or accepted on special terms your Medical Malpractice Professional Liability Insurance? If **YES**, please give full details: Yes No

20. Do you currently purchase Medical Malpractice Professional Liability Insurance? If **YES**, please give full details: Yes No

LIMIT:	DEDUCTIBLE	EXPIRY DATE MM/DD/YY	RETRO-DATE: MM/DD/YY	PREMIUM

Categories

There are three categories of activities covered, **each of which has a separate premium** banding. Please advise which individual activities cover is required hereunder:

CATEGORY A

- | | | |
|--|---|--|
| <input type="checkbox"/> Alexander/Activator Methods Technique | <input type="checkbox"/> Algotherapy | <input type="checkbox"/> Behavioral Analysis |
| <input type="checkbox"/> Chakra Balancing | <input type="checkbox"/> Color Therapy | <input type="checkbox"/> EMF Balancing Technique |
| <input type="checkbox"/> Guidance Counseling | <input type="checkbox"/> Holistic Counseling | <input type="checkbox"/> Life Work Coaching |
| <input type="checkbox"/> Meridian Stress Assessment | <input type="checkbox"/> Neuro Linguistic Therapy | <input type="checkbox"/> Nutrition Therapy |
| <input type="checkbox"/> Parent Mentoring | <input type="checkbox"/> Psycho Therapy | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Psych-K | <input type="checkbox"/> Reiki | <input type="checkbox"/> Qi Gong |
| <input type="checkbox"/> Spiritual Therapy | | |

CATEGORY B

- | | | |
|--|--|---|
| <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> Aqua Chi | <input type="checkbox"/> Aqua Fitness Instruction |
| <input type="checkbox"/> Art Therapy | <input type="checkbox"/> Aura Soma Color Healing | <input type="checkbox"/> Ayurveda |
| <input type="checkbox"/> Bach Flower Remedy | <input type="checkbox"/> Bio Cell Therapy | <input type="checkbox"/> Balneotherapy |
| <input type="checkbox"/> Bio Energetics | <input type="checkbox"/> Bio Feedback | <input type="checkbox"/> Body Mind Balancing |
| <input type="checkbox"/> Brain Gym | <input type="checkbox"/> Breathwork | <input type="checkbox"/> Child and Play Therapy |
| <input type="checkbox"/> Crystal Healing | <input type="checkbox"/> Dance Movement Therapy | <input type="checkbox"/> Deep Oscillation Therapy |
| <input type="checkbox"/> Dietician / Dietitian | <input type="checkbox"/> Electro Therapy | <input type="checkbox"/> Energy Work / Balancing |

- | | | |
|--|--|---|
| <input type="checkbox"/> Energetic Healing | <input type="checkbox"/> Emotional Freedom Technique | <input type="checkbox"/> Ergonomic Therapy |
| <input type="checkbox"/> Feldenkrais Method | <input type="checkbox"/> Herbalism | <input type="checkbox"/> Homeopathy |
| <input type="checkbox"/> Horticulture Therapy | <input type="checkbox"/> Integrated Energy Therapy | <input type="checkbox"/> Intolerance Elimination |
| <input type="checkbox"/> Iridology | <input type="checkbox"/> Kinesiology | <input type="checkbox"/> Magnetic Therapy |
| <input type="checkbox"/> Manual Lymph Drainage | <input type="checkbox"/> Peat Therapy | <input type="checkbox"/> Personal Fitness Instruction |
| <input type="checkbox"/> Personal Support Worker | <input type="checkbox"/> Pilates Instructor | <input type="checkbox"/> Plexus Bio Energy Therapy |
| <input type="checkbox"/> Pranic Healing | <input type="checkbox"/> Raviv Method | <input type="checkbox"/> Reiki Instructor / Master |
| <input type="checkbox"/> Sound Therapy / Healing | <input type="checkbox"/> Qi Gong Instructor | <input type="checkbox"/> Quantum Touch |
| <input type="checkbox"/> Somato Emotion Release | <input type="checkbox"/> Sotai | <input type="checkbox"/> Tai Chi Instructor |
| <input type="checkbox"/> Thalasootherapy | <input type="checkbox"/> Yoga Instructor | |

CATEGORY C

- | | | |
|---|---|--|
| <input type="checkbox"/> Acupressure/Acupuncture * | <input type="checkbox"/> Acu Detox * | <input type="checkbox"/> Aquamassage / Hydrotherapy |
| <input type="checkbox"/> Allergy Testing | <input type="checkbox"/> Aquatic Exercise Therapy | <input type="checkbox"/> Aerial Yoga Instructor |
| <input type="checkbox"/> Bi-Aura Therapy | <input type="checkbox"/> Body Talk System | <input type="checkbox"/> Bowen Technique |
| <input type="checkbox"/> Brandon Raynor Massage | <input type="checkbox"/> Brine Baths | <input type="checkbox"/> Chair Massage |
| <input type="checkbox"/> Craniosacral Therapy | <input type="checkbox"/> Cupping | <input type="checkbox"/> Ear Coning / Candling |
| <input type="checkbox"/> First Aid Instructor | <input type="checkbox"/> Hellerwork | <input type="checkbox"/> Hot Stone Massage |
| <input type="checkbox"/> Hypnotherapy (Private) | <input type="checkbox"/> Infant Massage | <input type="checkbox"/> Indonesian Massage |
| <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Myofascial Release Technique | <input type="checkbox"/> Natural Face Lift Technique |
| <input type="checkbox"/> Neuro Muscular Therapy | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Polarity Therapy |
| <input type="checkbox"/> Pregnancy Massage | <input type="checkbox"/> Raindrop Therapy | <input type="checkbox"/> Recreational Therapist |
| <input type="checkbox"/> Registered Massage Therapy | <input type="checkbox"/> Relaxation Therapy | <input type="checkbox"/> Reflexology Therapy |
| <input type="checkbox"/> Rubenfeld Synergy | <input type="checkbox"/> Shiatsu Instructor | <input type="checkbox"/> Sports Therapy/Rehabilitation |
| <input type="checkbox"/> Swedish Massage | <input type="checkbox"/> Tapas Acupressure | <input type="checkbox"/> Thai Massage |
| <input type="checkbox"/> Therapeutic Touch | <input type="checkbox"/> Touch for Health | <input type="checkbox"/> Trager Approach |
| <input type="checkbox"/> The Radiance Technique | <input type="checkbox"/> Total Body Modification | <input type="checkbox"/> Tuina |
| <input type="checkbox"/> Zero Balancing | | |

