**ALLIED & ALTERNATIVE HEALTH CARE PRACTITIONERS -** APPLICATION FOR INSURANCE

The following underwriting information has been provided by you or on your behalf. It is understood that the Insurer(s) has relied upon this information for risk acceptance to provide quote and coverage acceptability. Any misrepresentation or omission will render an insurance policy null and void from inception. **PLEASE READ CAREFULLY.**

**PLEASE READ - Instead of completing this application form, consider trying *JET*, our self-serve platform.**

 ***JET* is the quickest path to quotes and policy issuance. A modern way FORWARD.**

|  |  |
| --- | --- |
| **APPLICANT INFORMATION:** |  |
| Applicant’s Contact Email Address for E-Signature\*: |       |
| Applicant Name(Legal Name): (if company, provide principal name(s)) |       |
| Mailing Address: |       |
| Risk Location Address: |       |
| Year Established: |       |
| How many years of experience does the applicant have? |       |
| What are the anticipated gross fees or revenues for the next 12 months?  | $       |
| Total number of practitioners: |       |

|  |  |
| --- | --- |
| **RISK INFORMATION:** |  |
| Does the Applicant carry all licenses and permits required by law? | [ ]  No [ ]  Yes |
| Does the Applicant follow all health authority rules and regulations? | [ ]  No [ ]  Yes |
| Does the Applicant obtain signed/dated consent and waiver forms, including from guardians for service to minors? | [ ]  No [ ]  Yes |
| Does the Applicant obtain pre-service medical history from customers, where required? | [ ]  No [ ]  Yes |
| Does the Applicant retain all client records for a minimum of 7 years? | [ ]  No [ ]  Yes |
| Does the Applicant ensure all practitioners have training in the services provided? | [ ]  No [ ]  Yes |
| Does the Applicant provide services only within Canada? | [ ]  No [ ]  Yes |
| Has the Applicant had any penalties imposed in the last 5 years? | [ ]  No [ ]  Yes – details:       |
| Has the applicant been subject to any allegations of misconduct or professional negligent in the last 5 years? | [ ]  No [ ]  Yes – details:       |
| Does the applicant work from a home office? | [ ]  No [ ]  Yes |
|  |  |
| **Healthcare Services:** |  |
| Please describe all professions practiced and services provided by the applicant:       |
|       |
|       |

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| Does the Applicant practice Traditional Chinese Medicine, including Acupressure, Acupuncture, Auricular Needling & Auriculotherapy, Chinese Medicine including counselling and dispensing, Cupping (Dry or Wet), Massage or Reflexology)? | [ ]  No [ ]  Yes  |
| Does the Applicant administer Acupoint Injections? | [ ]  No [ ]  Yes  |
| Does the Applicant provide weight loss injections? | [ ]  No [ ]  Yes  |
| Does the Applicant provide injection involving animal based products? | [ ]  No [ ]  Yes  |
| Does the Applicant practice any other services not listed above? | [ ]  No [ ]  Yes If yes, details:        |
|  |  |

**Loss History:**

|  |  |
| --- | --- |
| Has the Applicant had any claims in the last 5 years? | [ ]  Yes [ ]  No  |

 If yes, please provide the following information:

|  |  |
| --- | --- |
|  Date of loss: |       |
|  Details incl. cause of loss: |       |
|  Amount of loss / damage / amounts paid  |       |
| Is the applicant aware of any circumstances that may give rise to a claim? | [ ]  Yes [ ]  No  |

**Prior Insurance:**

|  |  |
| --- | --- |
| Does the Applicant currently carry Professional/ Malpractice coverage? | [ ]  Yes [ ]  No  |

 If yes, please provide the following information:

|  |  |
| --- | --- |
| Insurer: |       |
| Premium : |       |
| Policy No: |       |
| Retroactive Date: |       |

|  |  |
| --- | --- |
| Does the applicant currently carry Commercial General Liability coverage? | [ ]  Yes [ ]  No  |

 If yes, please provide the following information:

|  |  |
| --- | --- |
| Insurer: |       |
| Premium:  |       |

|  |  |
| --- | --- |
| Has the applicant ever had insurance cancelled or refused? | [ ]  Yes – details:       [ ]  No |

