

Please note: This is an Annual Insurance program that has a common renewal date of **April 1**, each year. If you purchase a policy before or after **April 1**, there are no prorated premium calculations. The full annual program premium will be charged. No Refunds are permitted; the premium is minimum retained. Cover will start on the date specified or when we receive the completed application form. but cannot be back dated.

Please indicate requested starting date _____

Your Name _____

Address _____

City _____ Province _____ Postal Code _____

Email Address _____ Phone Number _____

Employer _____

Are you a current licensed member in good standing with a provincial college of registered dietitians? Yes No

Has a claim ever been made against you in the past 5 years or are you aware of any facts, circumstances or allegations which may give rise to a claim against you? No Yes

Have you ever been investigated, summoned to a disciplinary panel, or been suspended from practice by any regulatory body governing the practice of your profession? No Yes

If you answered YES to the 2 claims questions, please contact Westland MyGroup before proceeding further.

Provide details of all Errors and Omissions or Professional Liability Insurance carried in the past three years:

Insurer	Period	Limit	Deductible
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you work in a clinic? No Yes Do you work in a hospital? No Yes

Are you self-employed? No Yes Other? _____

Are you authorized to perform restricted activities? No Yes

If yes, please list the activity or activities _____

Do you travel to patients' or clients' homes? No Yes

If yes, please provide details _____

COVERAGE CANNOT BE BOUND UNTIL PAYMENT IS RECEIVED. ANNUAL PREMIUM IS MINIMUM AND RETAINED.

This policy is a Claims Made Form. The following limits are available.

Per Occurrence	Aggregate	Premium	
\$5,000,000	\$5,000,000	\$225 + \$25 Fee	<input type="checkbox"/>
Optional: (only available if E&O coverage is purchased)			Please Indicate your choice
Commercial General Liability	\$2,000,000	\$105	<input type="checkbox"/>
*** CGL coverage only applies to Dietitians who work for a third party an/or those who may occupy space within a clinic. ***			
Cyber Liability Coverage	\$50,000	\$80	<input type="checkbox"/>

DECLARATION

The undersigned declares that all statements made in the Application and the information contained in documents submitted with it is true. It is agreed that the Application shall be the basis of the insurance contract. My signature below authorizes my broker and/or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I specifically consent and agree with the provincial college, in which I am registered, providing information to confirm the statements which I have made under this application regarding my practice as a Registered Dietitian. I also understand that the premium is fully earned, and therefore, cancellation will not entitle me to a refund.

Signature _____ Dated _____

Payment options: **VISA** or **MASTERCARD** only

Total to be applied to credit card*:\$ _____

*Plus applicable taxes where taxes apply. (Newfoundland -15%, Ontario - 8%, Manitoba - 7%, and Saskatchewan - 6%)

Credit card number _____

Expiry date: (mm/yy) _____ CVV _____

Name on card (please print): _____

Signature _____

Please email this application to commercialprograms@westlandmygroup.ca or fax to 1-866-966-0969
If you have any questions, please call us at 1-844-999-7687 ext. 2175. Your policy documents will follow shortly. Thanks for your business!

I would like to receive additional insurance information that may benefit me and/or my business.

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