

## Insurance Application Form for Members of the ADR Institute of Canada (Renewal/New Applicant)

**PLEASE ANSWER ALL QUESTIONS, SIGN AND DATE THIS FORM AND RETURN IT TO OUR OFFICE WITH PAYMENT**

### A. GENERAL INFORMATION

Salutation       Mr.                       Mrs.                       Ms.                       Dr.

Applicant Name \_\_\_\_\_

Name of Business \_\_\_\_\_

Type of Business:     Sole Proprietor       Partnership       Corporation                       Others

Mailing Address \_\_\_\_\_ (City) \_\_\_\_\_ (Province) \_\_\_\_\_ (Postal Code) \_\_\_\_\_

Telephone    Home                      Office                      Fax                      E-Mail  
(      )                      (      )                      (      )

Date Operations Began \_\_\_\_\_ Gross Annual Fees/Income \_\_\_\_\_  
Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_ Previous Year : \$ \_\_\_\_\_  
Anticipated this Year : \$ \_\_\_\_\_

Are you a member in good standing of the ADR Institute of Canada?                       Yes     No  
Note: Membership dues must be current (paid) to your local/provincial ADR Institute office to be eligible for this policy.

Have any claims (whether insured or not) ever been made against you in the last 5 years?                       Yes     No  
(If yes, please attach full details.)

Are you aware of any act, error, omission or circumstance which could give rise to a claim brought against you in the last 5 years? (If yes, please attach full details.)                       Yes     No

Have you been subjected to any disciplinary action brought against you by your professional association?                       Yes     No  
(If yes, please attach full details.)

Has an application for liability insurance ever been declined?                       Yes     No  
(If yes, please attach full details.)

Effective date of your first ADR Professional Liability Policy:    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
(Note: Coverage should be continuous and without any gap.)

Do you provide services or perform activities outside of Canada or for clients who are outside of Canada?                       Yes     No  
(If yes, please attach details.)

### B. PROFESSIONAL LIABILITY INSURANCE

Have you been previously Insured with Claims-Made Professional Liability?                       Yes     No

Insurer	Policy Limit	Policy Period
	\$	
	\$	
	\$	
	\$	
	\$	

Coverage Options		
Option 1	Option 2	Option 3
Limits: \$1,000,000 per claim \$2,000,000 aggregate \$10,000,000 shared aggregate	Limits: \$2,000,000 per claim \$4,000,000 aggregate \$10,000,000 shared aggregate	Limits: \$3,000,000 per claim \$6,000,000 aggregate \$10,000,000 shared aggregate
<input type="checkbox"/> Deductible - \$1,000 <b>\$113.00 Annual Cost</b>	<input type="checkbox"/> Deductible - \$1,000 <b>\$158.00 Annual Cost</b>	<input type="checkbox"/> Deductible - \$1,000 <b>\$203.00 Annual Cost</b>
<input type="checkbox"/> Deductible - \$0.00 <b>\$122.00 Annual Cost</b>	<input type="checkbox"/> Deductible - \$0.00 <b>\$167.00 Annual Cost</b>	<input type="checkbox"/> Deductible - \$0.00 <b>\$216.00 Annual Cost</b>

An Administration Fee of \$25 is collected by Marsh in addition to commission.

### C. COMMERCIAL GENERAL LIABILITY INSURANCE

Coverage Options				
Option 1	Option 2	Option 3	Option 4	Option 5
Limits: \$1,000,000 per claim \$1,000,000 per aggregate \$500,000 Tenants Legal Liability \$1,000,000 Standard Non-Owned Auto	Limits: \$2,000,000 per claim \$2,000,000 per aggregate \$500,000 Tenants Legal Liability \$1,000,000 Standard Non-Owned Auto	Limits: \$3,000,000 per claim \$3,000,000 per aggregate \$500,000 Tenants Legal Liability \$1,000,000 Standard Non-Owned Auto	Limits: \$2,000,000 per claim \$2,000,000 per aggregate \$1,000,000 Tenants Legal Liability \$2,000,000 Standard Non-Owned Auto	Limits: \$3,000,000 per claim \$3,000,000 per aggregate \$1,000,000 Tenants Legal Liability \$2,000,000 Standard Non-Owned Auto
<input type="checkbox"/> Deductible -\$500 <b>\$162.00 Annual Cost</b>	<input type="checkbox"/> Deductible -\$500 <b>\$203.00 Annual Cost</b>	<input type="checkbox"/> Deductible -\$500 <b>\$243.00 Annual Cost</b>	<input type="checkbox"/> Deductible -\$500 <b>\$243.00 Annual Cost</b>	<input type="checkbox"/> Deductible -\$500 <b>\$292.00 Annual Cost</b>

### D. IMPORTANT INFORMATION

- Please note that the common expiry date for all coverages is July 1<sup>st</sup>. Policies issued mid term are calculated on a pro-rata basis and premiums are subject to applicable sales tax.
- The premium is fully retained and non-refundable.
- The Professional Liability is on a claims-made basis which requires that all claims or incidents which may arise be reported during the policy period.
- This application does not bind the applicant or the company to complete the insurance, but it is agreed that this form shall be the basis of the contract should the policy be issued and it will be attached to and made a part of the policy. The applicant agrees that if the information supplied on the application changes between the date of the application and the time when the policy is issued, that applicant will immediately notify the company of such information. Any misrepresentation, omission, concealment or incorrect statement of material fact, in the application or otherwise, shall be grounds for cancellation of any policy issued in reliance upon such information.

