



Mail application to: The Mitchell & Abbott Group, 393 Rymal Road West, Suite #305, Hamilton , Ontario L8V 5C4

**B.C. Art Therapy Association
Professional Errors & Omissions/Commercial General Liability Insurance
April 30, 2009-2010 Application**

GENERAL INFORMATION

Name of Applicant		Telephone Number ()
Business Name (Private Practice)		E-Mail
Street Address		
City	Province	Postal Code
Are you a BCATA member "in good standing"? <input type="checkbox"/> Yes <input type="checkbox"/> No		Membership Number
Class of Membership <input type="checkbox"/> Professional/Registered <input type="checkbox"/> Inactive/Retired		Date of Inactivity/Retirement (mm/dd/yyyy)
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		

TO ENROLL

Select the required Limit of Insurance for your coverage needs. Return completed, signed application form with payment to The Mitchell & Abbott Group. Coverage will be effected upon approval of application and receipt of 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.

❖ **PROFESSIONAL LIABILITY**

Select premium from the required Limit of Insurance

Limit Of Insurance Per Claim	Aggregate Limit Per Policy Period	Annual Premium
\$1,000,000	\$1,000,000	\$275
\$2,000,000	\$2,000,000	\$375

Discount for Retired/Inactive: discount the selected premium above by;

60% if in the 1st year of Retirement/Inactivity, 70% in the 2nd year, and 80% in the 3rd and subsequent years.

❖ **COMMERCIAL GENERAL LIABILITY**

Limit Of Insurance Per Occurrence	Aggregate Limit Per Policy Period	Annual Premium
\$2,000,000	\$2,000,000	\$100

		TOTAL PREMIUM:
CHEQUE <input type="checkbox"/>	VISA <input type="checkbox"/>	PAYMENT ENCLOSED <input type="checkbox"/>
VISA CARD NUMBER		EXPIRY DATE
CARDHOLDER NAME		

SIGNATURE: _____ **DATE:** _____

PLAN ADMINISTRATOR
The Mitchell & Abbott Group Insurance Brokers Limited