

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



Aon Reed Stenhouse Inc.
710 – 1525 Carling Avenue
Ottawa, Ontario K1Z 8R9
Fax: (613) 722-2570
Phone: 1-800-267-9364 (Bilingual)



FIRST NAME: _____ LAST NAME: _____ INITIAL: _____

OPERATING NAME: _____
(sole proprietorship only)

MAILING 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. Signing of this application does not bind the applicant or company to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued.

Signature of Applicant

Date

**NOTE: COVERAGE WILL BE IN EFFECT ONLY UPON RECEIPT OF SATISFACTORY PAYMENT AND APPLICATION.
THE INSURANCE PREMIUMS ARE FULLY RETAINED AT THE DATE YOU APPLY FOR COVERAGE AND WILL NOT BE
REFUNDED.**

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	\$1,540	<input type="checkbox"/>
Professional Liability \$2,000,000 Per Claim/ \$4,000,000 Aggregate	\$1,000	\$2,075	<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	\$1,380	<input type="checkbox"/>
Professional Liability \$2,000,000 Per Claim/ \$4,000,000 Aggregate	\$1,000	\$1,854	<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"/>

Other

Must be quoted individually- Please send me the required application	<input type="checkbox"/>
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	Sub-Total	
Please add the applicable tax: Ontario add 8% Sales Tax Quebec add 9% Sales Tax Newfoundland add 15% Harmonized Sales 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 _____

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

AMOUNT
\$ _____

SIGNATURE: _____

The Program Expiry date is March 1st and the above premiums are subject to quarterly pro-rated calculation. Please contact our office for your total payment.

NOTE: COVERAGE WILL BE IN EFFECT ONLY UPON RECEIPT OF SATISFACTORY PAYMENT AND APPLICATION. THE INSURANCE PREMIUMS ARE FULLY RETAINED AT THE DATE YOU APPLY FOR COVERAGE AND WILL NOT BE REFUNDED.



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