	Enrollment & Insurance Coverage Application						
		Enrollment & Insurance	Coverage Statement				
Nar	ne o	f Naturopathic Doctor:					
CAI	ND N	Member: Yes No					
Ad	dres	s, including Postal Code:					
Ph	ione	No. (Home): F	Phone No. (Business):				
	ione x No		Primary E-mail: Secondary E-mail:				
	Ple	ase check this box if you are a Clinic Owner, emp	bloying any professionals or non-	professiona	ls		
	inc pol	ase check this box if you are a sole practitioner, i orporated practice and you want to include your o icy. Provide the name of your incorporated comp tion B	corporation as an Additional Na	med Insure	d on the		
	Inc	corporated Name					
1.	a.	Have you ever been the recipient of any negligence either in writing or verbally?	allegations of professional	□ Yes	□ No		
	b.	Are you aware of any facts, circumstance reasonably give rise to claim, other than advise		□ Yes	□ No		
	C.	Have you ever been the subject of a hearing, inquiry by the review panel or other practice re hearing, investigation, examination or inquiry subject?	egulatory board or is any such	□ Yes	🗆 No		

If the answer to any of the questions above is "yes", please attach details.

Partners Indemnity Insurance Brokers Ltd.

Insured by:



We can show you more.<sup>®</sup> Insured by Continental Casualty Company

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### Section 1 – Premium Calculation(See Following Pages For Coverage and Premium Amounts)

Section 2 - Coverage for Professional Malpractice Insurance	LIMIT	PREMIUM
Option A – Errors & Omissions Insurance: (Mandatory)		
Option C– Clinic Malpractice Insurance Yes □ No □		

#### Section 3 – Commercial General Liability and Property Insurance

Option D - Commercial General Liability Only: Yes D No D	
or	
Option E – CGL and Small Business Package: Yes □ No □	
or	
Option F – Office/Clinic Package: Yes □ No □	

Total Premium:

Please note that Professional liability (options A and C) are not included in Option D,E,F - they are separate coverage policies

The undersigned applicant declares that, to the best of his/her knowledge and belief, the statements set forth herein are true and accurate. If the information supplied in this statement should change, the undersigned applicant will immediately notify Partners Indemnity Insurance Brokers Ltd. of such changes or amendments. The applicant agrees to provide fully completed signed applications where applicable. The application forms part of the policy.

Name of Applicant	_
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Signature of Applicant

Date

Once completed, please submit this Application with a cheque or credit card form payable to:

Partners Indemnity Insurance Brokers Ltd. 10 Adelaide Street East, Suite 400 Toronto, Ontario M5C 1J3



If you have questions Telephone 416-366-5243 or Toll Free 1-877-427-8683 FAX: 1-416-862-2416 or e-mail cand@partnersindemnity.com

## **Option A – Mandatory**

Option A: Mandatory	Annual Premium including applicable Provincial tax			
Liability Limits	ON/MB	PQ	NF	All other Provinces
\$2,000,000 limit per claim and \$2,000,000 annual limit	\$486.00	\$490.50	\$517.50	\$450.00
\$3,000,000 limit per claim and \$3,000,000 annual limit	\$648.00	\$654.00	\$690.00	\$600.00
\$5,000,000 limit per claim and \$5,000,000 annual limit	\$810.00	\$817.50	\$862.50	\$750.00

#### **Option C- Clinic Malpractice Insurance** – protects the Clinic name and non professional Employees

If you wish to purchase Clinic Malpractice Insurance please complete the Clinic Malpractice Insurance Application. Please select the appropriate **additional** premium. **All coverage opted for must have the same limit of liability as that chosen in Option A above.** 

Option C: Clinic Malpractice Insurance	Annual Premium including applicable Provincial tax			
Liability Limits	ON/MB	PQ	NF	All other Provinces
\$2,000,000 limit per claim and \$2,000,000 annual limit	\$162.00	\$163.50	\$172.50	\$150.00
\$3,000,000 limit per claim and \$3,000,000 annual limit	\$216.00	\$218.00	\$230.00	\$200.00
\$5,000,000 limit per claim and \$5,000,000 annual limit If your Clinics gross annual billings from all Practitioners exceeds \$350,000 please refer to Partners Indemnity	\$324.00	\$327.00	\$345.00	\$300.00

# Section 3 – Commercial General Liability and Property Insurance

#### Option D - Commercial General Liability (Only) – If property required see Option E and F

Provides for slips and falls and other losses that you may become liable for that are not Professional liability. For further details please refer to "Do you have the right Insurance?"

Option D-Commercial General Liability (Optional Insurance)	Annual Premium including applicable Provincial tax			
Limits	ON/MB	PQ	NF	All Other Provinces
\$2,000,000 limit per claim and \$2,000,000 annual limit	\$369.36	\$372.78	\$393.30	\$342.00
\$3,000,000 limit per claim and \$3,000,000 annual limit	\$518.40	\$523.20	\$552.00	\$480.00
\$5,000,000 limit per claim and \$5,000,000 annual limit	\$682.56	\$688.88	\$726.80	\$632.00

#### You must complete the Commercial Liability Application

#### **Option E– Sole Practitioner/ Small Business Package - Property and Crime Insurance**

Note this coverage includes Commercial Legal Liability; you do not have to purchase Option D

Provides for slips and falls and other losses that you may become liable for that are not Professional liability. This also provides coverage for contents, for example examining table, computer, waiting area furniture. For further details please refer to "Do you have the right insurance?"

#### You must complete the Small Business Package Application.

Option E – Sole Practitioner Business Package including Commercial General Liability Insurance	Annual Premium including applicable Provincial tax			
Business Package \$10,000* Property Insurance (*higher limits available) \$2,000 Crime money and Securities only General Liability Insurance Limits	ON/MB	PQ	NF	All Other Provinces
\$2,000,000 limit per claim and \$2,000,000 annual limit	\$410.40	\$414.20	\$437.00	\$380.00
\$3,000,000 limit per claim and \$3,000,000 annual limit	\$569.16	\$574.43	\$606.05	\$527.00
\$5,000,000 limit per claim and \$5,000,000 annual limit	\$739.80	\$746.65	\$787.75	\$685.00

# Option F- Office/ Clinic Package – Provides Property (including loss of income) and Crime Insurance

Note this coverage includes Commercial Legal Liability; you do not have to purchase Option D

Provides for slips and falls and other losses that you may become liable for that are not Professional liability. This also provides coverage for contents, for example examining table, computer, waiting area furniture, dispensary, tenants improvements. For further details please refer to "Do you have the right insurance?"

Tou must complete the Once/Chinc Application				
Option F - Office/Clinic Package including	<b>n F - Office/Clinic Package including</b> Annual Premium including applicable Provincial tax			
Commercial General Liability Insurance				
Office/Clinic Package				
\$50,000* Property Insurance (*higher limits available) \$25,000 Crime Including Employee Dishonesty	ON/MB	PQ	NF	All Other Provinces
General Liability Insurance Limits				
\$2,000,000 limit per claim and \$2,000,000 annual limit	\$756.00	\$763.00	\$805.00	\$700.00
\$3,000,000 limit per claim and \$3,000,000 annual limit	\$955.80	\$964.65	\$1017.75	\$885.00
\$5,000,000 limit per claim and \$5,000,000 annual limit	\$1,080.00	\$1,090.00	\$1150.00	\$1,000.00

#### You must complete the Office/Clinic Application