



**CANADIAN SOCIETY OF RESPIRATORY THERAPISTS
SOCIÉTÉ CANADIENNE DES THÉRAPEUTES RESPIRATOIRES**

400 - 331 Cooper St. • Ottawa, Ontario • K2P 0G5

Tel: (613) 731-3164 • Toll Free: 1-800-267-3422 • Fax: (613) 521-4314

**APPLICATION FOR LIABILITY INSURANCE
FINANCIAL YEAR 2010 – 2011**

Name: _____
Please Print Legibly

CSRT File No. _____

Address: _____

CSRT Reg. No. _____

Telephone: _____

C.S.R.T. Membership – Have you paid your 2010-2011 dues? Yes _____ No _____

In choosing to apply for the Liability Insurance Plan, the undersigned respiratory therapist declares that he or she has never been the recipient of a claim which could be covered under the present policy; and/or is not aware of any circumstances which could lead to a claim under the present policy.

Signature

Date

PLEASE SELECT ONE:

Option 1 – Basic Professional Liability - **\$2,000,000**/incident / \$4M aggregate
Effective April 1, 2010 – April 1, 2011

Rate (+ tax)			
QC (9%)	ON (13%)	All Others	
\$61.04	\$60.48	\$56.00	

Option 2 – Basic Professional Liability - **\$5,000,000**/incident / \$5M aggregate
Effective April 1, 2010 – April 1, 2011

Rate (+ tax)			
QC (9%)	ON (13%)	All Others	
\$98.10	\$97.20	\$90.00	

Amount paid: \$_____ (Payable to CSRT by cheque, money order, VISA, or MasterCard)

If by credit card: Card No. _____ Expiry Date: _____

Authorized Signature: _____

PLEASE NOTE THAT YOU MUST BE A CURRENT CSRT REGISTERED RESPIRATORY THERAPIST IN ORDER TO QUALIFY FOR THIS INSURANCE.