



# 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"> <li>Are you a BCACC member "in good standing"? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	<ul style="list-style-type: none"> <li>Membership Number</li> </ul>
<ul style="list-style-type: none"> <li>Class of Membership <input type="checkbox"/> Registered Member <input type="checkbox"/> Inactive <input type="checkbox"/> Retired <input type="checkbox"/> Student</li> </ul>	<ul style="list-style-type: none"> <li>Date of Inactivity/Retirement (mm/dd/yyyy)</li> </ul>
<ul style="list-style-type: none"> <li>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</li> </ul>	
<ul style="list-style-type: none"> <li>Does your work as a counsellor involve equine/canine therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Does your work as a counsellor involve "adventure" counselling activities? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	

### 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"> <li>Select premium from the appropriate table below for the limit required:</li> <li>Note: Equine &amp; Canine Therapy premiums are <b>in addition to</b> the basic premium charge.</li> </ul>					
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"> <li>INACTIVE MEMBERS: Discount the above premium by: 60% if in the 1<sup>st</sup> year of Inactivity; 70% in the 2<sup>nd</sup> year; and 80% the 3<sup>rd</sup> year thereafter.</li> <li>RETIRED MEMBERS: 7 Years Post-retirement coverage included in above premiums</li> </ul>					
TOTAL PLAN I PREMIUM - Please carry forward the premium amount to the top of page 2					

**CALCULATION OF PREMIUM (CONTINUED)**

	PREMIUM
<b>PLAN I PREMIUM (FROM PAGE 1)</b>	
<b>PLAN II - \$2,000,000 COMMERCIAL GENERAL LIABILITY</b>	
Annual Premium (April 1, 2009– 2010).....	\$175.00
<b>PLAN III - \$10,000 OFFICE PACKAGE AND \$2,000,000 COMMERCIAL GENERAL LIABILITY (for home-based offices only)</b>	
Annual Premium (April 1, 2009 – 2010) .....	\$280.00
<b>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)</b>	
Annual Premium (April 1, 2009 - 2010).....	\$450.00
<b>OPTIONAL EXTENSIONS</b>	
Increase Commercial General Liability to \$5,000,000. .... (May be added to Plan II, III or IV package)	\$250.00
Increased Office Contents Coverage excess of basic Plan IV limit of \$50,000 ... \$12.50 per \$5,000 coverage Additional Coverage Requested:           \$	
(May be added to Plan IV package only)	
<b>\$25,000 ACCIDENTAL DEATH &amp; DISMEMBERMENT</b>	
Annual Premium (April 1, 2009 - 2010).....	\$15.00
Name of Beneficiary: .....	
<b>TOTAL PREMIUM</b> CHEQUE <input type="checkbox"/> VISA ONLY <input type="checkbox"/>	<b>PAYMENT ENCLOSED?</b> <input type="checkbox"/> YES
CREDIT CARD NUMBER _____	CARD EXPIRY DATE _____
CARDHOLDER SIGNATURE _____	CARD HOLDER NAME _____
Name (please print) _____	<i>Signature of Member</i> _____
Professional Title _____	
Date _____	

**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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