

CSRT PROFESSIONAL LIABILITY INSURANCE APPLICATION FORM

201-2460 Lancaster Rd, Ottawa, ON K1B 4S5
 Tel: 613-731-3164 Toll Free: 1-800-267-3422
 Fax: 613-521-4314 Email: membership@csrt.com

The CSRT membership year runs from **April 1, 2019 to March 31, 2020**
**PROFESSIONAL LIABILITY INSURANCE IS ONLY AVAILABLE TO
 CSRT REGISTERED RESPIRATORY THERAPISTS**

A. CONTACT INFORMATION	
Surname:	CSRT ID # or Registry #
First name:	
Address:	Have you paid your dues for the current CSRT membership year? <input type="checkbox"/> YES <input type="checkbox"/> NO
City:	
Province: Postal Code:	<input type="checkbox"/> Dues to be paid by employer Will your dues be paid by your employer? (If so, we can only process your liability insurance once your membership has been paid.)
Email:	Preferred Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
<input type="checkbox"/> I prefer correspondence in FRENCH where possible <input type="checkbox"/> CANADA'S ANTI-SPAM LEGISLATION: I prefer correspondence by email from the CSRT. I give my express consent, in accordance with Canada's anti-spam legislation, to receive email communication from the CSRT. (The CSRT currently has implied consent to email you.)	

B. PROFESSIONAL LIABILITY INSURANCE – professional liability insurance only available to REGISTERED members						
In choosing to apply for the Liability Insurance Plan, the undersigned declares that she or he has never been the recipient of a claim which could be covered under the present policy, or is not aware of any circumstances which could lead to a claim under the present policy.						
No tax on professional liability insurance in BC, AB, NB, NS, PEI and the Territories.	BASIC	SK (tax incl.)	MB & ON (tax incl.)	QC (tax incl.)	NL (tax incl.)	TOTAL
Personal Professional Liability: \$5M incident / \$10M aggregate <i>NEW this year! Only 1 option available: Higher coverage at the lower rate!</i>	\$49.00	\$51.94	\$52.92	\$53.41	\$56.35	
Total Professional Liability Insurance:						\$

C. METHOD OF PAYMENT	
Please make Canadian cheques or money orders payable to CSRT. Refund policy: Once processed, CSRT membership dues, provincial dues and professional liability insurance are non-refundable. Please see (1) at bottom of page for information on NSF Policy.	GST/HST # 119220010 QST # 1217647823
<input type="checkbox"/> Canadian Cheque <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Canadian Money Order	
I, the undersigned, hereby certify that the information provided is accurate and true. I authorize the CSRT to pursue additional inquiries required to complete this application process.	
Signature: _____	Date: _____
Credit Card:	Expiry:
Print Name On Card:	CSC (3 digit number on back of card):

Privacy Statement: Personal information provided upon registration or renewal will be collected and protected under applicable privacy laws. Information collected is used in maintaining your membership in the CSRT, corresponding with you and distributing information about CSRT services and products as well as those of our affiliates. Personal information collected may be used or disclosed for other operational purposes that are consistent with the mission of the CSRT or as required by federal or provincial legislation. For further information about this collection and use of personal information, contact the CSRT Executive Director at 1-800-267-3422.

(1) NSF Payments: CSRT will notify of NSF payments within 10 business days. The CSRT member will have 30 days from the date of notification to pay the amount owed + a \$25.00 administration fee. Should the individual fail to pay within 30 days, the CSRT will send a notification within 5 business days to advise that this current year's membership will be cancelled.