CATEGORY D

If an individual activity does not appear in the list above and requires cover, please provide full details below including details of training, accreditation and course syllabus details. (Such activity will have to be specifically agreed and approved by Insurers prior to cover being granted). Please submit application to coverholder for rating.

***Warranty:**

Practitioners in Acupuncture must have a minimum 1500 hours of related training, or have completed a 4 year educational course in Naturopathy.

Practitioners in Acupressure/Acupuncture/Acu Detox must use single use disposable and aseptic needles

Please note warranties must be complied with and failure to do so will invalidate the policy.

Premium Calculation

Policy coverage starts at \$1,000,000 for any one claim, capped at \$2,000,000 for all claims (aggregate) made during the policy period. Higher limits as detailed below are available and the **Applicant** should discuss specific requirements with the Coverholder if in any doubt as to the adequacy of the limits being considered. Subject to a satisfactory application, the **Applicant** will be charged the following:

CATEGORIES AND LIMIT TO BE COVERED

Please select and check off the required limit and category. Write the applicable premium in the right column.

▼ Check off one LIMIT OF INDEMNITY ►	<input type="checkbox"/> A ONLY	<input type="checkbox"/> B ONLY	<input type="checkbox"/> C ONLY	<input type="checkbox"/> A&B	<input type="checkbox"/> A&C	<input type="checkbox"/> B&C	<input type="checkbox"/> A,B & C	PREMIUM
<input type="checkbox"/> \$1M Per Claim, \$2M Aggregate	\$130.00	\$175.00	\$225.00	\$175.00	\$225.00	\$225.00	\$225.00	
<input type="checkbox"/> \$2M Per Claim, \$4M Aggregate	\$150.00	\$200.00	\$260.00	\$200.00	\$260.00	\$260.00	\$260.00	
<input type="checkbox"/> \$3M Per Claim, \$6M Aggregate	\$165.00	\$220.00	\$285.00	\$220.00	\$285.00	\$285.00	\$285.00	
<input type="checkbox"/> \$5M Per Claim, \$10M Aggregate	\$200.00	\$265.00	\$350.00	\$265.00	\$350.00	\$350.00	\$350.00	
If the following activities are undertaken the above premiums will be increased with the following additional premium loading:								
▼ If you answered yes to questions 7.a, 7.b, 7.c, 7.d or 7.e, loading applies. Check off all that apply.							LOADING	
<input type="checkbox"/> Working With Children Under the Age of 16. - Question 7.a.						ADD	30%	
<input type="checkbox"/> Student Status – Question 7.b						ADD	30%	
<input type="checkbox"/> Weight Training - Question 7.c						ADD	50%	
<input type="checkbox"/> Working with Professional Athletes or Dancers - Question 7.d						ADD	100%	
<input type="checkbox"/> Teaching - Question 7.e						ADD	30%	
Premiums only, taxes extra. For residents of Ontario add 8% RST.								
Please advise the date insurance required is to be effective:	MM/DD/YYYY						GRAND TOTAL	

NOTE: COVERAGE CAN ONLY BE BOUND AND CONFIRMED BY HOLMAN INSURANCE BROKERS LTD.

Protection of the Applicant's Personal Information:

By completing this application and returning it to Holman Insurance Brokers Ltd., the **Applicant** agrees and consents to the collection, use and disclosure of such information, including any personal information, by Holman Insurance Brokers Ltd. for the following purposes:

- Communicating with the **Applicant**
- Assessing the **Applicant's** application for insurance
- Disclosing information to Insurance Companies
- Negotiating, maintaining or renewing insurance on the **Applicant's** behalf
- Providing claims assistance and service.
- Advising the **Applicant** of other products or services
- Complying with regulators and legal authorities

For more information about our privacy policies and practices or for a copy of our Privacy Policy please visit our web site www.holmanins.com or contact our Privacy Officer at Holman Insurance Brokers Ltd.

DECLARATION

I/we declare that the above statements are true in every respect. I/we hold qualification certificate(s) for the therapy(ies) stated on this application form. I/we have not withheld or misrepresented any material fact. I/we agree that this application will form the basis of the contract between me/us and Holman Insurance Brokers Ltd.

Applicant's Signature

Date

Canadian Therapy Professional and General Liability Checklist

- Application completed in full. All questions must be answered.
- All pages # 1 to #7 must be returned. (including page #1).
- Relevant certificates and qualifications attached.(see question #3)
- Membership Documentation (e.g. Certificate of Membership).
- Resume cv attached.
- Sample patient, client intake and consent forms attached. – page 4 question 9
- Categories – page 6 – all applicable have been checked off.
- Premium calculation – page 7.
- Premium payment – online. OR – cheque attached, enclosed