



SOCIAL WORKERS PROFESSIONAL LIABILITY AND COMMERCIAL GENERAL LIABILITY INSURANCE POLICY APPLICATION

Please forward application to: HDF Insurance 10109 – 106 Street, Main Floor Edmonton, Alberta T5J 3L7 Telephone: 780-488-0921 Fax No.: 780-488-1633 acsw@hdfinsurance.com

YOU MUST BE A MEMBER IN GOOD STANDING WITH THE ALBERTA COLLEGE OF SOCIAL WORKERS.

General Information

- 1. (a) Full Name of Applicant: (b) Address: (c) Email Address: (d) Telephone: (e) Fax: (f) Registration No.:

Business Activities

- 2. (a) For how many years have you been registered as a social worker in Alberta? (b) Are you involved in any business or profession other than social work? Yes No If Yes, explain:

Past Activities

- 3. Have you ever been declined, non-renewed or cancelled by an insurer for Professional Liability Insurance? Yes No If Yes, explain: 4. Have you ever been investigated by, or suspended from practice by, any governing body of your profession? Yes No If Yes, explain: 5. Have you ever had a claim made against you arising out of the performance of social work services? Yes No If Yes, please provide the following details on a separate sheet: (a) Date of Claim (b) Claimant's Name (c) Nature of Claim (d) Current Status of Claim

THE APPLICANT DOES HEREBY PROVIDE THE FOLLOWING WARRANTY TO THE INSURER

- 6. Does the Applicant, any of the Applicant's employees or any other person proposed for this insurance have knowledge or information of any fact, circumstance or situation which could reasonably give rise to a claim which would fall within the scope of the proposed insurance? Yes No If Yes, provide details:

It is understood and agreed that if knowledge of any such facts, circumstances or situations exists, whether or not disclosed, any claim or action subsequently arising or developing therefrom shall be excluded from coverage under any policy issued by Trisura Guarantee Insurance Company.

PRIVACY DISCLOSURE AND CONSENT

The undersigned authorized representative acknowledges that any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this Application, has been collected in accordance with all applicable privacy legislation.

FALSE INFORMATION

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals information concerning any fact material thereto for the purpose of misleading any insurance company or other person, commits a fraudulent insurance act which is a crime.

DECLARATIONS AND SIGNATURE

The undersigned authorized representative of the Applicant:

- (i) declares, after inquiry, that the statements and representations set forth in this Application, and all materials submitted to or requested by the Insurer in conjunction with this Application, are true;
- (ii) acknowledges that these statements, representations, and materials are relied on by the Insurer and that they shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be effected; and
- (iii) agrees that if the information supplied in connection with this Application changes between the date of this Application and the effective date of any insurance effected pursuant to this Application, the undersigned will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding indications, quotations and/or authorization or agreement to effect the insurance.

Signing of this Application does not obligate the Applicant or the Insurer to effect the insurance, but it is agreed that all materials submitted to or requested by the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. It is further agreed that this Application and all materials submitted to or requested by the Insurer in conjunction with this Application are the basis of and are deemed attached to and incorporated into any policy effected pursuant to this Application.

PLEASE NOTE: COVERAGE CANNOT BE EFFECTED UNTIL THIS APPLICATION HAS BEEN FULLY COMPLETED, DULY SIGNED AND DATED, AND THE PREMIUM HAS BEEN PAID IN FULL.

Applicant	Date
Signature	Title

SELECT <u>ONE</u> OF THE FOLLOWING INSURANCE PROGRAM PLANS		
PLAN 1	PLAN 2	PLAN 3
Professional Liability (claims-made and reported) \$2,000,000 per claim \$5,000,000 aggregate	Professional Liability (claims-made and reported) \$2,000,000 per claim \$5,000,000 aggregate	Professional Liability (claims-made and reported) \$2,000,000 per claim \$5,000,000 aggregate
Commercial General Liability (occurrence form): \$2,000,000 per claim \$4,000,000 aggregate	Commercial General Liability (occurrence form): \$2,000,000 per claim \$4,000,000 aggregate	Commercial General Liability Not Covered
Limited Abuse Liability Extension \$1,000,000 aggregate	Limited Abuse Liability Extension \$1,000,000 aggregate	Limited Abuse Liability Extension \$1,000,000 aggregate
Disciplinary Defence Costs Extension \$150,000 per claim \$150,000 aggregate	Disciplinary Defence Costs Extension \$150,000 per claim \$150,000 aggregate	Disciplinary Defence Costs Extension Not Covered
Office Contents Not covered	Office Contents \$25,000 Contents \$500 Deductible	Office Contents Not covered
Annual Premium (includes \$5 Administration Fee) \$125	Annual Premium (includes \$5 Administration Fee) \$240	Annual Premium (includes \$5 Administration Fee) \$95
SELECT PLAN 1 <input type="checkbox"/>	SELECT PLAN 2 <input type="checkbox"/>	SELECT PLAN 3 <input type="checkbox"/>
Total Amount Due: \$125	Total Amount Due: \$240	Total Amount Due: \$95

OPTIONAL COVERAGES

PLEASE CONTACT HDF INSURANCE FOR DETAILS AND PREMIUMS FOR ANY OF THE FOLLOWING:

Increased Limits of Liability	You may elect to increase both your Professional Liability and General Liability Limits to \$5,000,000 per claim.
Retirement	If you formally retire, you may elect to purchase 7 Years of "Extended Reporting Period" coverage.
Social Work Students	If you supervise students from a post-secondary program that is recognized by the Alberta College of Social Workers, you may elect to include them under your Insurance Plan for services they provide on your behalf while acting under your supervision.
Incorporation	If you are incorporated, you may wish to include your legal entity's name under your Insurance Plan.