

PROFESSIONAL LIABILITY INSURANCE APPLICATION  
FOR MEMBERS OF THE CANADIAN SPORT PSYCHOLOGY ASSOCIATION



## Application

1. Name of Applicant: \_\_\_\_\_  
Are you a CSPA member "in good standing" Yes ( ) No ( )  
Student Member: Yes ( ) No ( )
2. Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_  
Home Telephone: ( ) \_\_\_\_\_ Home Fax: ( ) \_\_\_\_\_  
Bus. Telephone: ( ) \_\_\_\_\_ Bus. Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_
3. Does the applicant perform any services outside of Canada? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, Please advise where and provide details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Have you ever been subject to disciplinary actions or suspended by any regulatory agency or association?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. Has any Insurer ever cancelled, declined or refused to renew similar insurance during the last five years?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, give provide details: \_\_\_\_\_  
\_\_\_\_\_
6. a. Have any professional liability claims been made during the last five years against the applicant?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
b. Does the applicant have knowledge or information of any circumstance or any allegations or contentions of any incident which may result in a claim being made against the applicant? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If Yes to a. or b. above, please provide details) \_\_\_\_\_  
\_\_\_\_\_
7. Have you carried Professional Liability insurance (covering complementary health-related modalities) prior to applying for this policy? Yes ( ) No ( ) If Yes, please complete the following:
  - (a) Insurance Company: \_\_\_\_\_
  - (b) Policy No.: \_\_\_\_\_
  - (c) Limit of Liability: \_\_\_\_\_
  - (d) Retroactive date: \_\_\_\_\_ (if Previous Policy was a Claims Made wording)

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***Privacy Disclosure and Consent***

I am applying for liability insurance based on the information provided above. With respect to this application or any renewal or change to my coverage, I authorize you to collect, use and disclose information permitted by law for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information, driving information and claims history.

The undersigned hereby declares that the above statements are true and that I have not omitted, suppressed or misstated any material facts. The undersigned further agrees that if any significant change in the condition of the applicant is discovered between the date of this application form and the effective date of the policy, which would render this application form inaccurate or incomplete, notice of such change will be reported in writing to Lombard General Insurance Company of Canada immediately. Although the signing of this application form does not bind the undersigned, the undersigned agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued, and that the warranty statements (Question 6a. & 6b.) are true and accurate, and this form will be attached to and become part of the policy.

**The effective date of insurance shall be the date upon which the completed and signed application and payment are received by the office of The Mitchell & Abbott Group Insurance Brokers Limited, and is subject to the insurer's acceptance of the application. The effective date of insurance shall be indicated on the Policy provided to the undersigned.**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature** *(must be signed by the applicant)*

\_\_\_\_\_  
**Date**

Mail application to:

The Mitchell & Abbott Group  
393 Rymal Road West, Suite 305  
Hamilton, Ontario L8V 5C4

Contact:

Brad Ackles, B.A., Vice President  
Telephone: 905-385-6383, ext #231  
Toll Free: 1-800-461-9462  
Fax: 905-385-7905  
E-Mail: [backles@mitchellabbottgrp.com](mailto:backles@mitchellabbottgrp.com)