



1 Valleywood Dr., Suite 100 Markham, ON L3R 5L9  
Telephone: 905-886-5630 Toll Free: 1-800-567-1279 Fax: 905-886-5622



## CANADIAN FEDERATION OF PODIATRIC MEDICINE ENDORSED PROGRAM

An Insurance product specifically designed to meet the need to CFPM members throughout Canada.

### COVERAGES

#### Professional Malpractice Liability Insurance

\$1,000,000 Per claim/\$2,000,000 Aggregate

\$2,000,000 Per claim/\$2,000,000 Aggregate Defence Costs, Settlement and Claim Expenses (part of policy limit)

- Territory – suits brought in Canada and it's Territories
- Higher Limits available upon request

### ELIGIBLE RISKS

Canadian Podiatrists/Chiropractors in good standing with their Provincial Regulatory Authority or members of Canadian Federation of Podiatric Medicine.

### PROGRAM HIGHLIGHTS

- Rates for Surgical and Non-Surgical
- Coroners Inquest Expense Coverage - \$100,000 Sub-limit
- Disciplinary Legal Expense Coverage - \$100,000 Sub-limit
- Reimbursement for Penal Defence Costs - \$150,000
- CGL and Property coverage available
- Retroactive Date: Date of initial purchase of continuous claims made coverage (otherwise inception of policy)
- Extended Reporting Period: Automatic 30 days in the event of non-renewal or cancellation (for other than nonpayment of premium) at no charge
- No charge for staff and students under your supervision
- 2 year policies: Rates are fixed for two years the premium is payable in annual installments and applications only required bi-yearly
- Network Security and Privacy Liability Extension
- Breach of Confidentiality
- Loss of Documents
- Former Form Coverage Available
- Entity Coverage – included at no cost

**\*\*COVERAGES & LIMITS HIGHER THAN THE COMPETITION\*\***

### SERVICE LEVEL AND CONTACT NAMES

We recognize that CFPM members want to buy their insurance quickly and simply. That is why our insurance policy is backed up by exceptional service levels featuring:

- A fast-track service for urgent submissions
- Confirmation of Insurance within 48 hours of binding
- Claims handled by reputable and experience claims managers

**CONTACT:** Mark Holman  
Elizabeth Holman

Phone: 905-886-5630 x1224 or 1-800-567-1279 email: [mark.holman@holmanins.com](mailto:mark.holman@holmanins.com)

Phone: 905-886-5630 x1236 or 1-800-567-1279 email: [elizabeth.holman@holmanins.com](mailto:elizabeth.holman@holmanins.com)



**CHIROPODISTS/PODIATRISTS PROGRAM  
PROFESSIONAL LIABILITY INSURANCE APPLICATION**

**THIS APPLICATION IS FOR A CLAIMS MADE POLICY**

**ALL QUESTIONS MUST BE ANSWERED COMPLETELY. DO NOT LEAVE ANY SPACE BLANK. INDICATE "N/A" IF A QUESTIONS IS NOT APPLICABLE. IF THE SPACE PROVIDED IS INSUFFICIENT, PLEASE ATTACH DETAILS ON A SEPARATE SHEET.**

**New Business**  **Renewal**   
**Chiropracist**  **Podiatrist**

**SECTION I – THE APPLICANT – To be completed by all applicants.**

- A) Name of Practitioner(s):
- B) Mailing Address:  
Phone No: Fax No:  
Email Address: Website URL:
- C) (i) Do you currently have ownership in an Incorporated entity?  YES  NO  
If YES, please provide name of Incorporated entity:
- (ii) Did you previously have an ownership in a former entity for which you require coverage?  YES  NO  
If YES, please provide name of the former Incorporated entity:
- D) Location Address:
- E) Please provide your CFPM membership number:
- F) Please provide the following financial information.  
Current revenue for past 12 months: [Click or tap here to enter text.](#)  
Estimated revenue for next 12 months: [Click or tap here to enter text.](#)

**SECTION II – DETAILS OF PRACTICE – To be completed by all applicants.**

- A) Does the Practitioner require insurance coverage for surgical procedures?  YES  NO  
If YES, please list all surgical procedures you perform:
- B) Please describe non-surgical service provided and/or areas of specialization:
- C) Do you have any foreign patients?  YES  NO  
If YES, please provide full details:
- D) Do you offer any additional services that are not usual and customary to a Chiropracist/Podiatrist?  YES  NO  
If YES, please provide details of these services:



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Please provide the number of records maintained that contains Personal Identifiable Information (number of patient files).

- 5,000 or less       Over 5,000, ineligible for Network Security and Privacy Liability Extension

### **SECTION III – PRIOR INSURANCE COVERAGE**

- A) New Graduate – First time applying for insurance  YES  NO
- B) During the last five (5) years, has the Practitioner carried Professional Liability insurance?  YES  NO  
If YES, please complete the following for all previous policies:

INSURER	TERM (MM/DD/YY)	LIMIT	DEDUCTIBLE	PREMIUM

**Please provide a copy of your Prior Policy. Note: If you are renewing your policy with Holman Insurance Brokers Ltd, you do NOT need to provide a copy of the Prior Policy.**

- C) When was the first date on which the Practitioner purchased continuous claims made coverage?
- D) Has continuous claims made insurance coverage been in effect since this date?  YES  NO  
**If NO, please contact Holman Insurance Brokers Ltd.**

### **SECTION IV – INCIDENTS/CLAIMS – To be completed by all applicants.**

- A) Has the Practitioner ever been declined, non-renewed or cancelled by any insurer for Professional Liability insurance?  YES  NO  
If YES, please attach details.
- B) Has the Practitioner ever been refused membership or had his/her membership rescinded in any professional association?  YES  NO  
If YES, please attach details.
- C) Has any claim been made against the Practitioner in respect of professional services performed?  YES  NO  
If YES, please attach details. **NOTE: Any prior claims must be referred to the Insurer prior to coverage being placed in effect.**
- D) Is the Practitioner aware of any situation or circumstance, which may reasonably result in a claim?  YES  NO  
If YES, please attach details.

