

# HOLMAN

INSURANCE BROKERS LTD.

3100 Steeles Ave. East Suite #101, Markham Ontario Canada L3R 8T3  
Telephone: 905-886-5630 Toll Free: 1-800-567-1279 Fax: 905-886-5622



## Canadian Federation of Podiatric Medicine

### Endorsed Program

An insurance product specifically designed to meet the needs of CFPM members throughout Canada.

#### COVERAGES

##### Professional Malpractice Liability Insurance

\$1,000,000 Per claim/\$2,000,000 Aggregate

\$2,000,000 Per claim/\$2,000,000 Aggregate Defence Costs, Settlement and Claim Expenses (part of the policy limit)

- Territory – suits brought in Canada and it's Territories
- Higher Limits available upon request

#### ELIGIBLE RISKS

Canadian Podiatrists/Chiropractors in good standing with their Provincial Regulatory Authority or members of Canadian Federation of Podiatric Medicine.

#### PROGRAM HIGHLIGHTS

- **\*NEW\* REDUCED RATES**
- Rates for Surgical and Non-Surgical
- Coroners Inquest Expense Coverage - \$50,000 Sub-limit
- Disciplinary Legal Expense Coverage - \$50,000 Sub-limit
- Reimbursement for Penal Defence Costs - \$150,000
- Retroactive Date: Date of initial purchase of continuous claims made coverage (otherwise inception of policy)
- Extended Reporting Period: Automatic 30 days in the event of non-renewal or cancellation (for other than nonpayment of premium) at no charge.
- No additional charge for entity coverage for sole proprietors operating Personal Service Corporations.
- No charge for staff and students under your supervision
- CGL and Property coverage available
- 2 year policies. Rates are fixed for two years, the premium is payable in annual instalments and an applications only required by-yearly.
- Cyber Security and Privacy Liability Extension

#### SERVICE LEVEL AND CONTACT NAMES:

We recognize that CFPM members want to buy their insurance quickly and simply. That is why our insurance policy is backed up by exceptional service levels featuring:

- A fast-track service for urgent submissions
- Confirmation of Insurance within 48 hours of binding
- Claims handled by reputable and experienced claims managers

#### CONTACT

Mark Holman

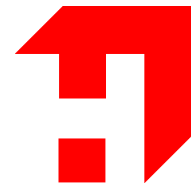
email: [mark.holman@holmanins.com](mailto:mark.holman@holmanins.com)

Paul Holman

email: [paul.holman@holmanins.com](mailto:paul.holman@holmanins.com)

Elizabeth Holman

email: [elizabeth.holman@holmanins.com](mailto:elizabeth.holman@holmanins.com)



Website: [www.podiatricinsurance.ca](http://www.podiatricinsurance.ca)



## CHIROPODISTS/PODIATRISTS PROGRAM PROFESSIONAL LIABILITY INSURANCE APPLICATION

THIS APPLICATION IS FOR A CLAIMS MADE POLICY.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. DO NOT LEAVE ANY SPACE BLANK. INDICATE "N/A" IF A QUESTION IS NOT APPLICABLE. IF THE SPACE PROVIDED IS INSUFFICIENT, PLEASE ATTACH DETAILS ON A SEPARATE SHEET.

New Business

Renewal

### **SECTION I — THE APPLICANT — *To be completed by all applicants.***

A) Name of Practitioner(s):  Chiroprapist  Podiatrist

\_\_\_\_\_

B) Mailing Address: \_\_\_\_\_

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Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

email Address: \_\_\_\_\_ Website URL: \_\_\_\_\_

C) Location Address: \_\_\_\_\_

\_\_\_\_\_

D) CFPM Membership No.: \_\_\_\_\_

E) Do you have ownership in an Incorporated entity other than a personal Corporation?  YES  NO

If yes, please provide name of Incorporated entity to be covered: \_\_\_\_\_

### **SECTION II – DETAILS OF PRACTICE – *To be completed by all applicants.***

A) Does the Practitioner require insurance coverage for surgical procedures?  YES  NO

If YES, please list all surgical procedures you perform:

\_\_\_\_\_

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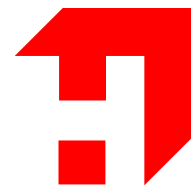
B) Please describe non-surgical services provided and/or areas of specialization.

