



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



April 30, 2023 – April 30, 2024 Application

Email Or **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

COVID 19 Question: Are you complying with all provincial COVID – 19 protocols and procedures? Yes or No

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.

***PLEASE NOTE: Legal Entity:**

***Coverage provided includes up to 3 professionals. Additional options available.**

In the event of a claim, both the Professional and the Business Name could be named in a statement of claim or lawsuit. Legal Entity Coverage protects the clinic and its assets in such circumstances.

This coverage is applicable if you are a business owner and employ or subcontract other counsellors/therapists.

❖ 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	\$151
\$2,000,000	\$5,000,000	\$197
\$5,000,000	\$5,000,000	\$305

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.

OR ADDITIONAL OPTIONS for Legal Entity Coverage

Select premium from the required Limit of Insurance

Limit of Insurance Per Claim	Aggregate Limit Per Policy Period	Annual Premium	Total
4 to 10 Professionals/Employees:			
\$1,000,000	\$5,000,000	\$280	
\$2,000,000	\$5,000,000	\$372	
\$5,000,000	\$5,000,000	\$589	
11 to 20 Professionals/Employees:			
\$1,000,000	\$5,000,000	\$408	
\$2,000,000	\$5,000,000	\$547	
\$5,000,000	\$5,000,000	\$872	
Over 21 Professionals/Employees:		Available Upon request	

❖ COMMERCIAL GENERAL LIABILITY:

Limit Of Insurance Per Occurrence	Aggregate Limit Per Policy Period	Annual Premium (Includes \$10 Administration Fee)
\$1,000,000	\$1,000,000	\$52
\$2,000,000	\$2,000,000	\$67
\$5,000,000	\$5,000,000	\$94

OR ADDITIONAL OPTIONS for Legal Entity Coverage:

Limit of Insurance Per Claim	Aggregate Limit Per Policy Period	Annual Premium	Total
4 to 10 Professionals/Employees:			
\$1,000,000	\$1,000,000	\$103	
\$2,000,000	\$2,000,000	\$134	
\$5,000,000	\$5,000,000	\$196	
11 to 20 Professionals/Employees:			
\$1,000,000	\$1,000,000	\$155	
\$2,000,000	\$2,000,000	\$201	
\$5,000,000	\$5,000,000	\$300	
Over 21 Professionals/Employees:		Available upon request	

TOTAL PREMIUM:	8% Ontario & Manitoba Tax: 9% Quebec Tax: 6% Saskatchewan Tax: 15% Newfoundland Tax:	TOTAL INCLUDING TAX:
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

- 905-385-6383
- Toll Free: 1-800-463-5208
- Fax: 905-385-7905
- E-Mail: dcarson@mitchellabbottgrp.com