



AGRI-FOOD INNOVATION COUNCIL

PROFESSIONAL LIABILITY AND COMMERCIAL GENERAL LIABILITY INSURANCE PROGRAM
APPLICATION

THIS IS AN APPLICATION FOR A CLAIMS-MADE AND REPORTED (PROFESSIONAL LIABILITY SECTION) AND OCCURRENCE (COMMERCIAL GENERAL LIABILITY SECTION) POLICY.

You must be a member in good standing with the AIC in order to participate in this insurance program.

- 1. (a) Name of Individual Applicant:
(b) Address:
(c) Professional Capacity: Professional Agrologist Crop Advisor
(d) Date Established:
(e) Email:
(f) Telephone: Fax:

(g) If you are the sole owner of an incorporated entity and you do not employ more than two clerical or non-certified/non-professional staff, you may include your firm's name as an "additional insured" under your coverage.

Confirm the full legal name of your firm:

If there are other part-owners\*\* or if you employ other professionals, then your firm is not eligible for this extension of coverage under the program. You must contact Acera Insurance Ltd. in order to arrange separate coverage for your firm. Each individual AIC member should apply for individual insurance coverage under the program.

\*\* If the other part-owner of your firm is your spouse, and your spouse does not provide any professional services, then you may include your firm name above.

This Program provides limited pollution coverage for consultation/land assessment services only. There is no coverage if you are involved in the provision of advice on or have any "hands on" involvement in clearing contaminated sites, or any direct supervision, remediation, reclamation, restoration or certification of contaminated or non-contaminated sites.

- 2. (a) Are you a member in good standing with the Agri-Food Innovation Council? Yes No
(b) Provide a detailed description of your professional services and activities:

- (c) Do you:
(i) perform any actual physical work of reclamation, remediation, restoration, or decommissioning? Yes No
(ii) perform any supervision services or activities? Yes No
(iii) provide or perform any clearance, certification, consultation, investigation, or remediation of contaminated sites? Yes No
(iv) sub-contract any of the above your services to a third party? Yes No

If "Yes" to (i), (ii), (iii) or (iv) - you may need to arrange additional coverage for pollution exposures. A representative of Acera Insurance Ltd. will contact you.

- 3. (a) Gross Revenue for the last completed Fiscal Year: \$
(b) Percentage of the services provided or activities performed in:
Canada: % United States: % Other Country: %

- 4. (a) For what percentage of the services provided / projects undertaken, do you utilize

- a standard written contract? \_\_\_\_\_ %
- (b) Do you obtain written client acceptance at the completion of project stages? Yes  No
- (c) Do you obtain written final acceptance or other written sign-off from all clients upon completion of the professional services provided? Yes  No

**Coverage Options**

5. Please check the Limits of Liability you wish to purchase:

**Professional Liability/E&O only**

Limits of Liability Per Claim / Aggregate	Agrologists and Crop Advisors	
	\$2,500 deductible	\$5,000 deductible
\$500,000 / \$1,000,000	\$1,177 <input type="checkbox"/>	\$1,112 <input type="checkbox"/>
\$1,000,000 / \$1,000,000	\$1,458 <input type="checkbox"/>	\$1,393 <input type="checkbox"/>
\$1,000,000 / \$2,000,000	\$1,669 <input type="checkbox"/>	\$1,577 <input type="checkbox"/>
\$2,000,000 / \$2,000,000	\$2,063 <input type="checkbox"/>	\$1,847 <input type="checkbox"/>
\$2,000,000 / \$4,000,000	\$2,236 <input type="checkbox"/>	\$2,106 <input type="checkbox"/>
\$5,000,000 / \$5,000,000	\$2,506 <input type="checkbox"/>	\$2,387 <input type="checkbox"/>

*Provincial retail sales tax is applicable for residents of Ontario, Manitoba and Quebec*

**Professional Liability/E&O and Commercial General Liability**

Limits of Liability Per Claim / Aggregate	Agrologists and Crop Advisors	
	\$2,500 deductible	\$5,000 deductible
\$500,000 / \$1,000,000	\$1,739 <input type="checkbox"/>	\$1,652 <input type="checkbox"/>
\$1,000,000 / \$1,000,000	\$2,030 <input type="checkbox"/>	\$1,922 <input type="checkbox"/>
\$1,000,000 / \$2,000,000	\$2,311 <input type="checkbox"/>	\$2,192 <input type="checkbox"/>
\$2,000,000 / \$2,000,000	\$2,754 <input type="checkbox"/>	\$2,619 <input type="checkbox"/>
\$2,000,000 / \$4,000,000	\$3,202 <input type="checkbox"/>	\$3,051 <input type="checkbox"/>
\$5,000,000 / \$5,000,000	\$3,715 <input type="checkbox"/>	\$3,575 <input type="checkbox"/>