\_\_\_\_\_

\_\_\_\_\_

C) Do you have any foreign patients? If yes, please provide full details:

\_\_\_\_\_



- D) Do you offer any additional services that are not usual and customary to a Chiropractor/Podiatrist? If yes, please provide details of these services.
- E) Please provide the number of records maintained that contains Personal Identifiable Information. (a record is the number of patient files).

NOTE: the standard Cyber Security and Privacy Liability Extension is limited to a maximum of 5,000 records,

If you maintain more than 5,000 records, please advise if you would like an alternative quotation for this coverage.

YES  NO

If yes, how many records do you maintain. \_\_\_\_\_

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### **SECTION III – PRIOR INSURANCE COVERAGE**

- A) New Graduate – First time applying for insurance  YES  NO
- B) During the last five (5) years, has the Practitioner carried Professional Liability insurance?  YES  NO  
If YES, please complete the following for all previous policies:

INSURER	TERM (MM/DD/YY)	LIMIT	DEDUCTIBLE	PREMIUM

**Please provide a copy of your Prior Policy. Note: If you are renewing your policy with Holman Insurance Brokers Ltd, you do NOT need to provide a copy of the Prior Policy**

- C) When was the first date on which the Practitioner purchased continuous claims made coverage?  
\_\_\_\_\_
- D) Has continuous claims made insurance coverage been in effect since this date?  YES  NO  
**If NO, please contact Holman Insurance Brokers Ltd.**

### **SECTION IV - INCIDENTS /CLAIMS To be completed by all applicants.**

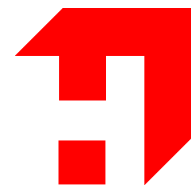
- A) Has the Practitioner ever been declined, non-renewed or cancelled by any insurer for Professional Liability insurance?  YES  NO  
If YES, please attach details.
- B) Has the Practitioner ever been refused membership or had his/her membership rescinded in any professional association?  YES  NO  
If YES, please attach details.
- C) Has any claim been made against the Practitioner in respect of professional services performed?  YES  NO  
If yes, please attach details. **NOTE: Any prior claims must be referred to the Insurer prior to coverage being placed in effect.**
- D) Is the Practitioner aware of any situation or circumstance, which may reasonably result in a claim?  YES  NO  
If Yes, please attach details.

Privacy: Have you read Holman Insurance Brokers Ltd. Privacy Policy, which is available at [www.holmanins.com](http://www.holmanins.com)? Do you consent to the collection, use disclosure and retention of your Personal Information as set out in the Privacy Policy and do you understand that you may (subject to certain restrictions and consequences) later withdraw your consent as to any or all of the purposes identified in that Policy? By signing this form you are consenting to the Privacy statements above.

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By purchasing insurance from Creechurch International Underwriters Ltd. (Creechurch) through Lloyd's of London (Lloyd's), a customer provides Creechurch with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with Lloyd's underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law.

Further information about Creechurch's personal information protection policy may be obtained by contacting their privacy officer at 416-601-2155

## WARRANTY STATEMENT

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. The undersigned also warrants that they have not suppressed or misstated any material facts.

If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants he or she will immediately report such changes to the Insurer.

Signing of this Application does not bind the undersigned to purchase this insurance, nor does it bind the Insurer to complete this insurance. However, should the Insurer bind and issue a policy, this Application shall serve as the basis of such contract and will be attached to and form part of the policy.

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_

NAME (Please Print): \_\_\_\_\_ TITLE/POSITION: \_\_\_\_\_

Holman Insurance Brokers Ltd. looks forward to working with you.

