



Holman Insurance Brokers Ltd.
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**Canadian Arbitrator and Mediator Professional Liability Insurance for
Family Dispute Resolution Institute of Ontario – FDRIO**

Application Form

NOTE: THIS APPLICATION IS AN IMPORTANT DOCUMENT AND IS BEING RELIED ON BY THE INSURER TO DETERMINE WHETHER IT WILL PROVIDE YOU WITH COVERAGE. PLEASE ENSURE THAT ALL RESPONSES ARE ACCURATE.

“**Applicant**” means the individual FDRIO member detailed in question 1 overleaf below. This Application form must be completed, signed and dated by the **Applicant**. All questions must be answered and where appropriate, “Not Applicable” or “N/A” specified. The completed application form along with additional information provided will form part of the contract of insurance with the Insurer. Any material fact must be disclosed to the Insurer. A material fact is any information which may alter the judgment of an Insurer in assessing the risk. Any material change must be disclosed to the Insurer. A material change is any information which may alter the judgment of an Insurer that has not previously been disclosed as a material fact. Failure to provide all material facts and/or notify all material changes may cause the contract of insurance to be void and may result in the Insurer repudiating liability entirely. The duty of disclosure continues after the dispatch of the completed Application, and any supplementary questionnaire if provided for completion, up until the time and date when a contract of insurance is entered into by the **Applicant**. Accordingly, further or additional information or documentation which may affect anything already stated in or supplied with this Application, and any supplementary questionnaire if provided for completion, should be notified to the Insurer as soon as possible.

By signing this application form, the **Applicant** is consenting to the use of information, including sensitive personal information. Where personal information relates to third parties, the **Applicant** confirms that it has been given the requisite consent to disclose such information to the Insurer for processing. This Application form must be completed and signed by an authorized individual: a partner, principal, active director or member of the **Applicant**.

PROFESSIONAL LIABILITY COVERAGE – “Claims Made and Reported”

This insurance is underwritten on a “claims made and reported” basis, which means that a claim must be both made and reported against the **Applicant** during the policy period of a valid insurance policy. Any claims not reported to the Insurer before the expiry of the policy period (or any specific run-off extension or extended reporting period) will NOT be covered.

Coverages Available

Professional Negligence*	Loss Documents: \$250,000 Aggregate
Breach of Confidentiality	Privacy Breach: \$25,000 per Claim/\$50,000 Aggregate
Disciplinary Expense: \$100,000 Aggregate	Canada / USA coverage territory
Fraudulent Acts: \$100,000 per Claim/\$250,000 Aggregate	Infringement of Copyright
Full Prior Acts coverage (no retro-active date)	Libel and Slander
Covers monetary and non-monetary claims including legal defense costs	Coverage can be extended to include independent contractors performing work on your behalf.

*Policy Limits up to \$5,000,000 per claim and \$5,000,000 in the aggregate are available.

Who is Eligible?

Any Arbitrator, Mediator, MIP, IRC or Student that operates in Canada that is a member of FDRIO in good standing is eligible to receive the benefits of this program.

**Application - Canadian Arbitrator and Mediator Professional Liability Insurance for
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WARNING

If the Applicant receives a claim or becomes aware of a circumstance that may give rise to a claim, the Applicant must contact the Insurer immediately to ensure that the claim notification provisions under the policy are adhered to. Failure to do so could prejudice the Applicant’s ability to claim under the Applicant’s insurance policy.

