



PROFESIONAL LIABILITY INSURANCE PROGRAM

Administered by: McFarlan Rowlands Insurance Brokers Ltd.

**Sponsored by: The Canadian Psychological Association
and
The Council of Provincial Associations of Psychologists**

British Columbia Psychological Association
Psychologists Association of Alberta
Psychological Society of Saskatchewan
Manitoba Psychological Society
Ontario Psychological Association
College of Psychologists of New Brunswick/Collège des psychologues du Nouveau Brunswick
Psychological Association of Prince Edward Island
Association of Psychologists of Nova Scotia
Association of Newfoundland Psychologists
Association of Psychologists of the Northwest Territories

ELIGIBILITY

The professional liability insurance program is available to eligible psychologists who are members of the Canadian Psychological Association and/or members of their particular provincial/territorial fraternal association. In order to participate in this professional liability insurance program applicants must be residents of Canada and

- i) be admitted to the practice of psychology by the regulatory body for psychology in the jurisdiction in which they practice
- or
- ii) be specifically exempted by the regulatory body from the requirement to be certified/chartered/licensed/registered but still be entitled to practice psychology
- or
- iii) limit their work to teaching and/or research and/or academic administration within a department of psychology within an educational institution.

Participants must maintain their membership to continue or renew their insurance coverage. The program is available to student members who are acting under the direct supervision of a qualified psychologist*.

CLAIMS:

Immediate notification of possible claim must be made to the Broker, McFarlan Rowlands Commercial Insurance Brokers Ltd.

BROKER

McFarlan Rowlands Commercial Insurance Brokers Ltd.,
380 York Street, London, Ontario N6B 1P9
Telephone: (519) 679-5440
Facsimile: (519) 679-9744
Toll Free: 1-877-679-5440
www.mcfarlanrowlands.com

*"Qualified Psychologist" means an individual who holds the requisite licence or certificate or registration from the provincial or regulatory body for psychology in the jurisdiction in which the person practices unless specifically exempted from licencing, certification or registration by provincial or territorial statute or unless there is no statute regulating the practice of psychology in the province or territory.

PROFESSIONAL LIABILITY PROGRAM

COVERAGE

Participation is voluntary. All professional activities of eligible psychologists residing in Canada who participate in the program are covered including clinical, teaching and research activities.

Malpractice Liability Insurance

Option 1:	\$1,000,000 each claim \$3,000,000 aggregate in any one year
Option 2:	\$2,000,000 each claim \$6,000,000 aggregate in any one year

Malpractice Liability Insurance covers the investigation and defense against any civil action brought against you including payment of all sums which you may be legally obligated to pay as a result of liability for personal injuries arising out of rendering or failure to render professional services.

Disciplinary Hearing Coverage

The policy includes \$50,000 Disciplinary Hearing Insurance and provides coverage for legal expenses incurred as a result of any hearing instituted under the provisions of any provincial discipline legislation or for faculty members of an educational institution who face disciplinary action.

Commercial General Liability

The limit will correspond with the Malpractice Limit.

The policy includes Commercial General Liability with coverage extended for bodily injury, personal injury and property damage to others for which you are legally liable. The coverage provides protection for psychologists for non professional liability exposures associated with serving clients. For example, the liability for clients falling and being injured on your premises or in your office. It has been extended to include such coverage as libel, slander, wrongful eviction, and defamation. As many psychologists rent or lease premises the policy also includes \$500,000 Tenants Legal Liability Insurance.

FEATURES

- The definition of a psychologists' professional activities has been extended to include the practice of psychology, teaching, research and the duties of an administrator of a Psychology Department within an Educational Institution.
- Coverage is portable, no matter where you are employed in Canada. Psychologists working in hospitals, school boards, universities, correctional facilities, private or group practices may enroll.
- Provides additional coverage over employer-related plans. Coverage provided through your place of employment may not cover all circumstances and conditions provided under the policy.
- Reasonable personal expenses in assisting the insurance company in the defence of a claim against you are also covered, including reimbursement for actual loss of earnings, not to exceed \$100.00 per day. These amounts are payable in addition to the applicable limits of liability.
- Includes such extensions as; elimination of the contractual liability exclusion in the standard professional liability insurance policy; and an innocent party clause.
- The malpractice and disciplinary hearing coverages are written on a claims-made form and hence provides coverage for claims reported during the policy period.

