

**AGRICULTURAL INSTITUTE OF CANADA
APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE**



Pro-rated on a Quarterly Basis



FIRST NAME: _____ LAST NAME: _____ INITIAL: _____

OPERATING NAME: _____

EMPLOYEES: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

PHONE: (BUS) () (HOME): () FAX NO.: ()

BUSINESS ADDRESS: _____

AIC MEMBERSHIP NUMBER: _____

1. In the past five years, has the Applicant ever been the recipient of any allegation(s) of professional negligence either in writing or verbally? Yes No If yes, please attach details.
2. Is the applicant aware of any facts, circumstances or situations which may reasonably give rise to a claim other than as advised above? Yes No If yes, please attach details.
3. Please provide a detailed listing of your professional activities.

4. Do you wish to obtain a quotation to remove the Pollution Exclusion? Yes No

I declare that to the best of my knowledge the statements set forth herein are true.

Signature of Applicant

Date

NOTE: COVERAGE WILL BE IN EFFECT ONLY UPON RECEIPT OF SATISFACTORY PAYMENT AND APPLICATION AND WILL RENEW MARCH 1, 2012. THE INSURANCE PREMIUMS ARE FULLY RETAINED AND WILL NOT BE REFUNDED. THE NAMED INSURED ON THE CERTIFICATE WILL READ AS INDICATED ON THE APPLICATION.

**AIC INSURANCE PROGRAM
COVERAGE AVAILABLE**

Professional Agrologist

Coverage	Deductible	Annual Cost	I would Like the following
Professional Liability \$1,000,000 Per Claim/ \$2,000,000 Aggregate	\$1,000	\$1,465	<input type="checkbox"/>
Professional Liability \$2,000,000 Per Claim/ \$4,000,000 Aggregate	\$1,000	\$1,970	<input type="checkbox"/>
Commercial General Liability \$1,000,000 Each Occurrence/ \$1,000,000 Aggregate	\$500	\$570	<input type="checkbox"/>
Commercial General Liability \$2,000,000 Each Occurrence/ \$2,000,000 Aggregate	\$500	\$760	<input type="checkbox"/>

Certified Crop Advisor

coverage	Deductible	Annual Cost	I would Like the following
Professional Liability \$1,000,000 Per Claim/ \$2,000,000 Aggregate	\$1,000	\$1,311	<input type="checkbox"/>
Professional Liability \$2,000,000 Per Claim/ \$4,000,000 Aggregate	\$1,000	\$1,760	<input type="checkbox"/>
Commercial General Liability \$1,000,000 Each Occurrence/ \$1,000,000 Aggregate	\$500	\$570	<input type="checkbox"/>
Commercial General Liability \$2,000,000 Each Occurrence/ \$2,000,000 Aggregate	\$500	\$760	<input type="checkbox"/>

	Sub-Total	
Please add the applicable tax: Ontario add 8% Sales Tax Quebec add 9% Insurance Premium Tax All other provinces Exempt. GST is not applicable to insurance premiums.		
ALL CHEQUES PAYABLE TO AON REED STENHOUSE INC. OR CREDIT CARD AUTHORIZATION PROVIDED BELOW	TOTAL ENCLOSED	

AUTHORIZATION FOR CREDIT CARD CHARGE

NAME OF CREDIT CARD HOLDER _____

A I C

VISA - M/C Account No. _____ / _____ / _____ / _____

EXPIRY: _____

AMOUNT
\$ _____

SIGNATURE: _____

Please return this form along with the applicable payment to:

Aon Reed Stenhouse Inc.
710-1525 Carling Avenue
Ottawa, Ontario K1Z 8R9
Fax: 613.722.2570
Email: group.programs@aon.ca
Toll Free Telephone: 866.488.3521