



# Healthcare Insurance – Individual Practitioner Application

Français disponible sur demande.

Name of Applicant/ Firm: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone day: \_\_\_\_\_ Evening: \_\_\_\_\_

Email: \_\_\_\_\_

Are you the business owner?  Yes  No

If yes, name of business: \_\_\_\_\_

Is the business address same as the mailing address?  Yes  No

If no, please complete the following:

Business address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone day: \_\_\_\_\_ Evening: \_\_\_\_\_

Email: \_\_\_\_\_

What effective date is coverage required? (we cannot backdate coverage – must be a future date) and not applicable to the date the application is completed and signed) \_\_\_\_\_ (mm/dd/yyyy)

Please indicate desired policy term:  12 months  24 months

All premium is fully earned and retained

## General Information

1. Location insured is domiciled?
  - CAN – Canada
  - USA – United States
  - OTH – Other
2. What is your current retroactive date/when you have held continuous coverage from? \_\_\_\_\_ (mm/dd/yyyy)
3. Have you ever sustained a professional liability or general liability loss or have claim(s) been made against you in the past?  Yes  No
4. Have you any knowledge of any negligent act, error or omission and or breach of duty, which may give rise to a claim against you?  Yes  No
5. Has any application for professional liability or commercial liability coverage ever been denied?  Yes  No
6. Please provide your total gross revenue \$ \_\_\_\_\_
7. Do you provide services or perform activities outside of Canada?  Yes  No
  - a. \_\_\_\_\_ % of total revenue from Canadian patients
  - b. \_\_\_\_\_ % of total revenue from U.S. patients
  - c. \_\_\_\_\_ % of total revenue from world-wide patients

8. Do your services include administering Botox or Derma Filler Injections?  Yes  No
9. Do you wish to purchase Commercial General Liability?  Yes  No
10. Do you wish to purchase coverage for your office contents?  Yes  No  
If yes, please contact your licensed insurance representative
11. Do you work with professional athletes?  Yes  No
12. Are you a sole proprietor?  Yes  No  
If yes, our policy provides automatic legal entity coverage at no additional premium. Please note, Linx recommends you purchase legal entity coverage to protect your business from any error or omission made by any professional you employ.
13. Indicate the number of employees actively engaged in any phase of your profession or business \_\_\_\_\_
14. Do your employees carry professional liability insurance?  Yes  No
15. Description of operations or professional services:

### Modalities

1. Type of Practitioner?  
 PP – Professional/ Domestic Student  
 STU – Foreign Student
2. Primary modality? (Please refer to Appendix 1). Please indicate below:  
 \_\_\_\_\_
3. Additional modality? (Please refer to Appendix 1). Please indicate below:  
 \_\_\_\_\_
4. Are you an Alpha Member?  Yes  No
5. Do you provide or assist with compounding of medications?  Yes  No
6. Do you wish to purchase legal entity coverage?  Yes  No

### Commercial General Liability

1. Do your business operations include any exercise or physical activity?  Yes  No
2. Do you provide services to children ages 12 and under where unaccompanied by parent/guardian?  Yes  No
3. Do you use waiver or consent forms if parent /guardian are not present?  Yes  No
4. Do you have product sales?  Yes  No

## Coverages Requested

All premium is fully earned and retained

See Appendix 1

	Limit options (\$)	Premium (\$)	
<b>Professional Liability</b>			
<b>Category A:</b>			
1.	\$3,000,000/\$5,000,000	Please refer to Appendix 1	<input type="checkbox"/>
2.	\$5,000,000/\$5,000,000	Additional \$30 to premium listed on Appendix 1	<input type="checkbox"/>
<b>Category B: Only applicable to classes other than A-E listed</b>			
1.	\$1,000,000/\$1,000,000	As per quote	<input type="checkbox"/>
2.	\$2,000,000/\$2,000,000	As per quote	<input type="checkbox"/>
3.	\$3,000,000/\$3,000,000	As per quote	<input type="checkbox"/>
4.	\$4,000,000/\$4,000,000	As per quote	<input type="checkbox"/>
5.	\$5,000,000/\$5,000,000	As per quote	<input type="checkbox"/>
<b>Category C: Newfoundland Pharmacist</b>			
1.	\$2,000,000/\$4,000,000	Please refer to Appendix 1	<input type="checkbox"/>
2.	\$5,000,000/\$5,000,000	Please refer to Appendix 1	<input type="checkbox"/>

