



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



B.C. Association of Clinical Counsellors Business Insurance Program: April 1, 2003-2004 Application

GENERAL INFORMATION

Name of Applicant		Telephone Number ()	
Business Name (Private Practice)			
Street Address			
City	Province	Postal Code	
Are you a BCACC member "in good standing"? <input type="checkbox"/> Yes <input type="checkbox"/> No		Membership Number	
Class of Membership <input type="checkbox"/> Registered <input type="checkbox"/> Inactive/Retired <input type="checkbox"/> Associate		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 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						Premium	
Select premium from the appropriate table below for the limit required and the effective date of coverage:							
Premium Payment Without Professional Development Discount							
Limit of Insurance per Claim	Aggregate Limit per Policy Period	If coverage starts between Apr. 1 and Jun. 30, you pay:	If coverage starts between Jul. 1 and Sept. 30, you pay:	If coverage starts between Oct. 1 and Dec. 31, you pay:	If coverage starts between Jan. 1 and Mar. 31, you pay:		
\$ 1,000,000	\$ 2,000,000	\$ 234	\$ 176	\$ 117	\$ 59		
\$ 2,000,000	\$ 4,000,000	\$ 312	\$ 234	\$ 156	\$ 78		
\$ 3,000,000	\$ 3,000,000	\$ 402	\$ 302	\$ 201	\$ 101		
\$ 4,000,000	\$ 4,000,000	\$ 434	\$ 326	\$ 217	\$ 109		
\$ 5,000,000	\$ 5,000,000	\$ 472	\$ 354	\$ 236	\$ 118		
Premium Payment With Professional Development Discount							
<i>Please include the Professional Development Discount form with this application.</i>							
Limit of Insurance per Claim	Aggregate Limit per Policy Period	If coverage starts between Apr. 1 and Jun. 30, you pay:	If coverage starts between Jul. 1 and Sept. 30, you pay:	If coverage starts between Oct. 1 and Dec. 31, you pay:	If coverage starts between Jan. 1 and Mar. 31, you pay:		
\$ 1,000,000	\$ 2,000,000	\$ 211	\$ 158	\$ 106	\$ 53		
\$ 2,000,000	\$ 4,000,000	\$ 281	\$ 211	\$ 141	\$ 70		
\$ 3,000,000	\$ 3,000,000	\$ 362	\$ 272	\$ 181	\$ 91		
\$ 4,000,000	\$ 4,000,000	\$ 391	\$ 293	\$ 196	\$ 98		
\$ 5,000,000	\$ 5,000,000	\$ 425	\$ 319	\$ 213	\$ 106		
Discount for Retired/Inactive , discount the above premium by: 60% if in the 1 st year of Retirement/Inactivity; 70% in the 2 nd year; and 80% the 3 rd year thereafter.							
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, 2003 – 2004)..... \$225.00	
PLAN III \$5,000 OFFICE PACKAGE AND \$2,000,000 COMMERCIAL GENERAL LIABILITY (for home-based offices only)	
Annual Premium (April 1, 2003 – 2004)\$280.00	
PLAN IV– \$20,000 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, 2003 - 2004) \$500.00	
Discount for Burglar Alarm – Discount above PLAN IV premium by 10% if your business premises is protected by a monitored burglar alarm (Alarm Certificate may be requested)	
TOTAL PLAN IV PREMIUM	
OPTIONAL EXTENSIONS	
Increase Commercial General Liability to \$3,000,000..... \$150.00	
Increase Commercial General Liability to \$4,000,000.\$300.00	
Increase Commercial General Liability to \$5,000,000.\$450.00	
(May be added to Plan II, III or IV package)	
Increased Office Contents Coverage excess of basic Plan IV limit of \$20,000..... \$12.50 per \$5,000 coverage	
Additional Coverage Requested: \$ <input style="width: 150px;" type="text"/>	
(May be added to Plan IV package only)	
\$25,000 Accidental Death & Dismemberment \$15.00	
Beneficiary: _____	
TOTAL PREMIUM	PAYMENT ENCLOSED ?
CHEQUE <input type="checkbox"/> VISA <input type="checkbox"/>	
_____	_____
CREDIT CARD NUMBER	CARD EXPIRY DATE
_____	_____
CARDHOLDER SIGNATURE	CARD HOLDER NAME
_____	_____
SIGNATURE	
Name (please print)	Signature
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
 E-Mail: backles@mitchellabbottgrp.com