



# Application

Professional Liability Insurance – Health Professions  
Exclusive to Members of the Ontario Public Service Employees Union (OPSEU)



Applicant's Name: \_\_\_\_\_

Occupation / College: \_\_\_\_\_

OPSEU Local # \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (daytime): \_\_\_\_\_ Phone 2 (other): \_\_\_\_\_

**This program has a common policy term beginning January 1<sup>st</sup> and expiring January 1<sup>st</sup> of the following year**

\*Please choose your effective date: \_\_\_\_\_ to January 1, \_\_\_\_\_

**I am a member of good standing in the Ontario Public Service Employees Union** YES NO

\*In order to be eligible for coverage under this program, you must be able to answer `YES` to the above statement

### LOSS EXPERIENCE

\*In order to be eligible for coverage under this program, you must be able to answer `NO` to each of the statements below:  
(If `YES` for either question, please send full details to [opseu.info@cgbgroup.com](mailto:opseu.info@cgbgroup.com) for consideration and quotation)

**Have you been the recipient of any allegations of professional negligence in writing or verbally?** YES NO

**Are you aware of any facts, circumstances or situations which may reasonably give rise to a claim?** YES NO  
(other than as advised above)

WITHOUT LIMITATION OF ANY OTHER 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 EMANATING THEREFROM IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE

### LIMITS AND PREMIUMS

**\*Please choose one of the following limits** (Colleges may require specific limits and coverage to be in place – please confirm with your College)

<b>\$ 1,000,000 Limit per Claim / \$ 5,000,000 Aggregate</b>	\$30 premium + 8% tax = <b>\$ 32.40</b> total
<b>\$ 2,000,000 Limit per Claim / \$ 5,000,000 Aggregate</b>	\$40 premium + 8% tax = <b>\$ 43.20</b> total
<b>\$ 3,000,000 Limit per Claim / \$ 5,000,000 Aggregate</b>	\$50 premium + 8% tax = <b>\$ 54.00</b> total
<b>\$ 4,000,000 Limit per Claim / \$ 5,000,000 Aggregate</b>	\$60 premium + 8% tax = <b>\$ 64.80</b> total
<b>\$ 5,000,000 Limit per Claim / \$ 5,000,000 Aggregate</b>	\$70 premium + 8% tax = <b>\$ 75.60</b> total

### APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to the Insurer, for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize the Insurer or its service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

### DECLARATIONS AND SIGNATURE

The undersigned Applicant for this insurance declares that, to the best of his/her knowledge and belief, the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The undersigned further agrees that if any significant change in the condition of the Applicant is discovered between the date of this Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to the Insurance Manager.

Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will become part of the policy.

\_\_\_\_\_  
Name of Applicant (Please Print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Please forward this completed application along with a cheque or money order for the premium plus tax payable to The CG&B Group**

The CG&B Group  
Attn: Professional Liability – OPSEU Program  
120 South Town Centre Blvd.  
Markham, Ontario L6G 1C3

# Coverage Highlights

## Professional Liability Insurance – Health Professions Exclusive to Members of the Ontario Public Service Employees Union (OPSEU)

**Insured Services:** Health services provided by those Union members who fall under the Regulated Health Professions Act.  
\*Midwives and doula services excluded.

**Policy Form:** Professional Liability – Claims Made and Reported

**Limit Per Member:** \$1,000,000 per claim / \$5,000,000 aggregate (and as per optional limits)

**Retroactive Date:** None (full prior acts coverage)

**Deductible:** Nil

**Libel and Slander:** Covered

**Penal Defense Costs Reimbursement Coverage** ('Criminal Reimbursement'): \$100,000 limit per member

**Disciplinary Action - Legal Expense Coverage:** \$75,000 limit per member

**Coroner's Inquest Coverage:** Full policy limits apply

**Loss of Earnings:** up to \$750/day per member subject to max of \$5,000 per member per policy period

**Amended Absolute Abuse and Sexual Misconduct Exclusion - Reimbursement:** (sublimit of \$50,000 per member)

**Retirement/Death/Disability/Cessation of Business:** Extension of coverage ('Run-off' coverage) - 12 months included in premium

**Patient Therapy and Counseling** ('Sexual Abuse Counseling Expense'): \$50,000 per member / \$250,000 maximum per policy period per member

**Subpoenaed to appear Expenses:** \$10,000

**Cyber Security and Privacy Liability Extension:** \$100,000

**Students:** Included while on practicum under supervision

**Territory:** Canada and USA (\$1,000,000 sublimit applies to USA)

### Limits and Premiums

\*Colleges may require specific limits and coverage to be in place – please confirm with your College

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