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| **ALLIED AND ALTERNATIVE HEALTH CARE PRACTITIONERS** – Application for Insurance |

**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.**

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.**

|  |
| --- |
| **APPLICANT INFORMATION** |
|  |
| Applicant’s email address:(Required for e-signature) |       |
|  |  |
| Applicant Name (legal name): |       |
|  |  |
| Province (Mailing Address): |       |
|  |  |
| Risk location address:  |       | City: |       |
|  |  |  |  |
| Province:  |       | Postal code/ ZIP code: |       |
|  |  |  |  |
| Year Established: |       |  |  |
|  |  |  |  |
| How many years of experience does the applicant have? |       |  |
| *If the Applicant has less than 2 years experience attach resume.* |  |  |
|  |  |
| 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 applicable health authority rules and regulations? | [ ]  No [ ]  Yes |
|  |  |
| Does the Applicant (or company the applicant works on behalf of) obtain signed/dated consent and waiver forms, including from guardians for service to minors/elderly/those with special needs? | [ ]  No [ ]  Yes |
|  |  |
| Does the Applicant obtain/inquire about pre-service medical history from customers? | [ ]  No [ ]  Yes |
|  |  |
| Does the Applicant retain all client records, and will continue to retain them for at least a period of 7 years? | [ ]  No [ ]  Yes |
|  |  |
| Does the Applicant abide by all required privacy laws and regulations? | [ ]  No [ ]  Yes |
|  |  |
| Does the Applicant ensure all practitioners have appropriate training in the services provided? | [ ]  No [ ]  Yes |
|  |  |
| **OTHER RISK INFORMATION** |
|  |  |
| Does the Applicant provide services only within Canada? | [ ]  No [ ]  Yes |
|  |  |
|  | If yes, please describe all other countries and nature of services provided there: |       |
|  |  |  |
|  |       |
|  |  |
| Has the Applicant had any penalties imposed upon them in the last 5 years? | [ ]  No [ ]  Yes |
|  |  |
|  | If yes, provide details: |       |
|  |  |
| Has the Applicant been subject to any allegations of misconduct or professional negligent in the last 5 years? | [ ]  No [ ]  Yes |
|  |  |
|  | If yes, details: |       |
|  |  |
| Does the Applicant work solely from a home office location? | [ ]  No [ ]  Yes |
|  |  |
| **HEALTHCARE SERVICES** |  |
|  |  |
| List all professions practiced and services provided by the Applicant: |       |
|  |  |
|  |       |
|  |  |
| Does the Applicant practice Traditional Chinese Medicine, including Acupressure, Acupunture, Auricular Needling & Auriculotherapy, Chinese Medicine including counselling and dispensing, Cupping (Dry or Wet), Massage or Reflexology)? |  |
|  |  |
| 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 elsewhere in this application form? | [ ]  No [ ]  Yes |
|  |  |
|  | If yes, describe: |       |
|  |  |
| **LOSS HISTORY** |  |
|  |  |
| Has the Applicant had any claims in the last 5 years? | [ ]  No [ ]  Yes |
|  |  |
| If yes, date of loss: |       | Amount of loss / damage / amounts paid: |       |
|  |  |  |  |
| Details including cause of loss?: |       |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| If yes, date of loss: |       | Amount of loss / damage / amounts paid: |       |
|  |  |  |  |
| Details including cause of loss?: |       |
|  |  |  |  |
| **PRIOR INSURANCE** |  |  |  |
|  |  |  |  |
| Does the Applicant currently carry Professional/Malpractice coverage? | [ ]  No [ ]  Yes |
|  |  |