## General Liability (See Appendix 1)

<b>Category A:</b>			
1.	\$3,000,000/\$5,000,000	Please refer to Appendix 1	<input type="checkbox"/>
2.	\$5,000,000/\$5,000,000	Please refer to Appendix 1	<input type="checkbox"/>
<b>Category B: Only applicable to classes other than A-E listed</b>			
1.	\$1,000,000/\$1,000,000	Please refer to your broker	<input type="checkbox"/>
2.	\$2,000,000/\$2,000,000	Please refer to your broker	<input type="checkbox"/>
3.	\$3,000,000/\$3,000,000	Please refer to your broker	<input type="checkbox"/>
4.	\$4,000,000/\$4,000,000	Please refer to your broker	<input type="checkbox"/>
5.	\$5,000,000/\$5,000,000	Please refer to your broker	<input type="checkbox"/>
<b>Category C: Newfoundland Pharmacist</b>			
1.	\$2,000,000/\$4,000,000	Please refer to Appendix 1	<input type="checkbox"/>
2.	\$5,000,000/\$5,000,000	Please refer to Appendix 1	<input type="checkbox"/>

## Payment Information

The following provinces are subject to provincial sales tax:

- Ontario residents add 8%
- Quebec residents add 9%
- Manitoba residents add 7%
- Newfoundland & Labrador residents add 15%
- Saskatchewan residents add 6%

All other provinces are exempt. GST is not applicable to insurance premiums.

All cheques payable to Aon Reed Stenhouse Inc., or complete credit card authorization below. Credit card information may be forwarded to our office by the following methods: fax, email or by mail.

<b>Sub-total</b>	\$
<b>Tax</b>	\$
<b>Total enclosed</b>	\$

Print Name of Applicant: \_\_\_\_\_ Position: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Authorization for credit card charge

VISA or M/C account no.: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Cardholder name: \_\_\_\_\_ Signature: \_\_\_\_\_

Total charged: \$ \_\_\_\_\_

Please mail, fax or email all completed applications to the appropriate address or number shown below.

#### Aon

P.O. Box 3309  
Markham, ON L3R 0E7  
Toll-free: 1.877.766.3093 | Fax: 1.877.766.9075  
aha@aon.ca

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## Highlights

Aon collects, uses and discloses personal information:

- To determine eligibility and process applications for products and services and to provide information and services
- To understand and assess ongoing needs of clients and potential clients and offer products and services to meet those needs
- For communication, service, marketing, billing and administration
- For claims administration and data analysis
- For fraud detection and prevention
- For analytics purposes by aggregating or otherwise de-identifying personal information
- To develop proprietary tools and databases
- To provide consulting services to insurance companies
- To comply with legal, audit, security and regulatory requirements
- To obtain and update credit information with appropriate third parties, such as credit reporting agencies, where transactions are made on credit
- Other purposes disclosed in our Privacy Policy or our terms of business or disclosed to you at the time of collection, use or disclosure

Each Applicant authorizes Aon to collect and/or disclose the Applicant's personal information from/to third parties such as insurance companies, other brokers, adjusters, agencies, motor vehicle/driver licensing authorities and others as may be required for the above purposes. If the Applicant is providing any additional insured personal information, the Applicant providing this information warrants having obtained the prior written consent from each additional insured for the collection, use and disclosure of their personal information as set out herein.

