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Teacher Tutors and Educators Program Application

www.teacherinsurance.ca
www.holmanins.com

This program has been specifically designed for Teachers, Tutors and Educators. Not available in Quebec.

- Public School, Primary or High School
- College, University
- Tutors, incl Math, Science, Music
- Private School
- Remedial programs
- After school programs incl physical activities
- Research
- ECE in Daycare (licensed only)

As a teacher, educator or tutor there are many scenarios where professional liability insurance can apply such as negligence, breach of confidence, and failure in the professional duty to educate. Unfortunately, teaching and research professors are realizing that the schools and campus are not immune to today's litigious society, whether action is brought by research rivals, other faculty members, or even students. Many teachers have learned the hard way that if they are sued, they cannot rely solely on their employers as much as they thought. They may spend thousands of dollars in legal fees out of their own pockets. Make sure this doesn't happen to you!

Who needs this extra protection? You do ... if you work in any education setting. Holman Insurance offers this exclusive program for protection beyond what your employer provides.

NOTE: THIS APPLICATION IS AN IMPORTANT DOCUMENT AND IS BEING RELIED ON BY THE INSURER TO DETERMINE WHETHER IT WILL PROVIDE YOU WITH COVERAGE. PLEASE ENSURE THAT ALL RESPONSES ARE ACCURATE. THIS DOCUMENT WILL FORM PART OF YOUR POLICY.

"Applicant" means the individual detailed in question 1 overleaf below. This application form must be completed in ink, signed and dated by the Applicant. All questions must be answered and where appropriate "Not Applicable" or "N/A" specified. The completed application form along with additional information provided will form part of the contract of insurance with the Insurers. All facts material to the proposed insurance must be disclosed fully and truthfully and to the best of the Applicant's knowledge and belief whether or not they are the subject of a specific question herein. In addition to the information contained in the application form including all supporting documentation, if the Applicant is aware of any other information which it considers may alter, influence or prejudice the Insurers' appraisal of the risk being proposed, this information must be disclosed in conjunction with this application form.

PROFESSIONAL LIABILITY COVERAGE – "Claims Made" and reported, costs inclusive.

This insurance is underwritten on a "claims made" basis, which means that if a claim is made against the Applicant then the Applicant MUST have a current policy in force.

- A. The policy will NOT cover any claims from incidents which take place before the Retroactive Date, if any, or after the expiration of the policy period (subject to the Extended Reporting Period provision).
- B. The policy will provide coverage for claims from incidents which take place on or after the Retroactive Date, if any, but before the beginning of the policy period only if the insured did not know of the incident before the beginning of the policy period.
- C. The policy will NOT cover any loss for which a claim is first made after: 1. The expiration of the policy period or its earlier termination date, if any; or 2. The Extended Reporting Period if any and then only in accordance with the terms described in the policy.
- D. The policy will only cover claims which are first made: 1. During the policy period; or 2. During an Extended Reporting Period if any and then only in accordance with the terms and conditions described in the Extended Reporting Period Section of the policy.
- E. The limits for Defence Costs are included in the limit of liability.

COMMERCIAL GENERAL LIABILITY POLICY – "Occurrence Basis" - Optional

- | | |
|---|--|
| Bodily Injury and Property Damage Liability | Extensions |
| • Personal Injury and Advertising Liability \$1,000,000 | • Employee Benefits Extension \$1,000,000 |
| • Medical Payments \$2,500 per person | • Employer's Liability Extension \$1,000,000 |
| • Tenants Legal Liability \$1,000,000 | • Non-Owned Automobile Liability \$1,000,000 |

Applicant Acknowledgement

Signature

Date

Print Name

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WARNING

If the Applicant receives a claim or becomes aware of a circumstance that may give rise to a claim, the Applicant must contact Holman Insurance Brokers Ltd. immediately to ensure that the claim notification provisions under the policy are adhered to. Failure to do so could prejudice the Applicant's ability to claim under the Applicant's insurance policy.

If the Applicant is a new client to Holman Insurance Brokers Ltd. and the Applicant's previous liability policy was not on a "claims made" basis with the same "retro-active date" to that provided under this insurance application please call Holman Insurance Brokers Ltd. for advice as the Applicant may be exposed to a gap in cover. It is the responsibility of the Applicant to understand the type of insurance they are applying for.