PERSONAL INFORMATION OF THE APPLICANT (YOU)

1.	Full Name of Applicant :	First Name	Initial	Last Name
2a.	Address:	Street Address, City, Province, Postal Code		
2b.	Telephone Number:	Business #:	Cell #:	
2c.	Email Address:	Fax #:		

QUALIFICATIONS AND EMPLOYMENT

3.a.	Date you became a member of FDRIO (mm/dd/yyyy) any other Arbitrator or Mediator association:	
3.b.	Membership number and Certification level:	
3.c.	Province(s) / Territory in which you operate:	

SERVICES PROVIDED

4. a. Please indicate the services you provide by checking the box

<input type="checkbox"/>	Arbitration	<input type="checkbox"/>	Child Support and Expense Disputes	<input type="checkbox"/>	Collaborative Practice
<input type="checkbox"/>	Conferencing	<input type="checkbox"/>	Conflict Coaching	<input type="checkbox"/>	Early Neutral Evaluation and/or Consultation
<input type="checkbox"/>	Executive Coaching (not conflict coaching)	<input type="checkbox"/>	Executive Mini Trial	<input type="checkbox"/>	Facilitation (2-party, not group)
<input type="checkbox"/>	Family violence screening	<input type="checkbox"/>	FDRIO Certification Applications	<input type="checkbox"/>	Group Facilitation
<input type="checkbox"/>	Group Intervention(GI)	<input type="checkbox"/>	Group Needs Assessment (GNA)	<input type="checkbox"/>	IRC – Information Referral Coordination
<input type="checkbox"/>	Judicial Dispute Resolution (JDR)	<input type="checkbox"/>	Judicial Mini Trial	<input type="checkbox"/>	Mediation
<input type="checkbox"/>	Mediation- Arbitration	<input type="checkbox"/>	MIP - Mandatory Information Program	<input type="checkbox"/>	Negotiation Consultant
<input type="checkbox"/>	Ombudsman	<input type="checkbox"/>	Parenting Coordination	<input type="checkbox"/>	Pre-FDR Process assisting the parties to select an appropriate FDR process
<input type="checkbox"/>	Procedural Consultations	<input type="checkbox"/>	Restorative Practices / Restorative Justice Circles / Diversion	<input type="checkbox"/>	Reunification
<input type="checkbox"/>	Section 30 assessments	<input type="checkbox"/>	Systems Design / Implementation and/or Management	<input type="checkbox"/>	Training / Instruction / Coaching of FDRIO Practitioners and members
<input type="checkbox"/>	Training / Instruction / Coaching in the workplace or family	<input type="checkbox"/>	Voice of Child reports	<input type="checkbox"/>	Workplace Investigations
<input type="checkbox"/>	Other - Please specify:				

4.b. Does the **Applicant** provide services or perform activities outside Canada or for clients who are outside Canada? If yes please provide details. Yes No

4.c. What is your gross revenue? Past 12 months: Anticipated for next 12 months:
 \$ _____ \$ _____

INSURANCE COVERAGE

5.a. Has the **Applicant** ever previously purchased Professional Liability / E&O insurance? Yes No

5.b. If yes, please provide the following details for the past three years.

Insurer	Policy Period	Expiring Premium	Limit	Deductible
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

5.c. Has insurance coverage ever been declined or cancelled or the renewal thereof been refused? Yes No
 If yes please provide details.

5.d. Please indicate the date you would like your coverage to begin (mm/dd/yyyy):

LOSS EXPERIENCE

6.a. In the past, has the **Applicant** ever been the recipient of any allegations of professional negligence in writing or verbally? If yes, please provide details. Yes No

6.b. Is the **Applicant** aware of any facts, circumstances or situations which may reasonably give rise to a claim? If yes, please provide details. Yes No

6.c. Is or has the **Applicant** ever been the subject of a disciplinary hearing by a regulatory association or body? If yes, please provide details. Yes No

There is no coverage under the proposed policy for any matters as noted in 6.a., 6.b and 6.c. above.

DISCLOSURE OF MATERIAL FACTS

It is essential that every **Applicant** when seeking a quotation, taking out or renewing an insurance policy reveals to the prospective Insurer(s) any material facts or information (including any material circumstances or change in circumstances) which might influence the judgment of Insurer(s) in determining the premium or in determining whether they will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the Insurer(s) and enable them to repudiate liability there under. If you have any doubt as to what constitutes a material fact or circumstance, seek professional advice.

