



# MALPRACTICE INSURANCE

As the administrator of the CAND group malpractice insurance plan, the CAND wants to ensure that all our Ontario members on the CAND plan have the correct insurance information for their CONO registration renewal. The correct information is as follows:

- 1. Insurance broker - Partners Indemnity
- 2. Insurance company - (underwriter) - Continental Casualty Company (CNA) \*NOTE: The name of the insurance company for inactive/retired NDs with the CAND's Discovery/Tail insurance may be either Echelon, or , Continental Casualty Company (CNA).
- 3. Policy number - located in the right hand corner of the Declaration page

Example:



We can show you more.\*  
Insured by Continental Casualty Company  
(Insurance Company)

## Medical Malpractice Liability for the Members of the Canadian Association of Naturopathic Doctors

Declaration Number: CAND0000-0202  
(policy number)

This declaration is subject to the terms, conditions and other stipulations contained in the association policy number MMP2345569 issued on behalf of Canadian Association of Naturopathic Doctors.

- 1. Named INSURED: **Dr. Jane Doe, ND**
- 2. Address: 123 Main Street,  
Toronto, ON M5H 4E5
- 3. Policy Period: From **April 1, 2020** to **April 1, 2021** at 12:01 a.m. Local Time at the Named  
(Effective & Expiry dates) INSURED'S address shown above, without tacit renewal.
- 4. Limit of Liability: **\$2,000,000. CAN per LOSS** and  
(Policy limits) **\$2,000,000. CAN per policy period**
- 5. Deductible: **\$0 CAN per LOSS**  
(no deductible)
- 6. Retroactive Date: Means the inception date of the named insured's first claims made  
Malpractice Liability Policy, provided such coverage has been maintained in  
force without any interruption in coverage and/or any material change in risk.
- 7. Premium: **\$^PREMIUM1^ CAN (plus applicable taxes)**

**Total Payable Premium** \$450.00 CAN (plus applicable taxes)

**8. Broker:** **Partners Indemnity Insurance Brokers Ltd.**

IN WITNESS WHEREOF, the INSURERS have duly authorized Partners Indemnity Insurance to execute and sign this declaration of Insurance.

\_\_\_\_\_  
Authorized Representative  
Partners Indemnity Insurance Brokers Ltd.

<CUR\_DATE>  
\_\_\_\_\_  
Date