- The commercial general liability is written on an occurrence form providing coverage for claims which occur during the policy period.
- Designed to defend a claim, action or suit against the individual psychologist including legal fees and court costs.
- Efficient claims procedure, investigation and defence of a claim are handled for you by the insurance company.
- Group rated premiums.
- Reduced premiums for psychologists that maintain membership in both C.P.A. and their provincial fraternal psychological association.
- Cessation of Professional Activities option (retirement or disability) that provides professional liability insurance protection at greatly reduced premiums and your choice of opting out of the commercial general liability coverage.
- Pro Bono Legal Advice Hotline 30 Minutes

OFFICE INSURANCE PROGRAM

The policy includes "Broad" form Office Contents coverage with Replacement Cost as the basis of settlement. This covers contents such as books, furniture, fax machines, telephones, photocopiers, office supplies, and computer equipment. The basic coverage excludes laptop computers, however, coverage can be added for an additional premium.

Other coverages included are Business Interruption written on the "Extra Expense" form, Loss of Income on an Actual Loss Sustained basis, Valuable Papers, Accounts Receivable.

In addition to the basic policy, other coverages can be added for an additional premium if required.

In order to be eligible for this coverage you must participate in the Professional Liability Insurance Plan.

FEATURES

- Broad Form Coverage
- The basis of settlement is Replacement Cost.
- Group rated premiums.
- Additional coverages can be purchased for an additional premium.
- Efficient claims procedure, investigation and defense of a claim.

PROFESSIONAL LIABILITY INSURANCE PROGRAM APPLICATION

ENROLMENT

Premiums are collected by McFARLAN ROWLANDS COMMERCIAL INSURANCE BROKERS LTD. The master policy is on file at the C.P.A. office, the members of C.P.A.P. offices, and the Brokers office. Each psychologist participating in the program will receive a certificate of insurance directly from the Broker. Premiums are paid annually; thereafter renewal certificates will be issued.

PLEASE COMPLETE THE FOLLOWING:

Name: _____
Address: _____
E-mail: _____
Telephone: Home: _____ Work: _____ Fax: _____

- Have you ever applied for Professional Liability Insurance before? Yes/No
- Have you ever been refused Professional Liability Insurance? Yes/No
- Have you ever claimed against a Professional Liability Policy? Yes/No
- Do you have any knowledge of any act which might give rise to a claim under this policy, or do you anticipate any claims being brought against you? Yes/No

If you answered "Yes" to any of the above please submit complete details on a separate sheet and forward it with your application.

- Do you require Office Insurance? Yes/No
(If yes, please complete the Office Insurance Application)
- Are you a psychologist (i.e. certified/chartered/licenced/registered) in your jurisdiction of practice? Yes/No
- Are you working in an academic setting? Yes/No
- Are you a psychological associate? Yes/No
- Are you a student, provisionally chartered or on the temporary register, working under the supervision of a "qualified psychologist"? Yes/No

If you are a member of your provincial fraternal psychological association as well as the Canadian Psychological Association you are eligible for Level II under either Option 1 or Option 2.

- 1. (A) Are you a member of the C.P.A.? Yes/No
- (B) Are you a member of your provincial/territorial fraternal organization? Yes/No
If yes, please state name of the organization

2. Malpractice Liability Insurance and Commercial General Liability Insurance
(please check one from Option 1 or Option 2)

Option 1 \$1,000,000 each claim
\$3,000,000 aggregate in any one year

or

Option 2 \$2,000,000 each claim
\$6,000,000 aggregate in any one year

Please note that both options include coverage for Disciplinary Hearing Insurance. This coverage has a \$50,000 Limit with a \$750 deductible

_____ (Optional) Policy Wording, please check here and include the additional premium \$10.00.

The policy term is June 1st to June 1st. However, members wishing to enter the plan other than at June 1st may do so on the first day of any month following receipt of the application. The premium charged when coverage commences other than at June 1st shall be 1/12th per month for the number of months from the date of

commencement to June 1st, or a minimum charge of \$75.00 (Option 1) and \$80.00 (Option 2). See the enclosed premium rate card for pricing.

To enrol, complete this application and return it with your premium cheque (including applicable provincial taxes) to:

McFarlan Rowlands Commercial Insurance Brokers Ltd.
380 York Street, London, Ontario N6B 1P9
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Toll Free: 1-877-679-5440
Fax: (519)679-9744
www.mcfarlanrowlands.com

AS PORTIONS OF THIS POLICY ARE WRITTEN ON A CLAIMS MADE FORM, PLEASE REPORT ANY POTENTIAL INCIDENT(S)/CLAIM(S) TO YOUR EXISTING INSURER PRIOR TO JOINING THIS PROGRAM.

Enclosed is a cheque in the amount of \$ _____ , payable to McFarlan Rowlands Commercial Insurance Brokers Ltd.

DECLARATION

As part of my application, I hereby consent to McFarlan Rowlands Insurance Brokers (the "Broker") collecting, using and disclosing personal information required for purposes of considering my application for new or renewal property/liability insurance coverage.

