



B.C. Association of Clinical Counsellors

MAIL APPLICATION TO: THE MITCHELL & ABBOTT GROUP, 393 RYMAL ROAD WEST, SUITE 305, HAMILTON, ON L8V 5C4



Business Insurance Program: April 1, 2009 - 2010 Application

GENERAL INFORMATION

Name of Applicant		Telephone Number ()	Fax Number ()
Business Name (Private Practice)		E-Mail	
Business Address			
City	Province	Postal Code	
Mailing Address (If different from Business Address)			

<ul style="list-style-type: none"> Are you a BCACC member "in good standing"? <input type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none"> Membership Number
<ul style="list-style-type: none"> Class of Membership <input type="checkbox"/> Registered Member <input type="checkbox"/> Inactive <input type="checkbox"/> Retired <input type="checkbox"/> Student 	<ul style="list-style-type: none"> Date of Inactivity/Retirement (mm/dd/yyyy)
<ul style="list-style-type: none"> Is the applicant aware of any facts, circumstances or situations which may reasonably give rise to a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have we been advised? <input type="checkbox"/> Yes <input type="checkbox"/> No 	
<ul style="list-style-type: none"> Does your work as a counsellor involve equine/canine therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your work as a counsellor involve "adventure" counselling activities? <input type="checkbox"/> Yes <input type="checkbox"/> No 	

TO ENROLL

- Select the appropriate Plan(s) and any Optional Extensions for your coverage needs. Total all premiums from the coverages selected. Return completed, signed, application form **with payment** to The Mitchell & Abbott Group. Coverage will be effected upon approval of application and receipt of a payment in the amount of the total premium.
- Desired Effective Date of Coverage (mm/dd/yyyy) - Coverage may be delayed until after your application has been approved by The Mitchell & Abbott Group.

CALCULATION OF PREMIUM

PLAN I - PROFESSIONAL LIABILITY (ALL PREMIUMS INCLUDE A \$10 ADMINISTRATION FEE)					PREMIUM
<ul style="list-style-type: none"> Select premium from the appropriate table below for the limit required: Note: Equine & Canine Therapy premiums are in addition to the basic premium charge. 					
LIMIT OF INSURANCE PER CLAIM	AGGREGATE LIMIT PER POLICY PERIOD	PREMIUM PAYMENT	PREMIUM PAYMENT From October 1, 2009 to March 31, 2010	EQUINE & CANINE THERAPY	
\$ 2,000,000	\$ 2,000,000	\$ 185.00	\$100.00	\$ 50.00	
\$ 5,000,000	\$ 5,000,000	\$ 260.00	\$135.00	\$ 100.00	
<ul style="list-style-type: none"> INACTIVE MEMBERS: Discount the above premium by: 60% if in the 1st year of Inactivity; 70% in the 2nd year; and 80% the 3rd year thereafter. RETIRED MEMBERS: 7 Years Post-retirement coverage included in above premiums 					
TOTAL PLAN I PREMIUM - Please carry forward the premium amount to the top of page 2					

CALCULATION OF PREMIUM (CONTINUED)

	PREMIUM						
PLAN I PREMIUM (FROM PAGE 1)							
PLAN II - \$2,000,000 COMMERCIAL GENERAL LIABILITY							
Annual Premium (April 1, 2009– 2010).....	\$175.00						
PLAN III - \$10,000 OFFICE PACKAGE AND \$2,000,000 COMMERCIAL GENERAL LIABILITY (for home-based offices only)							
Annual Premium (April 1, 2009 – 2010)	\$280.00						
PLAN IV - \$50,000 OFFICE PACKAGE AND \$2,000,000 COMMERCIAL GENERAL LIABILITY (for offices in commercial locations or home-based offices requiring increased office contents over Plan III)							
Annual Premium (April 1, 2009 - 2010).....	\$450.00						
OPTIONAL EXTENSIONS							
Increase Commercial General Liability to \$5,000,000.	\$250.00						
<i>(May be added to Plan II, III or IV package)</i>							
Increased Office Contents Coverage excess of basic Plan IV limit of \$50,000 ... \$12.50 per \$5,000 coverage							
Additional Coverage Requested: \$							
<i>(May be added to Plan IV package only)</i>							
\$25,000 ACCIDENTAL DEATH & DISMEMBERMENT							
Annual Premium (April 1, 2009 - 2010).....	\$15.00						
Name of Beneficiary:							
<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;"> TOTAL PREMIUM CHEQUE <input type="checkbox"/> VISA ONLY <input type="checkbox"/> </td> <td style="width:50%; border:none;"> PAYMENT ENCLOSED? <input type="checkbox"/> YES </td> </tr> <tr> <td style="border:none;"> _____ CREDIT CARD NUMBER </td> <td style="border:none;"> _____ CARD EXPIRY DATE </td> </tr> <tr> <td style="border:none;"> _____ CARDHOLDER SIGNATURE </td> <td style="border:none;"> _____ CARD HOLDER NAME </td> </tr> </table>		TOTAL PREMIUM CHEQUE <input type="checkbox"/> VISA ONLY <input type="checkbox"/>	PAYMENT ENCLOSED? <input type="checkbox"/> YES	_____ CREDIT CARD NUMBER	_____ CARD EXPIRY DATE	_____ CARDHOLDER SIGNATURE	_____ CARD HOLDER NAME
TOTAL PREMIUM CHEQUE <input type="checkbox"/> VISA ONLY <input type="checkbox"/>	PAYMENT ENCLOSED? <input type="checkbox"/> YES						
_____ CREDIT CARD NUMBER	_____ CARD EXPIRY DATE						
_____ CARDHOLDER SIGNATURE	_____ CARD HOLDER NAME						
Name (please print) _____ Professional Title _____ Date _____	<i>Signature of Member</i> _____						

PLAN ADMINISTRATOR:

The Mitchell & Abbott Group Insurance Brokers Limited
 393 Rymal Road West, Suite #305
 Hamilton, Ontario L8V 5C4
 Toll Free: 1-800-461-9462 - Fax: 905-385-7905

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