Personal Information of The Applicant (You) - Please provide the following specific information:

1.a.	Full Name of Applicant:	First Name	Initial	Last Name
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b.	Location Address:	Street Address		
	City	Province	Postal Code	

2.a. Do you operate under a Business Entity or Partnership? Yes No
 If yes, Full Name of Business:

Note for Incorporated Business Entity or Partnership Coverage:

This policy being applied for will cover the Business Entity or Partnership if incorporated and up to 2 administrative non-professional staff that do not provide any of the insured services. No additional charge for sole proprietor acting under a company name. There is an additional charge for an Incorporated companies and partnerships. All professionals must apply for individual coverage separately.

2 b.	Telephone Number:	Business #	Cell #
2.c.	Email Address:		
2 d.	Date of Birth (mm/dd/yyyy)		

3..	Date Qualified to teach: MM/DD/YYYY	Are you licensed to teach? <input type="checkbox"/> Yes <input type="checkbox"/> No	Licensing Body Name
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4. Associations that you are a current subscribing member of (Including membership Nos):-

Name of Association	Membership No.	Date First Joined	Membership Type

Please provide evidence of current membership (e.g. Annual Certificate).

5.a. What is your annual revenue? Past 12 months: _____ Anticipated for next 12 months: _____
 \$ _____ \$ _____
 What is your % revenue split between Canada, US and World-wide
 Canada % _____ United States % _____ World-wide % _____

Note: if your revenue exceeds \$100,000, you must apply for coverage with the fully completed application and details of your sources of revenue.

5.b.	Number of Employees:	Professional	Clerical	Other
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6. Is any of your work supervised? Yes No

If **YES**, please advise by whom and under what circumstances:

Name of Supervisor Address Tel # Email

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Please provide qualifications of supervisor

7. Do you require liability coverage for any additional Insured's Yes No

It is requested the following entities are to be added to the policy as Additional Insured, but only with respect to the operation of the Named Insured. The certificate applies to the named insured while operating within the scope as a Life Coach.

Name and complete address, including postal code AND email of Additional Insured:			Interest in the insurance:
Name:			<input type="checkbox"/> Corporate Name <input type="checkbox"/> Municipality <input type="checkbox"/> Studio <input type="checkbox"/> Sponsor <input type="checkbox"/> Landlord
Email:			
Address: (Street)	Province:	Postal Code:	

8. Do you operate your business outside of Canada? Yes No

9. Do you do Teach Online or provide Internet training and/or Videos? Yes No

NOTE: If the answers to item 7, 8, and 9 are **YES**, an additional premium loading will apply. Please refer to premium calculation page.

10. Do you currently purchase Professional Liability Insurance? If **YES**, please give full details: Yes No

LIMIT:	DEDUCTIBLE	EXPIRY DATE MM/DD/YY	RETRO-DATE if applicable MM/DD/YY	PREMIUM

11. Have any negligence claims ever been made against you whether successful or otherwise? Yes No

12. Have any claims for dishonesty ever been made against you whether successful or otherwise? Yes No

13. Have any complaints or investigations ever been made or undertaken against you? Yes No

14. Have you ever had a document relating to the **Applicant's** activities unintentionally destroyed, damaged, lost or mislaid? Yes No

15. Has the **Applicant** ever been convicted of a criminal offence, other than a motoring offence, or have any prosecution pending? Yes No

16. Have any libel or slander claims, infringement of copyright or breach of confidentiality ever been made against you? Yes No

17. Have any sexual harassment and/or abuse claims ever been made against you? Yes No

18. Are you aware of any circumstances which may give rise to a potential claim or request for indemnity under this professional liability insurance? Yes No

19. Have you ever had a claim made against you whether successful or otherwise in respect of bodily injury, property damage, premises (including tenant's liability), liability, personal injury, advertising liability or medical expenses? If **YES**, please give full details: Yes No

NOTE: If the answer to any of 11-19 above is **YES**, please provide full details:

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Professional Services

Please indicate which individual service(s) coverage is required:

PROFESSIONAL SERVICES

CATEGORY A

- | | | |
|--|---|--|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Arts Tutor | <input type="checkbox"/> English Tutor |
| <input type="checkbox"/> Fitness | <input type="checkbox"/> Math Tutor | <input type="checkbox"/> Music Teacher |
| <input type="checkbox"/> Parent Mentoring | <input type="checkbox"/> Science Tutor | <input type="checkbox"/> Teacher – Primary |
| <input type="checkbox"/> Teacher – Secondary | <input type="checkbox"/> Technology Tutor | |

CATEGORY B

- | | | |
|---|---|---|
| <input type="checkbox"/> ESL Special Education | <input type="checkbox"/> Prep Academy Tutor | <input type="checkbox"/> Private Tutor |
| <input type="checkbox"/> Professional designation | <input type="checkbox"/> Special Education | <input type="checkbox"/> Teacher After School Program |
| <input type="checkbox"/> Teacher – High School | <input type="checkbox"/> Train the Trainer | <input type="checkbox"/> University or College |
| <input type="checkbox"/> other please specify _____ | | |

OTHER

- If an individual service does not appear in the list above and requires cover, please provide full details below including details of training, accreditation, and course syllabus details. (Such activity will have to be specifically agreed and approved by Insurers prior to cover being granted). Please submit this application to Holman Insurance Brokers Ltd. for rating. See other programs for Therapy, Mental Health, Fitness, Health and Wellness teachers

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PREMIUM CALCULATION & INVOICE

PROFESSIONAL LIABILITY	Category A Premium with \$1,000 Deduct	Category B Premium with \$1,000 Deduct	PREMIUM
▼ Check off one LIMIT OF INDEMNITY			
<input type="checkbox"/> \$500,000 Per Claim / \$1,000,000 Aggregate	\$150	\$200	\$
<input type="checkbox"/> \$1,000,000 Per Claim / \$2,000,000 Aggregate	\$205	\$265	
<input type="checkbox"/> \$2,000,000 Per Claim / \$4,000,000 Aggregate	\$225	\$290	
<input type="checkbox"/> \$3,000,000 Per Claim / \$5,000,000 Aggregate	\$250	\$320	
<input type="checkbox"/> \$4,000,000 Per Claim / \$4,000,000 Aggregate	\$300	\$350	
<input type="checkbox"/> \$5,000,000 Per Claim / \$5,000,000 Aggregate	\$350	\$440	
▼ If you answered YES to the following questions loading applies. Check off all that apply.	LOADING		
<input type="checkbox"/> Business Entity – Question 2 a	Add \$100		\$
<input type="checkbox"/> Worldwide- Question 5	Add \$150		\$
<input type="checkbox"/> Online Internet Training or Videos – Question 9	Add \$150		\$
Total PROFESSIONAL LIABILITY			\$
Optional: Commercial General Liability	Premium		
<input type="checkbox"/> \$500,000 Per Occurrence / \$1,000,000 Aggregate	\$125		\$
<input type="checkbox"/> \$1,000,000 Per Occurrence / \$1,000,000 Aggregate	\$150		
<input type="checkbox"/> \$2,000,000 Per Occurrence / \$2,000,000 Aggregate	\$200		
<input type="checkbox"/> \$3,000,000 Per Occurrence / \$3,000,000 Aggregate	\$300		
<input type="checkbox"/> \$5,000,000 Per Occurrence / \$5,000,000 Aggregate	\$400		
<input type="checkbox"/> Additional insured? – Question 7.	\$25 Each		\$
Total COMMERCIAL GENERAL LIABILITY			\$
Total PROFESSIONAL LIABILITY AND COMMERCIAL GENERAL LIABILITY			\$
			Policy Fee
			\$ 50
			SUB-TOTAL
			\$
TAX For residents of Manitoba add 7% Newfoundland / Labrador add 15% Ontario add 8% Quebec add 9% Saskatchewan add 6%			\$
Total Including Tax			\$

All premiums are annual and 100% retained.

Please advise the date insurance required is to be effective: _____

MM/DD/YYYY

NOTE: COVERAGE CAN ONLY BE BOUND AND CONFIRMED BY HOLMAN INSURANCE BROKERS LTD.

Please retain a copy for your records as no other invoice will be provided.

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Rates are subject to change without notice.