Please Contact: Mark Holman 905-886-5630 Ext 1224 or 1-800-567-1279 E-Mail [mark.holman@holmanins.com](mailto:mark.holman@holmanins.com)  
Elizabeth Holman 905-886-5630 Ext 1236 or 1-800-567-1279 E-Mail [Elizabeth.holman@holmanins.com](mailto:Elizabeth.holman@holmanins.com)

Website: [www.podiatricinsurance.ca](http://www.podiatricinsurance.ca)

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## PREMIUM CALCULATOR

ERRORS & OMISSIONS					
Limits		Deductible	Annual Premium (no surgery)	Annual Premium (with surgery)	SELECTED PREMIUM
<input type="checkbox"/>	\$1,000,000 per Claim \$2,000,000 Aggregate	\$500	<input type="checkbox"/> \$475 per year	<input type="checkbox"/> \$590 per year	\$
<input type="checkbox"/>	\$2,000,000 per Claim \$2,000,000 Aggregate	\$500	<input type="checkbox"/> \$750 per year	<input type="checkbox"/> \$950 per year	
<input type="checkbox"/>	\$2,000,000 per Claim \$4,000,000 Aggregate	\$500	<input type="checkbox"/> \$1,000 per year	<input type="checkbox"/> \$1,250 per year	
<b>Entity Coverage required (if you answered YES to question 1.e)</b>				<b>Additional Premium</b>	
<input type="checkbox"/>	\$1,000,000 Limit			\$50	\$
<input type="checkbox"/>	\$2,000,000 Limit			\$75	

\*\*\*\*\* **Surgery means cutting below the subcutaneous tissue.** \*\*\*\*\*

COMMERCIAL GENERAL LIABILITY				
Limits		Deductible	Annual Premium	
<input type="checkbox"/>	\$1,000,000 Limit	\$1,000 Property Damage	\$350 per year	\$
<input type="checkbox"/>	\$2,000,000 Limit	\$1,000 Property Damage	\$550 per year	
<input type="checkbox"/>	\$3,000,000 Limit	\$1,000 Property Damage	\$800 per year	
<input type="checkbox"/>	\$4,000,000 Limit	\$1,000 Property Damage	\$1,050 per year	
<input type="checkbox"/>	\$5,000,000 Limit	\$1,000 Property Damage	\$1,300 per year	

COMMERCIAL PROPERTY					
Limits		Deductible	Annual Premium		
<input type="checkbox"/>	\$50,000 - contents excluding Portable computers (coverage can be provided at an additional cost.)	\$1,000 per claim, except Sewer Backup - \$2,500 each claim	\$350 per year	\$	
<input type="checkbox"/>	\$75,000 - contents excluding Portable computers (coverage can be provided at an additional cost.)	\$1,000 per claim, except Sewer Backup - \$2,500 each claim	\$400 per year		
<input type="checkbox"/>	\$100,000 - contents excluding Portable computers (coverage can be provided at an additional cost.)	\$1,000 per claim, except Sewer Backup - \$2,500 each claim	\$450 per year		
<b>SELECT THE REQUIRED COVERAGES AND CALCULATE</b>			<b>TOTAL</b>	\$	
Ontario RST 8%		Manitoba 8%	Quebec 9%	<b>Add Applicable Tax</b>	\$
				<b>GRAND TOTAL</b>	\$

**\*\*HIGHER LIMITS AVAILABLE UPON REQUEST\*\***

**NOTE:** The programme has two common expiry dates, July 1<sup>st</sup> and December 31<sup>st</sup>. If your new policy is to commence on a date other than either of these dates, the premiums shown above will be pro rated on a quarterly basis. Please contact our office for confirmation for the correct premium amount.

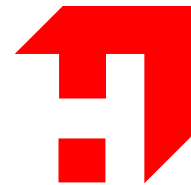
Please remit forms (page 1- 4) along with payment payable to: **Holman Insurance Brokers Ltd.**  
 3100 Steeles Ave. East, Suite #101  
 Markham ON L3R 8T3

Website: [www.podiatricinsurance.ca](http://www.podiatricinsurance.ca)

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## Policy Information for Insurance Program for CANADIAN FEDERATION OF PODIATRIC MEDICINE