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**Name of firm** \_\_\_\_\_  
**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Title** \_\_\_\_\_

**Please note: coverage cannot be bound unless this application has been fully completed and duly signed and dated. Furthermore, potential inception date of coverage will be the date the application has been vetted and agreed by underwriters.**



## Individual Practitioner Appendix 1- Modalities

Category A	Premium	Category A	Premium
Additional Modality	\$50	Multi-Discipline/Legal Entity Coverage Please advise broker number of Professionals and their modality	Premium (Refer to broker)
Acupuncturist / Traditional Chinese Medicine	\$370	Natural Health Practitioner	\$370
Aromatherapy	\$100	Occupational Therapist (\$5M) Occupational Therapist (\$10M)	\$50 \$97
Art/Colour Therapist	\$50	Occupational Therapy Assistant (\$5M) Occupational Therapy Assistant (\$10M)	\$50 \$97
Athletic Therapist	\$150	Osteopath	\$370
Audiologist	\$50	Personal Support Worker	\$150
Certified First Aid Instructor	\$150	Personal Trainer	\$200
Certified Pedorthist	\$175	Pharmacist	\$195
Certified Pedorthist Master Craftsman	\$210	Pharmacist Technician	\$195
Certified Pedorthist Technician	\$150	Physiotherapist (\$5M) Physiotherapist (\$10M)	\$150 \$180
Chiropodist/Podiatrist	\$150	Physiotherapist Assistant (\$5M) Physiotherapist Assistant (\$10M)	\$150 \$180
Chiropractor	\$800	Radiologist/Sonographer/X-Ray	\$50
Crossfit	\$100	Reflexologist	\$125
Dance Movement Therapy	\$100	Registered Nurse/Nurse Practitioner	\$300
Dental Assitant or Hygienist	\$50	Reiki Instructor	\$100
Dietician/Nutritionist	\$50	Shiatsu Instructor	\$125
Exercise Therapist	\$150	Speech Language Pathologist	\$50
Herbalist	\$100	Sports Therapist	\$150
Homeopath	\$150	Thai Chi Instructor	\$125
Hydro Therapist	\$150	Yoga/Pilates Instructor	\$100
Kinesiologist	\$150	Zumba Instructor	\$100
Massage Therapist	\$125		
Music Therapist	\$50		
Category B	Premium (Refer to broker)	Category B	Premium (Refer to broker)
5 Tibetan Rites		Metabolic Free Radical Testing - Theratest	
Accunect		Mindfulness Based Stress Reduction	
Aviva Method		Neuro Linguistic Programming (NLP)	
Barre		Neurofeedback Brain Training	
Barre Attack		Nordic Walking	
Belly Dancing Fitness		Numerology Reading	
Biofeedback		Phenolics	
Biofrequency			
		Pilates – Aqua	
Biomesotherapy		Pilates/Hypnolates (including Matwork)	

## Individual Practitioner Appendix 1- Modalities

Category B	Premium (Refer to broker)	Category B	Premium (Refer to broker)
Bio-resonance Matching		Positional Release Therapy	
Body Balance		Pranic Healing	
Body Code Practitioner		Reconnective Healing	
Body Harmony		Recreation Therapy	
Body Talk Systems		Rekindled Ancient Wisdom	
Brennan Healing Science – “Energy Healing Work”		Remedial Therapy	
Chi Ball		Reverse Therapy	
Chi Gong		Shamanic Healing	
Chi Nei Tsan		Soul Care	
Dorn Therapy		Sound Healer	
Flowers Therapy		Spa Clay Therapy	
Hahnemann Healing		Spiritual Direction	
Halo Therapy		Spiritual Healing	
Hand Therapy		Thought Field Therapy	
Healing Energy		Touch for Health	
In Zen Class		Toyohari	
Ion Detoxing Foot Spa		Voice Dialogue	
Iontophoresis		Women’s Dance Mediation Circles	
Iridology		Writing Therapist	
ISIS Seichem Healing		Yoga - Acro	
Kinergetics		Yoga - Anti Gravity	
Lactation Consultants/Breast Feeding Advice		Yoga - Bikram	
Laughter Therapy		Yoga - Chair	
Life Alignment		Yoga - Paddleboard	
Matrix Energetics		Yoga - Qi Gong	
Medical Photographer		Yoga - Swings	
Meditation		Yoga - Water	
Access Bars Practitioner		Massage - Kahuna Style	
Acupoint Therapy		Massage - Lomi Lomi	
Animal Assisted Therapy		Massage - Lymphatic Drainage (Low Level Laser Therapy)	
Animal Therapy (excluding race horses)		Massage - Mobile	
Aqua Aerobics		Massage - Remedial	
Aqua Fitness		Massage - Soft Tissue Mobilisation	
Aquatic Resistance Training		Massage - Swedish	
AromaTouch		Massage - Thai	
AromaTouch Technique		Massage - Thai Yoga	