The broker is authorized to collect, use and disclose personal information and provide such personal information to third parties, as required, including insurance companies. The Broker may also be required or permitted to disclose such personal information pursuant to relevant privacy laws or other laws. If I wish to review personal information pertaining to my application or policy maintained by the Broker, obtain copies of the Broker's privacy policies or standards, or make other inquiries or express concern, I understand that I may do so by contacting the Broker's Privacy Officer.

The undersigned declares that all statements made in the Application and the information contained in documents submitted with it are true. Should you knowingly misrepresent or fail to disclose in this application any fact required to be stated therein, your coverage may be considered null and void by the Insurer:

Date _____ Signature _____

June 2004

JUNE 1, 2004 PREMIUM RATES

PROFESSIONAL LIABILITY INSURANCE PROGRAM

Option 1

\$1,000,000 each claim
\$3,000,000 aggregate
\$50,000 Disciplinary Hearing Coverage

Level I

If you are a member of A OR B
\$344.00 (or if joining mid term,
\$29.00 per month, with a minimum premium of \$75.00)

Level II

If you are a member of A AND B
\$296.00 (or if joining mid term,
\$25.00 per month, with a minimum premium of \$75.00)

Option 2

\$2,000,000 each claim
\$6,000,000 aggregate
\$50,000 Disciplinary Hearing Coverage

Level I

If you are a member of A OR B
\$368.00 (or if joining mid term,
\$31.00 per month, with a minimum premium of \$80.00)

Level II

If you are a member of A AND B
\$320.00 (or if joining mid term,
\$27.00 per month, with a minimum premium of \$80.00)

Policy wording Fee (Optional)

\$10.00

OFFICE INSURANCE PROGRAM

Basic Package \$190.00 (\$100.00 minimum)

Policy Wording Fee \$10.00 (Optional)

ALL PRICES ARE SUBJECT TO APPLICABLE PROVINCIAL SALES TAX

**CANADIAN PSYCHOLOGICAL ASSOCIATION
AND
THE COUNCIL OF PROVINCIAL ASSOCIATIONS
OF PSYCHOLOGISTS**

OFFICE PACKAGE APPLICATION

Basic Package Includes

Office Contents	\$	40,000
Broad Form, Replacement Cost (excluding laptops)		
90% Co-Insurance, \$500 deductible		
Accounts Receivable		5,000
Valuable Papers		5,000
Business Interruption - Extra Expense		10,000
- Loss of Income		ALS

ANNUAL PREMIUM \$190.00
(subject to provincial sales tax)
POLICY TERM: June 1st to June 1st

You will be provided with a certificate confirming insurance coverage. Should you wish a complete policy wording please enclose an additional \$10.00.

Optional Coverage

Laptop _____ (limit required)
Premium: \$10.00 for each \$1,000 limit of insurance
(e.g. \$50.00 additional premium for \$5,000 of insurance)

Increased Contents _____ (over the standard \$40,000) Contact our office for quotation.

Building Coverage
Contact our office for a quotation.

Other Coverage Required
Contact our office for a quotation.

PLEASE COMPLETE THE FOLLOWING

INSURED DETAILS

Name of Insured _____

Mailing Address _____

Location of Property, if different from above mailing address

Loss, if any, payable to

Business conducted by Insured at the above location

LOCATION DETAILS

Construction

Type of building (office building, home, plaza/mall)

Number of floors _____ Year Built _____

Wall Construction (masonry, brick veneer, frame)

Type of Heat _____

Is the building sprinklered? Yes/No

Fire Hydrant Protection? Yes/No Fire Alarm/Burglar Alarm Yes/No

Central Station Yes/No or local Yes/No

Square Footage of your Office _____

Which Floor is your Office on _____

Other Occupancies in the Building (offices, retail stores, restaurants, residences)

CLAIMS HISTORY

Any losses during the last three years? _____

If so, please provide details on a separate page.

PRIOR COVERAGE

Do you presently have coverage in place? Yes/No

If so, when does it expire? _____

Current Insurer _____

Current Policy Number _____

Has any insurer refused to write, or declined to renew, insurance on any of the coverages applied for?

If yes, please provide details on a separate page.

The policy term is June 1st to June 1st. However, members wishing to enter the plan other than at June 1st may do so on the first day of any month following receipt of the application. The premium charged when coverage commences other than at June 1st shall be \$16.00 per month for the number of months from the date of commencement to June 1st, or a minimum charge of \$100.00.

Please issue coverage effective _____

Enclosed is my cheque in the amount of _____

Date _____ Signature _____