Policy Wording:	<u>Lloyd's Property Wording</u>
Standard Endorsement(s) now incorporated into the wording:	<ul style="list-style-type: none"><li>• Data / Media Clarification Endorsement</li><li>• Absolute Date Recognition Endorsement</li></ul>
Conditions:	<ul style="list-style-type: none"><li>• Signed application must be received with payment prior to binding</li></ul>
Extensions:	<ul style="list-style-type: none"><li>• EDP Breakdown Coverage \$5,000 Limit</li><li>• Newly Acquired Contents \$25,000 for 90 days</li><li>• Insured Property in Transit or Temporarily off the Premises \$5,000 Limit</li><li>• Parcel Post \$5,000 Limit</li><li>• Valuable Papers \$25,000 Limit</li><li>• Accounts Receivable \$25,000 Limit</li><li>• Extra Expense and Expediting Expense, Including loss due to Civil Action For 30 Days \$10,000 Limit</li><li>• Damage to Building by Theft \$5,000 Limit</li><li>• Debris Removal 25% Maximum \$25,000 Limit</li><li>• Pollution Clean-up and Removal \$10,000 Limit</li><li>• Tenants' Leasehold Interest-Rents \$10,000 Limit</li><li>• Glass Included for Building Owners, \$1,000 limit for any one plate for tenants, subject to a \$5,000 limit per occurrence</li></ul>

### CONTACT NAMES:

Mark Holman email: [mark.holman@holmanins.com](mailto:mark.holman@holmanins.com)  
Paul Holman email: [paul.holman@holmanins.com](mailto:paul.holman@holmanins.com)  
Elizabeth Holman email: [elizabeth.holman@holmanins.com](mailto:elizabeth.holman@holmanins.com)

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## Policy Information for Insurance Program for CANADIAN FEDERATION OF PODIATRIC MEDICINE

<b>Policy Wording:</b>	<b><u>Chiropracist/Podiatrist CGL Wording 100703</u></b>
<b>Standard Endorsement(s) now incorporated into the wording:</b>	<ul style="list-style-type: none"><li>• Terrorism/War Exclusion</li><li>• Abuse Exclusion</li><li>• Mould Exclusion</li><li>• Products and Completed Operations Exclusion</li></ul>
<b>Conditions:</b>	<ul style="list-style-type: none"><li>• Payment must be received at time of binding.</li><li>• CGL coverage can only be purchased in conjunction with the Errors &amp; Omissions coverage.</li></ul>
<b>Referral Criteria:</b>	<ul style="list-style-type: none"><li>• Limits other than \$2,000,000</li><li>• Any U.S. exposure</li><li>• Any risk with claims</li><li>• Any risk with services other than those defined in the Master policy</li></ul>

### CONTACT NAMES:

Mark Holman                      email: [mark.holman@holmanins.com](mailto:mark.holman@holmanins.com)  
Paul Holman                      email: [paul.holman@holmanins.com](mailto:paul.holman@holmanins.com)  
Elizabeth Holman                email: [elizabeth.holman@holmanins.com](mailto:elizabeth.holman@holmanins.com)

Website: [www.podiatricinsurance.ca](http://www.podiatricinsurance.ca)





## Policy Information for Insurance Program for CANADIAN FEDERATION OF PODIATRIC MEDICINE

<b>Policy Wording:</b>	<b><u>Chiropodist/Podiatrist Professional Liability Insurance Program</u></b>
<b>Standard Endorsement(s) now incorporated into the wording:</b>	<ul style="list-style-type: none"><li>• Mould Exclusion</li><li>• Terrorism/War Exclusion</li><li>• Disciplinary Hearings Legal Expense Endorsement</li><li>• Coroners Inquest Legal Expense Endorsement</li><li>• Abuse Exclusion</li><li>• Crystalline Silica – Silicosis Exclusion</li><li>• Data / Media Clarification Endorsement</li><li>• Absolute Date Recognition Endorsement</li><li>• Cyber Security and Privacy Liability Extension (Limit of 5,000 Records)</li></ul>
<b>Conditions:</b>	<ul style="list-style-type: none"><li>• Must be a member in good standing of College of Chiropodists of Ontario or CFPM</li><li>• Signed application must be received with payment prior to binding</li><li>• No claims or circumstances that may give rise to a claim</li></ul>
<b>Referral Criteria:</b>	<ul style="list-style-type: none"><li>• Limits other than noted above</li><li>• Any U.S. exposure</li><li>• Any risk with claims</li><li>• Any risk with services other than those defined by College of Chiropodists of Ontario or CFPM</li></ul>

### CONTACT NAMES:

Mark Holman                    email: [mark.holman@holmanins.com](mailto:mark.holman@holmanins.com)  
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