## Individual Practitioner Appendix 1- Modalities

Category B	Premium (Refer to broker)	Category B	Premium (Refer to broker)
Ashati		Massage - Zenthai Shiatsu	
Attractor Field Therapy		Mora Therapy	
Aura-Kinetic training		Movement Meditation	
Auro Soma		Movement Therapy	
Ayurveda		Moxibustion	
Bach Flower Remedies		Neural Integration System	
Bio Acoustical Utilization Device (BAUD)		Neuro Kinetics	
Bio-Energetic Healing		Neuro Muscular Technique	
Biomagnetic Therapy		Neuro-Linguistic Kinesiology	
Brandon Raynor		Neuroptimal Training	
Breathwork		Nia	
Chakradance		Oriental Health Services (including Psychology and Nutritional Medicine)	
Chi Running Technique		Orthobionomy	
Chi Walking		Pellowah Healing Technique	
Dance Instruction (only as part of another approved Modality)		PNF Stretching Techniques	
Diagnostic Sleep Study and CPAP Treatment Service		Polarity Therapy	
Diversional Therapy		Psychological Kinesiology (Psych-K)	
Ego State Therapy		Push Therapy	
Emmett Technique		Q2 Therapy	
Emotion Code Practitioner		Qi Gong	
Emotional Freedom Technique		Quan San Healing	
ENAR		Quantum Touch	
Endermolgie		Radial Shockwave Therapy	
Esoteric Healing		Raindrop Technique	
Essence of Angels		Rolfing Technique	
Feldenkrais		Saliva Analysis	
Fitness Instructor		Salt Therapy	
Flower Remedies		SCENAR	
Focusing		Seichim Practitioner	
Food Coaching		Sleep Therapy/Somnology	
Frequency Specific Microcurrent (Bodyfield Analysis)		Somatic Integration Therapy	
Functional Facial Tapping		SoulCollage Facilitator	
Healing Touch		Speech Therapy	
Hellerwork		Stretch Therapy	
Ignite Your Spirit (Energetic Healing)		Structural Integration	
Integrated Energy Therapy		Tens Machine	
Integrated Therapeutic Alignment		Thermotherapy	
Jazzercise		Theta Healing	

## Individual Practitioner Appendix 1- Modalities

Category B	Premium (Refer to broker)	Category B	Premium (Refer to broker)
Joint Mobilisation (excluding spinal mobilisation)		Tibetan Bowl Sacred Healing Sound	
Juice Therapy		Tissue Salt Therapy	
Magnetic Field Therapy		Total Body Modification	
Massage - Ancient Hawaiian Temple		Transactional Analysis	
Massage - Aromatherapy		Trauma Release Exercises (TRE)	
Massage - Bamboo		Trigger Point Therapy	
Massage - Chinese		Trnspersonal & Emotional Release Counselling	
Massage - Connective Tissue		Tui na	
Massage - Corporate		Wellness Coaching	
Massage - Deep Tissue		Western Herbalist	
Massage - Hawaiian		Whole Body Vibration Therapy	
Massage - Hoffman		WholyFit	
Massage - Hot Stone		Xtend Barre	
Massage - Indian Head		Yoga for Breast Cancer	
		Zero Balancing	
Acupressure		Hyproxi Weight Loss	
Acupuncture Point Injection (with saline solution)		IFAS (Skin and Nerve Stimulation)	
Alexander Technique		Infant Massage Instruction	
Allergy Testing		Japanese Acupuncture	
Antenatal Classes		Japanese Cosmo Facelift	
Atlas Profilax		Jenkins Equine Neurophysiological Therapy (JENT)	
Atlas Reconnect		Kinesis Myofascial Integration	
Biochemic Cell Salts		Laser Acupuncture	
Body Transformation		Life Coaching	
Bokwa Fitness		Marriage Consultants	
Booty Barre		Massage - Baby	
Bowen Technique		Massage - Oncology Massage	
Boxercise		Massage - Pregnancy	
Brain Gym		Massage - Tens Therapy	
Building Biologist		Massage - Ultrasound	
Building Geobiology		Mental Health Skills Trainer	
Buteyko Breathing Method		Mix Martial Arts	
Cellulite Treatment - Non Mesotherapy		Muscle Tension Treatment	
Children's Relaxation		Myofacial Release Therapy	
Chinese Herbal Dispenser		Myofunctional Therapy	
Chinese Medicine		Myopractic	
Colon Hydrotherapy		Myotherapy	



