Insurance Application for Members of

the Canadian Association for Integrative Nutrition and Health Coach Alliance

WAYPOINT INSURANCE

1. Name of Applicant Website:					
2. Address incl postal Code					
3. Telephone		Email			
4. New Business	☐	Renewal	☐	CAIN Membership Number: CAIN Membership Renewal Date	
5. If this is a Renewal, are there any changes to your business operations? Yes ☐ No ☐ If No, please continue to question 11					
5a If Yes, please describe changes here					
6. Applicant is	Individual ☐	Partnership ☐	Corporation ☐	Other ☐	

Note: Coverage under the program is intended for individuals (sole practitioners), partnerships and personal corporations only. If the Applicant is a corporation or partnership of more than two owners, the Applicant can be considered for coverage on a stand-alone basis

7. Are you a sole practitioner, not employing any other professionals, who has an incorporated practice and you want to include your corporation as an Additional Named Insured on the policy? If yes, Please provide the name of your incorporated company below

8. Are the Applicant's total gross revenues for the past year and projected revenues for the upcoming year less than $150,000annually? Yes ☐ No ☐
If No, please provide the total gross annual revenues

9. Please confirm that no more than 15% of the Applicant's gross annual revenues are generated outside of Canada. Yes ☐ No ☐
If No, please provide detailed splits of revenue.

10. Please check the corresponding designation(s) or status of the Applicant:

Holistic Nutritionist Designation

☐ Registered or Licensed Holistic Nutrition Practitioner (RHNP or LHNP in areas not allowed to use Registered or Licensed)

Health Coach Designations:

☐ Registered or Licensed Health Coach (RHC or LHC in areas not allowed to use Registered or Licensed

☐ Registered or Licensed Health & Nutrition Counsellor (RHNC or LHNC in areas not allowed to use Registered or Licensed)

☐ Student under Supervision of a RHNP and member of CAIN - please refer to cain@waypoint.ca

11 a. In the past, has the Applicant been the recipient of any allegations of professional negligence in writing or verbally? Yes ☐ No ☐

11 b. 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 give details

WITHOUT LIMITATION OF ANY OTHER REMEDY AVAILABLE TO THE INSURERS, IT IS AGREED THAT, IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

12. Please list all locations at which business is conducted, providing details indicated below:
Address
Owned or Leased

13. Do you offer any other services beyond the scope of your designation Yes ☐ No ☐
Please tick Yes ☐ No ☐ if you are interested in obtaining an insurance quote for these other services.
Please list services here:

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Limits Requested

Option A Errors and Omissions	**$1,000,000** ☐	**$2,000,000** ☐	**$3,000,000** ☐	**Please specify the limit option desired**
$0 Deductible ☐	$200 ☐	$240 ☐	$325 ☐	**This is a mandatory coverage that must be acquired by all members. This coverage must be acquired to be eligible for Option B.**

Option B Commercial General Liability	**$1,000,000** ☐	**$2,000,000** ☐	**$3,000,000** ☐	**$5,000,000** ☐
$1,000 Deductible ☐	$125 ☐	$175 ☐	$230 ☐	$280 ☐

*Note: Legal Guard Coverage automatically covered
Cyber Guard - 1st Party Privacy Breach Expense Coverage ($50,000 limit) and 3rd Party Privacy Breach Liability Coverage ($50,000 limit)
Meal Preparation Included with purchase of Commercial General Liability Insurance.

APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to Intact for the sole purpose of obtaining an insurance policy, and will be kept confidential.
Moreover, I authorize Intact or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- In the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

DECLARATIONS AND SIGNATURE

The undersigned Applicant for this insurance declares that, to the best of their knowledge and belief, the statements set forth herein are true and correct, and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The undersigned agrees that, if any significant change in the condition of the Applicant is discovered between the date of this Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to the Insurance Manager.
Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant further agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will become part of the policy.

Sign Here: **Date:**

X _____

Payment Details:

Credit card Number Expiry Date

MasterCard ☐ Visa ☐ American Express ☐ Name on Credit Card

Signature

X _____

Please email this application to cain@waypoint.ca.
If you have any questions, please contact 1-844-210-2953