



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

Canadian 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 CATA member "in good standing"? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Class of Membership <input type="checkbox"/> Professional/Registered <input type="checkbox"/> Inactive/Retired <input type="checkbox"/> Student		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 <u>with payment</u> 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 1 st year of Retirement/Inactivity, 70% in the 2 nd year, and 80% in the 3 rd 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:	TAX: 8% Ontario, 9% Quebec, 15% Nfld	TOTAL INCLUDING TAX:
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