



**CHTA Insurance Program
APPLICATION FORM**

EXCLUSIVELY DISTRIBUTED BY



Name of Applicant					
Mailing Street Address					
City		Province	Postal Code		
Business Phone	Fax				
E-mail Address					
Web Page					
CHTA Registration #					

Coverage under this program is intended to insure Horticultural Therapy services only.

If you are involved in other business operations, appropriate insurance should be arranged. If you do not already have insurance in place, please contact us for assistance.

POLICY COVERAGES AND PREMIUM

Commercial General Liability	\$2,000,000 Per Occurrence \$4,000,000 Aggregate
Professional Liability	\$2,000,000 Per Occurrence \$4,000,000 Aggregate
Annual Premium	\$200.00 (Ontario residents, please add 8% PST)

For participants applying after September 1, 2008, \$200 will be payable to March 1, 2009. After March 1, 2009, payment will be \$100.00 for the period of March 1, 2009 to September 1, 2009, renewing annually thereafter.

PAYMENT OPTIONS

CHEQUE: Please make cheques payable to McFarlan Rowlands Insurance Brokers Inc. and mail to Attn: PrimeGuard CHTA Program, 380 York St., London, ON N6B 1P9

ON-LINE BANKING: Please contact us for your account number.

Coverage will not be put into effect until we have received a completed application and arrangements have been made for payment.

Applicant's Declaration

I, the undersigned, understand and agree that

- Coverage under this policy is limited to the provinces & territories of Canada only.
- Coverage under the policy will apply to operations as described on policy only.

The undersigned also declares that all statements made in the application are true. Signing of this document does not bind the applicant to complete the insurance, but it is agreed that the application shall be the basis of the contract should a policy be issued.

Information Disclosure Consent

As part of my application for insurance, I hereby consent to the broker the collection, use and disclosure of personal information of the applicant, as well as the applicant's employees, servants, agents and other representatives that may be insured as required for purposes of considering my application for new or renewal for property/casualty insurance. The Applicant further covenants and warrants that the information regarding its employees, servants, agents or other representatives is provided with the appropriate consent of such individuals to disclose their personal information to the Broker. The Broker is authorized to provide such information to third parties, as required, including insurance companies. The Broker may also be required or permitted to disclose such information pursuant to relevant privacy laws or other laws. Each of the parties agree to safeguard the security of such personal information in a manner appropriate to the sensitivity of that information.

Signature of Applicant

Date

Name (please print)

Please return completed form by:

Fax: (519) 679-2407

Mail: McFarlan Rowlands Insurance Brokers – PrimeGuard CHTA Program, 380 York St., London, ON N6B 1P9

E-mail: Scan the completed form and e-mail to chta@mcfarlanrowlands.com

Please refer to our web page at www.mcfarlanrowlands.com/chta for a description of our program eligibility requirements, coverages, policy extensions, additional coverages and premiums for our basic program.