Protection of the Applicant's Personal Information:

By completing this application and returning it to Holman Insurance Brokers Ltd., the **Applicant** agrees and consents to the collection, use and disclosure of such information, including any personal information, by Holman Insurance Brokers Ltd. For the following purposes:

- Communicating with the **Applicant**
- Assessing the **Applicant's** application for insurance
- Disclosing information to Insurance Companies
- Negotiating, maintaining or renewing insurance on the **Applicant's** behalf
- Providing claims assistance and service.
- Advising the **Applicant** of other products or services
- Complying with regulators and legal authorities

For more information about our privacy policies and practices or for a copy of our Privacy Policy please visit our web site www.holmanins.com or contact our Privacy Officer at Holman Insurance Brokers Ltd.

DISCLOSURE OF MATERIAL FACTS

It is essential that every **Applicant** when seeking a quotation, taking out or renewing an insurance policy reveals to the prospective Insurer(s) any material facts or information (including any material circumstances or change in circumstances) which might influence the judgment of Insurer(s) in determining the premium or in determining whether they will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the Insurer(s) and enable them to repudiate liability there under. If you have any doubt as to what constitutes a material factor or circumstance, seek professional advice.

PROGRAM DISCLOSURE

Your coverage will be placed with a program administered by Holman Insurance Brokers Ltd. We have engaged in a marketing process to offer a competitive product on a group basis with insurers but we have not acted as a broker for any individual participant. Should your application not be accepted for whatever reason by the insurer, the information may be used by Holman to seek an alternative insurer if available.

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 email address supplied by you in this application will be used. We must be notified of any change to your email 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 statements are true in every respect. I/we hold qualification certificate(s) for the therapy(ies) 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.

Applicant's Signature

Date

Print Name

This application must accompany copies of Certification and Payment to avoid delay in processing

Please retain a copy for your records as no other invoice will be provided.

Return completed application and additional materials requested to:

Holman Insurance Brokers Ltd.

1 Valleywood Drive, Suite #100, Markham ON L3R 5L9

Telephone:(905)886-5630

Email: programs@holmanins.com

Teacher Tutors and Educators Program Application

TEACHERS AND EDUCATORS INSURANCE CHECKLIST and PAYMENT OPTIONS

Application completed in full. All questions must be answered.

Relevant certificates and qualifications attached.

Premium payment attached online Banking confirmation # _____ Name of Bank: _____

Internet Banking (not to be confused with Interac e-Transfer which we do not accept)

Each bank has designed a unique format for their web site. However, the necessary procedures are generally similar.

1. Under Bill Payment: Choose Add Payee/Bill.
 2. Enter Holman. Choose All Categories and province Ontario and submit.
 3. Under Bill company/Payee - Select Holman Insurance Brokers Ltd. and enter your account number which is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
 4. Select the account you wish to withdraw the funds from. (i.e. credit card, savings, chequing, line of credit). Indicate the amount of payment and submit. A confirmation and reference number will be displayed to acknowledge your payment.
-

Telephone Banking

1. Request your bank set up a new Payee/Bill to do a Bill Payment.
 2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
 3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
 4. Your banking institution will then take your payment over the telephone by your choice of payment method
-

Debit Card Payments

1. Contact your bank by telephone or visit in person. Request that they set up an option to allow you to make Bill Payments by Debit Card.
 2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
 3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
 4. Once you have set up Holman Insurance Brokers Ltd., you are able to proceed with payments via your branch ATMs with your debit card.
 5. Choose banking option: Bill Payment and follow your bank instructions.
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In Person at the Bank

1. At your own bank, request they set up a new Payee/Bill to do a Bill Payment.
2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
4. You can choose to pay via the different accounts you hold with that particular bank or by other financial institution credit cards.
5. When paying in person at different financial institutions, bring your invoice/statement and request to make a Bill Payment.
6. Advise the teller that the Payee is Holman Insurance Brokers Ltd. and follow the prompts from step #2.

Note: Do not ask for a wire transfer or funds transfer, the banks charge you extra for this service and charge us extra for which we do not reimburse. These additional fees can range as high as \$50 or more.

Credit Card

1. Go to <https://holmanins.com/Tools-Resources/Payment-Options>
 2. Click on Payment Options
 3. Click on Master Card/ Visa icon and enter the required information.
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By Mail

Cheque or money order payable to:
Holman Insurance Brokers Ltd.
1 Valleywood Drived, Suite #100,, Markham ON L3R 5L9

Please note: NSF Payments – there will be an additional \$25 service charge