

PROFESSIONAL LIABILITY INSURANCE APPLICATION
FOR MEMBERS OF THE CANADIAN SPORT PSYCHOLOGY ASSOCIATION



Application

1. Name of Applicant: _____
Are you a CSPA member "in good standing" Yes () No ()
Student Member: Yes () No ()
2. Address of Applicant: _____

Home Telephone: () _____ Home Fax: () _____
Bus. Telephone: () _____ Bus. Fax: () _____ E-mail: _____
3. Does the applicant perform any services outside of Canada? Yes _____ No _____
If Yes, Please advise where and provide details. _____

4. Have you ever been subject to disciplinary actions or suspended by any regulatory agency or association?
Yes _____ No _____
5. Has any Insurer ever cancelled, declined or refused to renew similar insurance during the last five years?
Yes _____ No _____ If Yes, give provide details: _____

6. a. Have any professional liability claims been made during the last five years against the applicant?
Yes _____ No _____
b. Does the applicant have knowledge or information of any circumstance or any allegations or contentions of any incident which may result in a claim being made against the applicant? Yes _____ No _____
(If Yes to a. or b. above, please provide details) _____

7. Have you carried Professional Liability insurance (covering complementary health-related modalities) prior to applying for this policy? Yes () No () If Yes, please complete the following:
 - (a) Insurance Company: _____
 - (b) Policy No.: _____
 - (c) Limit of Liability: _____
 - (d) Retroactive date: _____ (if Previous Policy was a Claims Made wording)

