Westland | MYGROUP

NEW APPLICATION - LICENSED SPEECH-LANGUAGE PATHOLOGISTS & AUDIOLOGISTS

Please note: This is an Annual Insurance program that has a common renewal date of **October 15**, each year. If you purchase a policy before or after **October 15**, there are no prorated premium calculations. The full annual program premium will be charged. No Refunds are permitted; the premium is minimum retained. Coverage will start the date we receive the completed application form.

Please also note: This E&O Program requires applicants to be licensed in Canada and work in Canada, coverages will not extend outside Canada

Your Name _____

Personal Address _____

City _____ Province _____ Postal Code _____

Email Address _____ Phone Number _____

License/Registration Number _____ Province of Practice _____

Speech-Language Pathologist ☐ Audiologist ☐

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 ☐
Has insurance coverage ever been declined or cancelled or the renewal thereof been refused?	No ☐	Yes ☐
In the past, has the Applicant or any of their employees ever been the recipient of any allegations of professional negligence in writing or verbally?	No ☐	Yes ☐
Is the Applicant or any of their employees aware of any facts, circumstances or situations which may reasonably give rise to a claim, other than as advised above?	No ☐	Yes ☐

If you answered YES to any of the above claim's 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

If No Prior coverage, please indicate requested starting date _____

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

Westland MyGroup
4-201 Brownlow Avenue Dartmouth, NS B3B 1W2
westlandmygroup.ca

T: 1-844-999-7687 ext. 2175
F: 1-866-966-0969
commercialprograms@westlandmygroup.ca

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Coverages available (please select one):

Errors and Omissions	$2,000,000*		
Criminal Defence Costs	$150,000*		
Disciplinary Action – Legal Expense Action	$100,000*		
Coroner's Inquest	$100,000*	$81	☐
**Limit per claim and limit per year*			
Reimburse for cost to attend discovery, trial, pre-trial	$750 per day		
Abuse Therapy/Counselling Expenses	$25,000 limit per claim		
Optional Errors and Omissions Increase	$5,000,000	$155	☐

Optional Coverage:

Commercial General Liability	$2,000,000	$225	☐
Optional Commercial General Liability Increase	$5,000,000	$289	☐

Cyber Security and Privacy Liability Extension

Limit	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000	$250,000
Premium	$50 ☐	$75 ☐	$100 ☐	$125 ☐	$175 ☐	$225 ☐	$275 ☐

Retirement/Death/Disability/Cessation of business option – Please call for additional information:

- First year – 100% of expiring premium
- Second year – 75% of the first-year premium
- Third year and each year after to a maximum of six years – 50% of the first-year premium.

Errors and Omissions $ _____

Commercial General Liability $ _____

Cyber Security $ _____

Agency Fee $ 15

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) _____

Name on card (please print): _____

Signature _____

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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 Licensed Speech-Language Pathologists/Audiologists. I also understand that the premium is fully earned, and therefore, cancellation will not entitle me to a refund.

Signature _____ Dated _____

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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