

# Commercial Insurance

## FootShield Insurance Program Application for Chiropractors



### Client Information

Applicant: \_\_\_\_\_ Entity Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### General Information

1. Are you a Sole Proprietor?  YES  NO, **If no**, is Entity Coverage required?  YES  NO
2. Is the Applicant a member in good standing with the College (COCOO)?  YES  NO Other Association: \_\_\_\_\_
3. Employment Status:  Self-Employed  Permanent  Contract
4. Do you perform surgery?  YES  NO **If yes**, is all surgery as defined by and in accordance with the College's bylaws?  YES  NO
5. Gross Annual Revenue:  Under \$250,000  Over \$250,000
6. Has the Applicant ever been investigated/suspended from practice by a governing body of their profession?  YES  NO *\*If yes, please attach details.*
7. Has the Applicant ever had insurance coverage declined or cancelled or the renewal thereof been refused?  YES  NO *\*If yes, please attach details.*
8. Has the Applicant or any of his/her employees ever had a claim or been the recipient of any allegation(s) of professional negligence in writing or verbally?  YES  NO *\*If yes, please attach details.*
9. Is the Applicant or any of his/her employees aware of any facts, circumstances or situations which may reasonably give rise to a claim, other than as advised above?  YES  NO *\*If yes, please attach details.*

### Coverage Options

Please note that this Policy is on an annual term effective July 1, 2021 to July 1, 2022 as a Common Expiry Date.  
The following premiums are rated on an annual basis and does not include applicable provincial sales tax.

MANDATORY			OPTIONAL		
<b>Professional Liability (No Surgery)</b>			<b>Commercial General Liability</b>		
<b>\$1 Million E&amp;O</b>	<b>\$2 Million E&amp;O</b>	<b>\$5 Million E&amp;O</b>	<b>\$1 Million CGL+</b>	<b>\$2 Million CGL+</b>	<b>\$5 Million CGL+</b>
<input type="radio"/> \$375 annually	<input type="radio"/> \$575 annually	<input type="radio"/> \$1,205 annually	<input type="radio"/> \$125 annually	<input type="radio"/> \$180 annually	<input type="radio"/> \$295 annually
<b>Professional Liability (With Surgery)</b>			<b>Commercial Property and Crime</b>		
<b>\$1 Million E&amp;O</b>	<b>\$2 Million E&amp;O</b>	<b>\$5 Million E&amp;O</b>	<b>\$50,000</b>	<b>\$100,000</b>	<b>Higher \$</b> _____
<input type="radio"/> \$475 annually	<input type="radio"/> \$725 annually	<input type="radio"/> \$1,575 annually	<input type="radio"/> \$150 annually	<input type="radio"/> \$250 annually	<input type="radio"/> \$100 each \$50k above

### Signature/Acknowledgment

The Applicant agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will be attached to and become part of the policy.

Privacy: Have you read the BrokerLink Privacy Policy, which is available at <http://www.brokerlink.ca/privacy-promise>

Do you consent to the collection, use disclosure and retention of your personal information as set out in the 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?

**Please note: By signing this form you are consenting to the privacy statements above.**

The undersigned Applicant for this insurance declares that, to the best of his/her knowledge and belief, the statements set forth herein are true and correct, and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this form. The undersigned Applicant further agrees that, if any significant change in the condition of the Applicant is discovered between the date of this Application and the effective date of the policy, which would render this Application inaccurate or incomplete, notice of such change will be reported immediately in writing to the Insurance Manager or Insurance Broker.

Print Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

Please send the completed and signed form to:

**Darren Rodrigues**, FootShield Program

p: 416.798.8001 ext. 87018 | tf: 1.888.768.8001 | f: 905.264.5161 | drodrigues@brokerlink.ca

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