Privacy: Have you read Holman Insurance Brokers Ltd. Privacy Policy, which is available at [www.holmanins.com](http://www.holmanins.com)? Do you consent to the collection, use, disclosure and retention of your Personal Information as set out in the Privacy Policy and do you understand that you may (subject to certain restrictions and consequences) later withdraw your consent as to any or all of the purposes identified in that Policy? By signing this form you are consenting to the Privacy statements above.

# HOLMAN

INSURANCE BROKERS LTD.



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**By purchasing insurance from Beazley Underwriting Services Limited (Beazley) through Lloyd's of London (Lloyd's), a customer provides Beazley with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:**

- \* the communication with Lloyd's underwriters;
- \* the underwriting of policies;
- \* the evaluation of claims;
- \* the detection and prevention of fraud;
- \* the analysis of business results;
- \* purposes required or authorized by law.

Further information about Beazley's personal information protection policy may be obtained by contacting their privacy officer at 416-601-2155.

## WARRANTY STATEMENT

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. The undersigned also warrants that they have not suppressed or misstated any material facts.

If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants he or she will immediately report such changes to the Insurer.

Signing of this Application does not bind the undersigned to purchase this insurance, nor does it bind the Insurer to complete this insurance. However, should the Insurer bind and issue a policy, this Application shall serve as the basis of such contract and will be attached to and form part of the policy.

SIGNED: \_\_\_\_\_

DATED: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE/POSITION: \_\_\_\_\_

## EMAIL AUTHORIZATION

In an effort to bring our policy holders the most cost effective insurance plan, all of our correspondence is completed electronically, including renewal applications, invoicing and the delivery of the policy documents. The e-mail address supplied by you in this application will be used. We must be notified of any change to your e-mail address. The policy holder agrees that it will hold Holman Insurance Brokers Ltd. harmless with respect to any e-mail changes caused by the policy holder's failure to provide current and valid information for the receipt of documents.

The applicant/policy owner further agrees that the policy documents transmitted electronically by Holman Insurance Brokers Ltd. to the electronic address supplied are in lieu of all other forms of communication. The policy owner accepts that electronic delivery of policy documents is sufficient to meet all reporting requirements of the policy.

## DECLARATION

I/we declare that the above statement are true in every respect. I/we hold qualification certificate(s) for the main activities stated on this application form. I/we have not withheld or misrepresented any material fact. I/we agree that this application will form the basis of the contract between me/us and Holman Insurance Brokers Ltd.

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Position \_\_\_\_\_

**Holman Insurance Brokers Ltd. looks forward to working with you.**



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## PREMIUM CALCULATOR

### Errors & Omissions

	Limits	Deductible	Annual Premium (no surgery)	Annual Premium (with surgery)	SELECTED PREMIUM
<input type="checkbox"/>	\$1,000,000 per Claim \$1,000,000 Aggregate	\$500	\$400 per year	\$500 per year	\$
<input type="checkbox"/>	\$1,000,000 per Claim \$2,000,000 Aggregate	\$500	\$475 per year	\$575 per year	\$
<input type="checkbox"/>	\$2,000,000 per Claim \$2,000,000 Aggregate	\$500	\$650 per year	\$750 per year	\$
<input type="checkbox"/>	\$2,000,000 per Claim \$4,000,000 Aggregate	\$500	\$1,000 per year	\$1,250 per year	\$

\*\*\*\*Surgery means cutting below the subcutaneous tissue.\*\*\*\*

### Commercial General Liability

	Limits	Deductible	Annual Premium	SELECTED PREMIUM
<input type="checkbox"/>	\$1,000,000 Limit	\$1,000 Property Damage	\$200 per year	\$
<input type="checkbox"/>	\$2,000,000 Limit	\$1,000 Property Damage	\$300 per year	\$
<input type="checkbox"/>	\$5,000,000 Limit	\$1,000 Property Damage	\$500 per year	\$

### Commercial Property

	Limits	Deductible	Annual Premium	SELECTED PREMIUM
<input type="checkbox"/>	\$100,000 – contents Excluding Portable computers (coverage can be provided at an additional cost)	\$1,000 per claim, except Sewer Backup - \$2,500 each claim	\$250 per year	\$

SELECT THE REQUIRED COVERAGES AND CALCULATE Ontario RST 8% Manitoba 8% Quebec 9% Saskatchewan 6% Newfoundland 15%	TOTAL	\$
	Add Applicable Tax	\$
	<b>GRAND TOTAL</b>	<b>\$</b>

**\*\*HIGHER LIMITS AVAILABLE UPON REQUEST\*\***

**\*\*Rates are subject to change based on claims experience of each individual practitioner\*\***

**NOTE:** The programme has two common expiry dates, July 1<sup>st</sup> and December 31<sup>st</sup>. If your new policy is to commence on a date other than either of these dates, the premiums shown above will be pro rated on a quarterly basis. Please contact our office for confirmation for the correct premium amount.

Please remit forms (page 1-5) along with payment payable to:

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