



**B.C. Art Therapy Association
Professional Liability/Errors & Omissions
& Commercial General Liability Insurance**



April 30, 2020 - 2021 Application

Mail application to: The Mitchell & Abbott Group, 2000 Garth Street, Suite 202, Hamilton, Ontario L9B 0C1

GENERAL INFORMATION

Name of Applicant		Telephone Number ()
Business Name (Private Practice)		E-Mail
Street Address		
City	Province	Postal Code
Are you a BCATA member "in good standing"? <input type="checkbox"/> Yes <input type="checkbox"/> No		Membership Number
Class of Membership <input type="checkbox"/> Professional/Registered <input type="checkbox"/> Inactive/Retired		Date of Inactivity/Retirement (mm/dd/yyyy)
Is the applicant aware of any facts, circumstances or situations, which may reasonably give rise to a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have we been advised? <input type="checkbox"/> Yes <input type="checkbox"/> No		

TO ENROLL

Select the required Limit of Insurance for your coverage needs. Return completed, signed application form with payment to The Mitchell & Abbott Group. Coverage will be affected upon approval of application and receipt of payment in the amount of the total premium.

Desired Effective Date of Coverage (mm/dd/yyyy) - Coverage may be delayed until after your application has been approved by The Mitchell & Abbott Group.

❖ PROFESSIONAL LIABILITY – FULLY EARNED AND RETAINED PREMIUM

Select premium from the required Limit of Insurance

Limit Of Insurance Per Claim	Aggregate Limit Per Policy Period	Annual Premium (includes \$25 Administration Fee)
\$1,000,000	\$5,000,000	\$150
\$2,000,000	\$5,000,000	\$195
\$5,000,000	\$5,000,000	\$300

Discount for Retired/Inactive: discount the selected premium above by;

Nil in the 1st year of Retirement/Inactivity, 25% in the 2nd year, and 50% in the 3rd and subsequent years.

❖ COMMERCIAL GENERAL LIABILITY

Limit Of Insurance Per Occurrence	Aggregate Limit Per Policy Period	Annual Premium
\$1,000,000	\$1,000,000	\$50
\$2,000,000	\$2,000,000	\$65

		TOTAL PREMIUM:
CHEQUE <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/>	PAYMENT ENCLOSED <input type="checkbox"/>	
CREDIT CARD NUMBER	EXPIRY DATE	
CARDHOLDER NAME		

SIGNATURE: _____ **DATE:** _____

**PLAN ADMINISTRATOR
The Mitchell & Abbott Group Insurance Brokers Limited**