Protection of the Applicant's Personal Information:

By completing this Application and returning it to Holman Insurance Brokers Ltd., the **Applicant** agrees and consents to the collection, use and disclosure of such information, including any personal information, by Holman Insurance Brokers Ltd. for the following purposes:

- Communicating with the **Applicant**
- Assessing the **Applicant's** application for insurance
- Disclosing information to Insurance Companies
- Advising the **Applicant** of other products or services
- Negotiating, maintaining or renewing insurance on the **Applicant's** behalf
- Providing claims assistance and service.
- Complying with regulators and legal authorities

For more information about our privacy policies and practices or for a copy of our Privacy Policy please visit our web site www.holmanins.com or contact our Privacy Officer at Holman Insurance Brokers Ltd.

EMAIL AUTHORIZATION

In an effort to bring our policy holders the most cost effective insurance plan, all of our correspondence is completed electronically, including renewal applications, invoicing and the delivery of the policy documents. The email address supplied by you in this application will be used. We must be notified of any change to your email address. The policy holder agrees that it will hold Holman Insurance Brokers Ltd. harmless with respect to any e-mail changes caused by the policy holder's failure to provide current and valid information for the receipt of documents.

The Applicant/policy owner further agrees that the policy documents transmitted electronically by Holman Insurance Brokers Ltd. to the electronic address supplied are in lieu of all other forms of communication. The policy Owner accepts that electronic delivery of policy documents is sufficient to meet all reporting requirements of the policy. The email address supplied may be used to notify you of other related insurance products of interest to you.

DECLARATION

The undersigned declares on behalf of all parties applying for insurance that to the best of his/her knowledge and belief the statements provided herein are true and complete and all material facts or circumstances have been fully disclosed. The undersigned declares and agrees that the Application together with any other information supplied shall form the basis of any subsequent contract of insurance and undertakes to inform the Insurer of any material alteration to those facts occurring before completion of the contract of insurance.

Signing this Application does not bind the Applicant to enter into this insurance.

It is hereby agreed that the Insurer is authorized to make any investigation and inquiry in connection with this Application that it deems necessary.

Applicant's Signature

Date

PREMIUM CALCULATION & INVOICE

If you answered "NO" to Questions 4b, 6a and 6b, you may use the self-rating premium calculation below to determine the total amount to remit. Please send this payment with your Application Form. Otherwise, please complete the bottom section of the form and submit to Holman Insurance Brokers Limited.

▼ Check off one LIMIT OF INDEMNITY Deductible \$500	Annual Premium	PREMIUM
<input type="checkbox"/> \$1,000,000 Per Claim,\$2,000,000 Aggregate	\$220	\$
<input type="checkbox"/> \$2,000,000 Per Claim,\$4,000,000 Aggregate	\$260	
<input type="checkbox"/> \$3,000,000 Per Claim,\$6,000,000 Aggregate	\$295	
<input type="checkbox"/> \$5,000,000 Per Claim,\$5,000,000 Aggregate	\$350	
Optional: Commercial General Liability	Annual Premium	\$
<input type="checkbox"/> \$1,000,000 Per Occurrence	\$95	
<input type="checkbox"/> \$2,000,000 Per Occurrence	\$125	
<input type="checkbox"/> \$3,000,000 Per Occurrence	\$150	
<input type="checkbox"/> \$5,000,000 Per Occurrence	\$275	
Includes: Tenants Legal Liability \$500,000 <ul style="list-style-type: none"> • Non owned auto \$1,000,000 • Advertising • Libel and Slander • Bodily Injury and Property Damage Deductible \$500 		
<input type="checkbox"/> Optional Corporate Entity Liability For those members who are incorporated or have non-mediation administrative assistants or shareholders that do not provide any of the insured services this additional coverage is available. Max 3 people.	\$75	\$
<input type="checkbox"/> Optional First Party Hacker Damage \$100,000 per claim and aggregate and Third Party Cyber Liability sub-limited to \$25,000 per claim and aggregate.	\$96	\$
NOTE: This policy includes Blanket Additional Insured's however if they require a specific individual certificate to be issued there is an additional Charge of \$25 each plus tax and we require the following information <input type="checkbox"/> Do you require your company added as an additional insured? Please complete full name and address on page 9 of this application.	\$25 Each	\$
	Policy Fee	\$25
	SUB-TOTAL	\$
TAX For residents of Manitoba add 8% Quebec add 9% Ontario add 8%		\$
Total Including Tax		\$

All premiums are annual and 100% retained.