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6. Have you ever been declined, non-renewed or cancelled by an insurer for Professional Liability Insurance? Yes  No

If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_

7. Have you, or any of your employees:

(a) ever been investigated, or suspended from practice, by any governing body of your profession? Yes  No

(b) ever had your licence suspended or revoked? Yes  No

If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_

8. In the past five years, have you ever had a claim made against you arising out of the performance or professional services? Yes  No

If Yes, provide a detailed description including the name of the claimant(s), the date the claim was made, the amount(s) claimed, and the current status of the claim: \_\_\_\_\_  
\_\_\_\_\_

**THE APPLICANT DOES HEREBY PROVIDE THE FOLLOWING WARRANTY TO THE INSURER**

9. Do you, any of your employees, or any other person proposed for this insurance have knowledge or information of any fact, circumstance or situation which could reasonably give rise to a claim which would fall within the scope of the proposed insurance? Yes  No

If Yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

It is understood and agreed that if knowledge of any such facts, circumstances or situations exists, whether or not disclosed, any claim or action subsequently arising or developing therefrom shall be excluded from coverage under any policy issued by Trisura Guarantee Insurance Company.

**FALSE INFORMATION**

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals information concerning any fact material thereto for the purpose of misleading any insurance company or other person, commits a fraudulent insurance act which is a crime.

**DECLARATIONS AND SIGNATURE**

The undersigned authorized representative of the Applicant:

- (i) declares, after inquiry, that the statements and representations set forth in this Application, and all materials submitted to or requested by the Insurer in conjunction with this Application, are true;
- (ii) acknowledges that these statements, representations, and materials are relied on by the Insurer and that they shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be effected;
- (iii) agrees that if the information supplied in connection with this Application changes between the date of this Application and the effective date of any insurance effected pursuant to this Application, the undersigned will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding indications, quotations and/or authorization or agreement to effect the insurance; and
- (iv) acknowledges that any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this Application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of any investigation and inquiry in connection with this Application for insurance and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

Signing of this Application does not obligate the Applicant or the Insurer to effect the insurance, but it is agreed that all materials submitted to or requested by the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. It is further agreed that this Application and all materials submitted to or requested by the Insurer in conjunction with this Application are the basis of and are deemed attached to and incorporated into any policy effected pursuant to this Application.

PLEASE NOTE: COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED. **PAYMENT INFORMATION ON NEXT PAGE.**

Applicant	Date
Signature	Title

## PAYMENT OPTIONS

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Payment options and instructions to follow with the Certificate of Insurance and Invoice after receipt and acceptance of the Trisura Application Form.

Please note that we have three payment options available:

<input type="checkbox"/> <b>Cheque:</b>	to be made payable to "Acera Insurance Ltd."
<input type="checkbox"/> <b>Credit Card:</b>	VISA or MASTERCARD only 3.00% Processing Fee will apply.
<input type="checkbox"/> <b>Online Banking:</b>	If you bank with any of the following institutions: <i>CIBC, Credit Union 1, Desjardins, Royal Bank, Scotia Bank, Bank of Montreal, HSBC and TD Canada Trust</i> , you can pay your bill online.
<b>Please note:</b>	Provincial Sales Tax will apply to members residing in Ontario, Manitoba or Quebec

## APPLICATION INSTRUCTIONS

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Send the completed application form to us by email or fax – contact information is shown below.

If there are any questions, please direct your inquiry as shown below.

<b>Applications to be remitted to:</b> <b>Email:</b> <a href="mailto:aic@acera.ca">aic@acera.ca</a> <b>Acera Insurance Ltd.</b> 600 – 359 Kent Street Ottawa, Ontario K2P 0R6 <b>Telephone:</b> 1-877-432-5118 (Toll free) <b>Fax:</b> 613-237-1179	<b>Inquiries may be directed to:</b> <b>Amanda Israel</b> <b>Email :</b> <a href="mailto:amanda.israel@acera.ca">amanda.israel@acera.ca</a> <b>Telephone :</b> 613-366-6559
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