

Graduate Interim Insurance Payment Form

CONTACT INFORMATION		
Name:	Phone:	
Email:	Sonography Canada #	
Mailing Address:		
City:	Province:	Postal Code:

EMPLOYMENT INFORMATION		
Company Name:	Phone:	
Email:	Extension:	
Mailing Address:		
City:	Province:	Postal Code:

LIABILITY INSURANCE FEES (taxes included). Valid from May 1 st 2019 until April 30 th 2020.									
	ON	QC	NB/NS	NL	MB	PE	AB / NT/YT	SK	BC
Membership Fee \$87.50 before tax									
Membership fee only including taxes	\$98.88	\$91.88	\$100.63	\$100.63	\$98.00	\$100.63	\$91.88	\$91.88	\$98.00
5 Million PLI Fee \$40.00 before tax									
PLI Fee including taxes	\$43.20	\$43.60	\$40.00	\$46.00	\$42.80	\$40.00	\$40.00	\$42.40	\$40.00
Total Fees including taxes	\$142.08	\$135.48	\$140.63	\$146.63	\$140.80	\$140.63	\$131.88	\$134.28	\$138.00
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicable taxes for Membership fees	BC 7% PST+ 5% GST AB, QC, NT, YT, SK 5% GST		MB 7% PST + 5% GST NS, NL, NB 15% HST		ON 13% HST PE 15% HST				
Applicable taxes for PLI fees	MB 7% RST		ON 8% PST		QC, 9% PST		NL, 15% HST		SK, 6% PST

I acknowledge that as a subscriber to the SC Professional Liability Insurance (PLI) program I will receive periodic updates regarding the program.

Please forward your completed application to the address provided below:

Bbresee@sonographycanada.ca

PO Box 1220, Kemptville, ON K0G 1J0

Toll Free Phone: 1-888-273-6746 Toll Free Fax: 1-888-743-2952

info@sonographycanada.ca www.sonographycanada.ca

Graduate Interim Insurance Payment Form

PAYMENT INFORMATION		
<input type="checkbox"/> Cheque (Payable to Sonography Canada; post-dated cheques will NOT be accepted)		
<input type="checkbox"/> Money Order		
<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA	Amount:	
Credit Card Number: - - -	Expiry Date: ____ / ____ Month / Year	CCV # _____
Name as it Appears on Credit Card: (please print)	Signature of Cardholder:	

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PROFESSIONAL LIABILITY INSURANCE APPLICATION

Name of Applicant:

Address:

City:

Prov:

Postal Code:

Telephone:

Email:

Employer:

Address:

City:

Prov:

Postal Code:

1. In order to be eligible for this insurance policy, you must be a member of Sonography Canada.

Membership Number:

2. Do you provide professional services outside the scope of Sonography (i.e. services as a Medical Radiation Technologist)? If yes, please provide details and confirm that this is on an incidental basis. Yes No

3. Do you provide services outside of Canada? Yes No
If yes, please provide details.

4. Has any application for professional liability insurance ever been denied or cancelled? Yes No
If yes, please provide details.

5. Have you ever sustained a professional liability loss or has such a claim been made against you in the last five years? Yes No
If yes, please provide details.

6. Have you any knowledge of any negligent act, error or omission or breach of duty which might give rise to a claim against you? Yes No
If yes, please provide details.

Please forward your completed application to the address provided below:

Coverage

Professional Liability Insurance Limit

Annual Premium

\$5,000,000 per claim / \$5,000,000 annual aggregate

\$80

Declarations and Warranty

I declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of insurance and that this application discloses the hazards known to exist at the date of this application. I declare that the statements made herein are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.

If you are unsure of your coverage requirements please contact BMS, a licensed insurance broker will be available to answer your questions during regular business hours.

Submitting this form does not bind the Applicant or company to complete the insurance but is agreed that this form shall be the basis of the contract should a policy be issued.

Signed by:

Position:

Date:

Signing of this form 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. The insurance premium is fully retained and not refundable.

Sonography Canada

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