

Application Form for Members of the Canadian Counselling and Psychotherapy Association - Professional Liability Insurance

PLEASE ANSWER ALL QUESTIONS.

Applicant Name

Mailing Address

Office Address

Telephone	Home ()	Office ()	Fax ()	E-Mail
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CCPA Member Number	Are you a Certified CCPA Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	How long have you been practicing?
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Please specify if you are involved in any other profession other than counselling? Yes No

If yes, please describe fully

Have there been any liability claims or potential claims that have come to the applicant's attention during the past five years?

Yes No If yes, please attach details.

BASIC PLAN

	Limit of Liability	Deductible	Annual Premium	Please Select One Option
Professional Liability	\$2,000,000 Aggregate	Nil	\$120	<input type="checkbox"/>
Professional Liability	\$5,000,000 Aggregate	Nil	\$180	<input type="checkbox"/>
Student Professional Liability (6 months cover)	\$2,000,000 Aggregate	Nil	\$96	<input type="checkbox"/>

ADDITIONAL OPTIONS

	Limit of Liability	Deductible	Annual Premium	Please Select Option(s)
Commercial General Liability	\$2,000,000	\$500	\$75	<input type="checkbox"/>
Commercial General Liability	\$5,000,000	\$500	\$105	<input type="checkbox"/>
Legal Entity Coverage	\$2,000,000 Aggregate	Nil	\$100	<input type="checkbox"/>
	Legal Entity Name:			
Legal Entity Coverage	\$5,000,000 Aggregate	Nil	\$150	<input type="checkbox"/>
	Legal Entity Name:			

PAYMENT SCHEDULE

THE FOLLOWING PROVINCES ARE SUBJECT TO PROVINCIAL SALES TAX: Ontario - 8% Quebec - 9% All other Provinces are exempt. GST is not applicable to insurance premiums	Basic Plan:	\$
	Additional Option(s):	\$
	Tax (If Applicable):	\$
	Total Enclosed:	\$

CREDIT CARD AUTHORIZATION

Card Type:	Visa <input type="checkbox"/> Master Card <input type="checkbox"/>
Name Shown on Credit Card:	
Card Number:	Expiry:

WITHDRAWAL OF PAYMENT IS NOT PROOF OF INSURANCE. THE POLICY DOCUMENTS MUST BE ISSUED TO CONFIRM COVERAGE. THE INSURANCE PREMIUMS ARE FULLY RETAINED AND WILL NOT BE REFUNDED.

PRIVACY WORDING

PRIVACY: Have you read Marsh's Privacy Policy which is available at <http://www.marsh.ca/bin/homePage/privacyPolicy.cfm>? Do you consent to the collection, use, disclosure and retention of your Personal Information as set out in the Privacy Policy, and do you understand that you may (subject to certain restrictions and consequences) later withdraw your consent as to any or all of the purposes identified in that Policy?

By signing this form you are consenting to the statements above.

DECLARATION

I hereby declare the above statements and particulars are true and that have not suppressed or misstated any material facts. I understand that any misstatement or omissions may invalidate the insurance and result in the cancellation of the policy.

A. PRIVACY COMPLIANCE

You hereby acknowledge that you have retained Marsh to provide insurance coverage. As part of the application for new or renewal insurance coverage, you hereby authorize and expressly consent to Marsh collecting, using or disclosing Personal Information as required to properly service your account and as permitted pursuant to relevant privacy laws or other laws to provide such Personal Information to third parties as required, including insurance companies, intermediaries, reinsurers, other brokers, claim adjusters, the association if applicable, and other third parties involved in providing the above services as outlined in Marsh's Privacy Policy which can be viewed at <http://www.marsh.ca/bin/homePage/privacyPolicy.cfm> or can be forwarded to you upon request.

If required or permitted to do so by law, we will disclose your Personal Information to third parties without obtaining prior approval or providing you with notice thereof. In that connection, because a number of the service providers we use are located outside Canada, including certain Marsh affiliates, your Personal Information may be processed and stored outside Canada, and foreign governments, courts or law enforcement or regulatory agencies may be able to obtain disclosure of your Personal Information under foreign laws.

Where there are insured individuals in addition to yourself, you hereby covenant and warrant that you have obtained the appropriate consent from all of the insured individuals for disclosure of their Personal Information to Marsh and to the collection, use and disclosure of their Personal Information by Marsh for these purposes and have either provided a copy of Marsh's Privacy Policy or referred the insured individuals to the Marsh.ca website. You agree to indemnify and hold Marsh harmless for any claims arising from any breach of this warranty.

B. PROGRAM DISCLOSURE

Your (Business Package or Product) coverages will be placed with a program administered by Marsh Canada Limited. Marsh Canada has engaged in a competitive marketing process to offer a competitive product. We have negotiated this Program (Business Package) on a group basis with insurers but we have not acted as a broker for any individual participant.

This Program may be for a term of several years and may not be negotiated annually.

C. COMMISSION DISCLOSURE

Marsh Commissions:

Coverage Type	Insurer Name	Premium (\$)	Commission Percentage (%)	Income (\$)	Administration Fee (\$)	Enhanced Commission (%)
Medical Malpractice Liability	Certain Underwriters at Lloyd's of London	N/A	22.5%	N/A	N/A	N/A
Commercial General Liability	Certain Underwriters at Lloyd's of London	N/A	22.5%	N/A	N/A	N/A

Wholesale Broker/Managing General Agent (MGA) Commissions:

Coverage Type	Wholesale Broker / MGA Name	Premium (\$)	Commission Percentage (%)	Income (\$)	Administration Fee (\$)
Medical Malpractice Liability	Marsh UK Retail	N/A	7.50%	N/A	N/A
Commercial General Liability	Marsh UK Retail	N/A	7.50%	N/A	N/A

Notes: Enhanced Commissions - In some circumstances, the Enhanced Commission may only apply to a portion of the premium.

For disclosures with respect to the items below, please refer to www.marsh.ca > About Marsh > Disclosure:

- **MMC and Subsidiaries Direct & Indirect Investments in Insurance and Reinsurance Companies**
- **Contractual Agreements with Insurers and Wholesale Brokers**
- **ENCON Group Inc**
- **Premium Financing - Marsh Income disclosure statement**

SIGNATURE

Name (please print)	Title
Signature	
Date (mon/dd/yyyy)	

Sign and date this application form and return it **DIRECTLY TO THE CCPA OFFICE** with payment* by mail, email or fax:

Canadian Counselling and Psychotherapy Association
 114-223 Colonnade Rd S. Ottawa, ON K2E 7K3
 Toll Free: 1-877-765-5565
 Fax: (613) 237-9786
 Email: reception@ccpa-accp.ca

For all insurance related inquiries, please contact:

Marsh Canada Ltd.
 600-1565 Carling Avenue
 Ottawa, ON K1Z 8R1
 Toll Free: 1-888-725-5137
 Email: adele.e.laurin@marsh.com

*Cheques payable to Canadian Counselling and Psychotherapy Association