

CHILDBIRTH AND POSTPARTUM PROFESSIONAL ASSOCIATION OF CANADA (CAPPA)

LIABILITY PROGRAM



SECTION 1: APPLICATION INFORMATION

Please Note: All applicants must be members of CAPPA Canada in order to be eligible for the CAPPA Canada Professional Liability insurance program.

1. **Name of Insured:** _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

2. **Are you in good standing with the CAPPA Canada?** YES NO

Membership Number (If Applicable): _____

3. **Are you a student member of the CAPPA Canada?** YES NO

Membership Number (If Applicable): _____

4. **Is your business:** Sole Proprietorship Partnership Incorporated Company

5. **Do you employees?** (If "Yes" please complete Appendix 'A' found on page 4 of this application) YES NO

SECTION 2: UNDERWRITING INFORMATION

1. Please list any professional designations or training certification/accreditation certificates you have completed that relate to the services you are applying for.

| Name of Organization | Certifications Obtained | Length of Program | Date of Completion |
|----------------------|-------------------------|-------------------|--------------------|
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2. **A. Professional service in which you are presently actively participating:**

Lactation Expertise (Check all that apply):

Childbirth Educators

Lactation Educators

Labour Doulas

Other (Please Specify): _____

Anterpartum Doulas

Teen Support

Adoption Support

3. Are you involved in Post Partum Doula Services? YES NO

4. Number of years you have been involved in this/these profession(s): _____

5. Name of the organization you are involved with for the Professional services: _____

6. Are you responsible for teaching or training in this profession? YES NO

7. Do you sub-contract any work? YES NO

If "YES", please provide details: _____

8. In the past, has the Applicant or any of his/her employees, ever been the recipient of any allegations of professional negligence in writing or verbally? YES NO

If "YES", please provide details: _____

9. Is the Applicant or any of his/her employees aware of any facts, circumstances which may reasonably give rise to a claim, other than advised above? YES NO

If "YES", please provide details: _____

WITHOUT LIMITATION OF ANY SUCH REMEDY AVAILABLE TO THE INSURER, IT IS AGREED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMATING THEREFROM IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

SECTION 3: INSURANCE & LOSS HISTORY INFORMATION

1. Do you currently carry any Commercial General Liability or Professional Liability insurance? YES NO

If "YES", please provide the following details:

Current Carrier: _____

Premium: _____

Type of Policy: _____

Policy #: _____

Limit: _____

Retroactive Date: _____

Expiry Date: _____

2. Has any insurer ever declined, cancelled or imposed special conditions for any coverage, for you or your entity in the past? YES NO

If "YES", please provide details: _____

3. Coverage Provided (Please Complete the Following):

Coverage A (Mandatory): Professional Liability: \$1,000,000 Limit of Liability

Check here is higher limit required. (If selected, please indicate limit required): \$ _____

Please Note: Commercial General Liability may only be elected if "Coverage A" is purchased.

Coverage B (Optional): Commercial General Liability: \$1,000,000 Limit of Liability

YES NO

Check here is higher limit required. (If selected, please indicate limit required): \$ _____

IMPORTANT NOTICE

- (1) Coverage cannot be bound unless this application form has been fully completed. The undersigned has the power to complete and execute this Application Form, on behalf of all persons proposed for this insurance and declares that, after inquiry, the statements set forth herein, together with all materials and information submitted or requested by the Insurer, is true.
- (2) Although the signing of this Application Form does not bind the undersigned nor the Insurer to effect insurance, it is agreed that this Application Form and its attachments shall be the basis of the contract should a policy be issued and shall be deemed to be attached to and form part of the policy. The Insurer is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary. If the information in this Application Form materially changes prior to the Effective Date of this policy, the Insured will immediately notify the Insurer in writing and the Insurer may effect changes in, or withdraw, the quotation.

DISCLOSURE AND CONSENT

As part of my application for insurance I consent to the collection and use of personal information required for purposes of considering my application for errors and omissions insurance by the authorized insurance broker, LMS PROLINK Ltd and PROLINK Insurance Group Inc. The insurer and the broker are authorized to collect, use, and disclose personal information and provide such personal information to third parties, as required for the purpose of underwriting this application for insurance, as permitted by the relevant provincial and federal privacy laws or other applicable laws. The privacy policy can be viewed at the website **www.LMS.ca**.

I understand that at any time I may ask to review the personal information pertaining to my application for insurance and the broker will be obligated to provide me with any information I am entitled to receive under the relevant provincial and federal privacy laws or other applicable laws.

I HEREBY DECLARE that the above statements and particulars are true to the best of my knowledge, that I have not suppressed or misstated any facts and I agree that this application shall form part of the insurance policy. I also acknowledge that I am obligated to report any changes that could affect the disclosures in this application that occur after the date of signature, but prior to the effective date of coverage.

Applicant's Signature: _____ **Name (please print):** _____ **Date:** _____