Please advise the date insurance required is to be effective: _____

MM/DD/YYYY

NOTE: COVERAGE CAN ONLY BE BOUND AND CONFIRMED BY HOLMAN INSURANCE BROKERS LTD.

Please retain a copy for your records as no other invoice will be provided.

Additional Insured (if required)

It is requested the following entitie(s) are to be added to the policy as Additional Insured, but only with respect to the operation of the Named Insured. The certificate applies to the named insured while operating within the scope of FDRIO.

Name and complete address, including postal code AND email of Additional Insured:			Interest in the insurance:
Name:			<input type="checkbox"/> Corporate Name <input type="checkbox"/> Municipality <input type="checkbox"/> Studio <input type="checkbox"/> Sponsor <input type="checkbox"/> Landlord
Email :			
Address: (Street)	Province	Postal Code	

Name and complete address, including postal code AND email of Additional Insured:			Interest in the insurance:
Name:			<input type="checkbox"/> Corporate Name <input type="checkbox"/> Municipality <input type="checkbox"/> Studio <input type="checkbox"/> Sponsor <input type="checkbox"/> Landlord
Email :			
Address: (Street)	Province	Postal Code	

FDRIO Professional Liability Checklist

- Application completed in full. All questions must be answered.
- All pages #1 to #7 must be returned. (including page #1).
- Copy of prior insurance policy if prior retro date is required. (question 5.b.)
- Premium calculation including tax for options– page 4.
- cheque attached online Bank confirmation # _____ if online Name of Bank _____

PAYMENT OPTIONS

Internet Banking

Each bank has designed a unique format for their web site. However, the necessary procedures are generally similar.

1. Under Bill Payment: Choose Add Payee/Bill.
2. Enter Holman. Choose All Categories and province Ontario and submit.
3. Under Bill company/Payee - Select Holman Insurance Brokers Ltd. and enter your account number which is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
4. Select the account you wish to withdraw the funds from. (i.e. credit card, savings, chequing, line of credit). Indicate the amount of payment and submit. A confirmation and reference number will be displayed to acknowledge your payment.

Telephone Banking

1. Request your bank set up a new Payee/Bill to do a Bill Payment.
2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
4. Your banking institution will then take your payment over the telephone by your choice of payment method.

Debit Card Payments

1. Contact your bank by telephone or visit in person. Request that they set up an option to allow you to make Bill Payments by Debit Card.
2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
4. Once you have set up Holman Insurance Brokers Ltd., you are able to proceed with payments via your branch ATMs with your debit card.
5. Choose banking option: Bill Payment and follow your bank instructions.

In Person at the Bank

1. At your own bank, request they set up a new Payee/Bill to do a Bill Payment.
2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
4. You can choose to pay via the different accounts you hold with that particular bank or by other financial institution credit cards.
5. When paying in person at different financial institutions, bring your invoice/statement and request to make a Bill Payment.
6. Advise the teller that the Payee is Holman Insurance Brokers Ltd. and follow the prompts from step #2.

Note: Do not ask for a wire transfer or funds transfer, the banks charge you extra for this service and charge us extra for which we do not reimburse. These additional fees can range as high as \$50 or more.

By Credit Card – Visa or Mastercard

If you wish to pay by VISA or Mastercard, <https://www.policypayments.com/Holman?step2> Please note there is an administration/convenience fee charged for this option.

By Mail

Cheque or money order payable to:
Holman Insurance Brokers Ltd.
3100 Steeles Ave. East Suite 101
Markham ON L3R 8T3

Please note: NSF Payments – there will be an additional \$25 service charge