## Individual Practitioner Appendix 1- Modalities

Category B	Premium (Refer to broker)	Category B	Premium (Refer to broker)
Colonic Irrigation		Natural Fertility Management	
Colour & Sound Vibration Therapy		Naturopathic Medicine (incorporating Live Blood Analysis)	
Colour Therapy		Naturopathy - Excluding Chiropractic	
Counselling		Neurospinologist	
Craniosacral Therapy		Neuro-Training	
Crystal Therapy (including Electro and Chakra Balancing)		Nutritional Medicine	
Dancing For Birth		Nutritionists	
Detox Foot Spa Treatments		Patient Advocate	
Doula		Phlebotomist	
Drama Therapy		Photonic (Red Light) Therapy	
Dry Needling		Phototherapy	
Ear and Body Candling		Pre and Post Natal Exercise Prescription	
Electro-Acupuncture		Prosthetic Fitting	
Electrotherapy		PSH Therapy	
Embodiment of Yoga		Psychotherapists - excluding Regressive Memory Therapy	
Exercise Physiology		Pulmonary and Lung Function Testing	
Facial Harmony		Punch Fit	
Feng Shue		Radiographer	
Fire Cupping		Social Worker	
Gait Scan Practitioner		Sports Trainers	
Gym Supervision		Stress Management	
Gyrotonic		Tibetan Medicine	
Health Coaching		Timeline Therapy	
Heat Lamp Therapy (TDP)		Traditional Chinese Medicine	
Herbal Medicine		Ultra Sound Therapy	
Holographic Kinetics		Urine Analysis - excluding drug/alcohol testing	
Horstmann Technique		Venepuncturist	
Hot Hula Fitness Instructor		Visual Dyslexia Diagnosis and Treatment	
Hyperbaric Oxygen Therapy		Water Exercise for Pre and Post-Natal Women	
Hyperton-X		Wet Cupping	
Hypnobirthing		Yoga – Postnatal and Baby	
Hypnotherapy - including NLP			
<b>Category C – Newfoundland Pharmacist Medical Malpractice</b>		<b>Category C – Newfoundland Pharmacist Medical Malpractice</b>	
Pharmacist	\$100	Legal Entity \$2M/\$4M agg	\$100
Pharmacist Technician	\$125	Legal Entity \$5M/\$5M agg	\$150



## Individual Practitioner Appendix 1- Modalities

<b>Category C – Newfoundland Pharmacist Commercial General Liability</b>		<b>Category C – Newfoundland Pharmacist Multi-Discipline Clinic Coverage</b>	
\$2M/\$4M agg	\$500	For each additional pharmacist	\$95
\$5M/\$5M agg	\$750	For each additional Pharmacist Technician	\$95

<b>Extended Reporting Period Options – Individuals (PLI only)</b>		<b>Extended Reporting Period Options – Clinics (PLI only)</b>	
<b>One Year</b>	\$50	<b>One Year</b>	\$100
<b>Two Year</b>	\$100	<b>Two Year</b>	\$150
<b>Three Year</b>	\$150	<b>Three Year</b>	\$200
<b>Five Year</b>	\$200	<b>Five Year</b>	\$250