Genetic Counsellors

Insurance application form

CAN

The purpose of this application form is for us to find out more about you. You must provide us with all information which may be material to the cover you wish to purchase and which may influence our decision whether to insure you, what cover we offer you or the premium we charge you.

How to complete this form

The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked that the questions are answered accurately and as completely as possible. Once completed, please return this form to your insurance broker.

Section 1: Company Details

1.1 Please state the name and address of the principal company for whom this insurance is required.

Company name:

Primary address (Address, City, Province, Postcode, Country):

Website:

Date the business was established (DD/MM/YYYY):

1.2 Please confirm you have no employees and you are the sole employee of the company: ☐ Yes ☐ No

1.3 Please provide details for the primary contact for this insurance policy:

Contact name: Position:

Email address: Telephone number:

1.4 Please state your gross revenue in respect of the following years:

	Last complete financial year	Estimate for current financial year	Estimate for next financial year
Domestic revenue:	$	$	$
USA revenue:	$	$	$

Date of company financial year end (DD/MM/YYYY):

1.5 Please provide a percentage breakdown of the services provided in the US:

1.6 Please list names, location and descriptions of all legal entities, including subsidiaries which this application is in respect of:

Section 2: Activities

2.1 Please confirm the services you provide:

a. Tier 1 - Genetic counselling activities consistent with the Canadian Board of Genetic Counselling-Conseil Canadien de Conseil Génétique and/or the American Board of Genetic Counseling core competencies: ☐ Yes ☐ No

b. Tier 2 - Involved with patients who have infertility and/or cancer: ☐ Yes ☐ No

c. Tier 3 - Formal delegated medical function as outlined by your province/ territory or institution, including delegation to communicate a diagnosis: ☐ Yes ☐ No

2.2 Please confirm that you hold a valid genetic counsellor certification from the Canadian Board of Genetic Counselling-Conseil Canadien de Conseil Génétique and/or the American Board of Genetic Counseling: ☐ Yes ☐ No

2.3 Please confirm that you will not be ordering tests or providing/sharing a diagnosis without physician oversight: ☐ Yes ☐ No

2.4 Please confirm that you will not offer any guarantees on treatment: ☐ Yes ☐ No

2.5 Please confirm that you are not aware of any claims, disciplinary hearings or complaints to your board or association: ☐ Yes ☐ No

2.6 Please confirm that you will not perform any genetic testing: ☐ Yes ☐ No

Section 3: Limit Requirements

3.1 Please confirm the Professional Liability limits required:

$1,000,000 ☐ Yes ☐ No

$2,000,000 ☐ Yes ☐ No

3.2 Please confirm the Commercial General Liability limits required:

$1,000,000 ☐ Yes ☐ No

$2,000,000 ☐ Yes ☐ No

$5,000,000 ☐ Yes ☐ No

3.3 Please confirm the Legal Expenses limit required:

$100,000 ☐ Yes ☐ No

3.4 Please confirm the Cyber and Privacy limit required:

$250,000 ☐ Yes ☐ No

3.5 Please confirm the Cyber Crime limit required:

*Cyber Crime coverage is not available without the purchase of Cyber and Privacy

$100,000 ☐ Yes ☐ No

3.6 Please confirm the commercial contents and stock at your premises and/or whilst in transit:

Up to $50,000 ☐

Up to $100,000 ☐

No Contents Cover Required ☐

3.7 Please confirm whether you have Professional Liability insurance in place: ☐ Yes ☐ No

If "yes", please confirm the retroactive date on the policy (DD/MM/YYYY):

Section 4: Claims Experience

4.1 Have you ever been declined or refused coverage, or had coverage cancelled or non-renewed: ☐ Yes ☐ No

4.2 Please state whether you are aware of any incident:

a. which may result in a claim under any of the insurance for which you are applying to purchase in this application form: ☐ Yes ☐ No

b. which resulted in legal action being made against any of the companies to be insured within the last 5 years: ☐ Yes ☐ No

c. which has resulted in cease and desist order been made against you: ☐ Yes ☐ No

d. which resulted in a partner or director being found guilty of any criminal, dishonest or fraudulent activity or being investigated by any regulatory body: ☐ Yes ☐ No

If you have answered "yes" to any of the above then please describe the incident, including the monetary amount of the potential claim or the monetary amount of any claim paid or reserved for payment by you or by an insurer. Please include all relevant dates, including a description of the status of any current claim which has been made but has not been settled or otherwise resolved:

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Important Notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymized elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit www.cfc.com

Contact name: Position:

Signature: Date (DD/MM/YYYY):