| If yes, please provide details: |  |
|  |  |
|  | Insurer: |       | Premium: |       |
|  |  |  |  |
|  | Policy number: |       | Retroactive Date: |       |
|  |  |  |  |
| Has the Applicant ever had insurance cancelled or refused? | [ ]  No [ ]  Yes |
|  |  |  |  |
|  | Reason for cancel / refusal: |  |  |
|  |  |  |  |
|  | [ ]  Due to cancel for non-payment (premium owed has been paid) | [ ]  Due to claims record  |
|  | [ ]  Due to cancel for non-payment ( premium still owing to insurer) | [ ]  Insurer does not write that type of operation |
|  | [ ]  Other reasons (not cited in choice above) |  |
|  |  |  |
| **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): | Tenants' Legal Liability: | SPF #6 - Non-Owned Auto: |
|  |  |  |
| [ ]  $0 Not Required  | [ ]  $0 Not Required  | [ ]  $0 Not Required  |
| [ ]  $2,000,000 | [ ]  $500,000 | [ ]  $1,000,000 |
| [ ]  $5,000,000 | [ ]  $1,000,000 | [ ]  $2,000,000 |
|  | [ ]  $2,000,000 |  |
|  |  |  |
| Employee Benefits Liability Extension: | Employer's Liability Extension: |  |
|  |  |  |
| [ ]  $0 Not Required  | [ ]  $0 Not Required  |  |
| [ ]  $1,000,000 | [ ]  $1,000,000 |  |
| [ ]  $2,000,000 | [ ]  $2,000,000 |  |
|  |  |  |
| **OPTIONAL PROPERTY COVERAGE** |  |  |
|  |  |  |
| Does the Applicant require property coverage? |  | [ ]  No [ ]  Yes |
|  |  |  |
|  | If yes, provide the following details: |  |
|  |  |  |
|  | Business Personal Property (incl. Tenants Improvements): |       |  |
|  |  |  |  |
|  | Stock/Inventory: |       |  |
|  |  |  |  |
|  | Contents of Every Description: |       |  |
|  |  |  |  |
|  | Miscellaneous Articles Floater: |       |  |
|  |  |  |  |
|  | **COPE DETAILS** |  |
|  |  |  |
|  | Year built: |       |  |
|  |  |  |
|  | Construction type: |  |
|  |  |  |
|  |  | [ ]  Wood Frame  | [ ]  Concrete Block/ Masonry | [ ]  Log | [ ]  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? | [ ]  No [ ]  Yes |
|  |  |  |
| **ISSUANCE INFORMATION** |
|  |  |  |  |
| Proposed Effective Date (MM/DD/YYYY): |       |  |
|  |  |  |  |
| **APPLICANT INFORMATION** |  |  |
|  |  |  |
| Mailing address: |       | City |       |
|  |  |  |  |  |
| Province: |       | Postcode/ ZIP Code: |       |
|  |  |  |  |  |
| **LOSS PAYEE** |  |  |  |
|  |  |  |  |
| Full legal name: |       | Address: |       |
|  |  |  |  |  |
| City: |       | Province: |       | Postal Code: |       |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **ADDITIONAL INSUREDS** |  |  |  |
|  |  |  |  |  |
| Add any Additional Insureds required with respect to liability coverage (eg. Landlord, contract requirements, etc.): |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Additional Insured 1  |  |  |  |
|  |  |  |  |  |
|  | Full legal name: |       | Address: |       |
|  |  |  |  |  |
|  | City: |       | Province: |       | Postal Code: |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Additional Insured 2 |  |  |  |
|  |  |  |  |  |
|  | Full legal name: |       | Address: |       |
|  |  |  |  |  |
|  | City: |       | Province: |       | Postal Code: |       |
|  |  |  |  |  |

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| **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. |
|  |  |  |  |
| **Signature of Applicant(s):** |       | **Date:** |       |
|  |  |  |  |
| **Brokerage:** |       | **Broker ID#:** |       |
|  |  |  |  |
| **Broker Email:** |       | **Phone:** |       |
|  |
|  |
| **Email completed apps to newcommercial@forwardinsurance.ca or for the quickest turnaround, log in to *JET*.** |