**COVERAGES:**

**Professional / Malpractice Liability (Claims Made):**

|  |
| --- |
| [ ]  $1,000,000 (claim) / $1,000,000 (agg) |
| [ ]  $1,000,000 (claim) / $5,000,000 (agg) |
| [ ]  $2,000,000 (claim) / $2,000 000 (agg) |
| [ ]  $2,000,000 (claim) / $5,000,000 (agg) |
| [ ]  $5,000,000 (claim) / $5,000,000 (agg) |

**Optional Commercial General Liability**

**Commercial General Liability (Occurrence):**

|  |  |
| --- | --- |
| [ ]  $0 (Not Required)[ ]  $2,000,000[ ]  $5,000,000 | Tenants’ Legal Liability:[ ]  $0 (Not Required)[ ]  $500,000[ ]  $1,000,000[ ]  $2,000,000 |
|  | SPF #6 – Non-Owned Auto:[ ]  $0 (Not Required)[ ]  $1,000,000[ ]  $2,000,000 |
|  | Employee Benefits Liability Extension:[ ]  $0 (Not Required)[ ]  $1,000,000[ ]  $2,000,000 |
|  | Employer's Liability Extension:[ ]  $0 (Not Required)[ ]  $1,000,000[ ]  $2,000,000 |

**Optional Property Coverage:**

|  |  |
| --- | --- |
| Does the applicant require property coverage? | [ ]  Yes [ ]  No  |

 If yes, please provide the following information ($):

|  |  |
| --- | --- |
|  Business Personal Property (incl. Tenants Improvements): |       |
|  Stock/Inventory: |       |
|  Contents of Every Description: |       |
|  Miscellaneous Articles Floater: |       |

**COPE Details:**

|  |  |
| --- | --- |
| Year built: |       |

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| --- | --- | --- | --- | --- |
| Construction type: | [ ]  Wood frame | [ ]  Log | [ ]  Concrete Block / Masonry | [ ]  Fire resistive |
|  | [ ]  Clay | [ ]  Straw | [ ]  Modular / Prefab | [ ]  Other |

|  |  |  |  |
| --- | --- | --- | --- |
| Protection grade: | [ ]  Protected | [ ]  Semi-protected | [ ]  Unprotected |

|  |  |
| --- | --- |
| Has the risk location ever been evacuated or put on notice of evacuation due to a wildfire or flood? | [ ]  Yes [ ]  No  |
|  |  |
| Loss Payee – Name & Address:      Additional Insureds (required with respect to liability coverage e.g. Landlord, contract requirements etc.):       |  |

**PLEASE READ BEFORE SIGNING:** The Applicant has reviewed this application form and all attachments and acknowledges that all information provided is true. The Applicant understands that any insurance that may be provided is based on the information in this application being true and correct, and any misrepresentation or omission will render any such insurance policy null or void from inception.

The Applicant understands that if the insured fails to immediately inform the insurer of material changes to these facts during the term of an insurance policy, the insurance may not be valid. The Applicant understands that they cannot contravene a term of the policy, commit a fraud, or willfully make false statements during a claim investigation.

The Applicant confirms that all individuals included in this application have authorized the collection and storage of their personal information. Credit information, claims history and other personal information may be collected, used and disclosed for the purposes of assessing and underwriting the application for insurance, renewals, evaluating claims, detecting and preventing fraud.

The Applicant hereby consents to the use of electronic communications, electronic records, and electronic signatures. The Applicant understands an electronic signature is legally binding, just as if the Applicant had signed a paper document.

**NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS FORWARD INSURANCE MANAGERS LTD. HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE.** Forward Insurance Managers Ltd. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy.

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| --- | --- | --- | --- |
| **Applicant Signature:** |  | **Date:** |  |
| **Brokerage:** |  | **Broker ID#:** |  |
| **Broker Name:** |  | **Broker Email:** |  |

**Email completed apps to newcommercial@forwardinsurance.ca or for the quickest turnaround, log in to *JET*.**