### E. STEPS REQUIRED TO SECURE COVERAGE

- Please complete and sign the application and return to Marsh Canada Limited - Toronto via fax or email.
- Upon receipt of signed and completed application, a Marsh representative will contact you in writing to advise if the application has been accepted or if there are any questions.
- A Marsh representative will also confirm the premium owing. Please note that the common renewal date is July 1<sup>st</sup> therefore the premium will be prorated and are fully retained.
- Payment in the form of either a cheque payable to Marsh Canada Limited or credit card (Visa or Mastercard) must be received at Marsh within 2 business weeks from the submission of the application.
- Upon receipt of payment, a certificate will be mailed to you.

Attention: Tony M. Dandan  
Marsh Canada Limited  
70 University Avenue, Suite 800, Toronto, ON M5J 2M4  
Toll Free Phone: 1-888-711-9010  
Email: tony.dandan@marsh.com  
Fax: 416.349.4510  
Toll Free Fax: 1.800.214.2471

**PLEASE SIGN - DO NOT COMPLETE - FOR INFORMATION PURPOSES ONLY**

**DECLARATION**

**A. PRIVACY COMPLIANCE**

The Client hereby acknowledges that Marsh has been retained by the Client, the Association, and/or a member of the Association, which is a Client, to provide insurance coverage and products to its members and/or to acquire or renew a policy or policies of insurance or to provide Surety, Consulting, and/or Risk Management Services for the Client, Association and/or members of the Association, under which the Client, individual Client, named individual members of the Client, named individuals in addition to the Client, or where the Client is a commercial or other entity, its employees, servants and representatives (hereafter collectively called "insured individuals") may be insured.

As part of the application for new or renewal insurance coverage(s) or to provide Surety, Consulting and/or Risk Management Services, the Client hereby authorizes and expressly consents to Marsh collecting, using or disclosing Personal Information of such insured individuals as required and as permitted pursuant to relevant privacy laws or other laws and providing such Personal Information to third parties as required, including insurance companies, intermediaries, reinsurers, other brokers, claims adjusters, the association if applicable, and other third parties involved in providing the above services as outlined in Marsh's Privacy Policy which can be viewed at [www.Marsh.ca](http://www.Marsh.ca) or can be forwarded to the Client on request.

Where there are insured individuals in addition to the Client, or where the Client is a commercial or other entity, the Client hereby covenants and warrants that the Client has obtained the appropriate consent from all of the insured individuals for its disclosure of their Personal Information to Marsh and to the collection, use and disclosure of their Personal Information by Marsh for these purposes and has either provided a copy of Marsh's Privacy Policy or referred the insured individuals to the Marsh.ca website. The Client agrees to indemnify and hold Marsh harmless for any claims arising from the Client's breach of this warranty.

**B. PROGRAM DISCLOSURE**

Your (Professional Liability and/or Commercial General Liability) coverages will be placed with a program administered by Marsh Canada Limited. Marsh Canada has engaged in a competitive marketing process to offer a competitive product. We have negotiated this ADR Program on a group basis with insurers but we have not acted as a broker for any individual participant.

**C. COMMISSION DISCLOSURE**

**Marsh Commissions:**

Coverage Type	Insurer Name	Premium (\$)	Commission Percentage (%)	Income (\$)	Admin Fee (\$)	Enhanced Commission (%)
Professional Liability	Certain Underwriters at Lloyds of London	\$122	30%	\$37	\$25	N/A
Professional Liability		\$113	30%	\$34	\$25	N/A
Professional Liability		\$167	30%	\$50	\$25	N/A
Professional Liability		\$158	30%	\$47	\$25	N/A
Professional Liability		\$216	30%	\$65	\$25	N/A
Professional Liability		\$203	30%	\$61	\$25	N/A
General Liability		\$162	30%	\$49	N/A	N/A
General Liability		\$203	30%	\$61	N/A	N/A
General Liability		\$243	30%	\$73	N/A	N/A
General Liability		\$243	30%	\$73	N/A	N/A
General Liability		\$292	30%	\$88	N/A	N/A

**Wholesale Broker/Managing General Agent (MGA) Commissions:**

Coverage Type	Wholesale Broker / MGA Name	Commission Percentage (%)
Professional Liability	Marsh UK Retail	7.5%
General Liability	Marsh UK Retail	7.5%

For disclosures with respect to the items below, please refer to [www.marsh.ca](http://www.marsh.ca) > About Marsh > Disclosure:

- MMC and Subsidiaries Direct & Indirect Investments in Insurance and Reinsurance Companies
- Contractual Agreements with Insurers and Wholesale Brokers

**SIGNATURE**

Name

Signature

Date