



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, 2023 to March 31, 2024**

A. CONTACT INFORMATION	
Last name:	CSRT ID # or Registry #
First name:	Have you paid your dues for the current CSRT membership year? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address:	
City:	<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.)
Province: Postal Code:	
Email:	Preferred Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
<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							
PLI is available to CSRT Registered Members and to Student Members who are new graduates eligible for a restricted license and have started working prior to passing the National Certification Exam. PLI applies on a claims-made basis: It responds if you have an active policy in place when a claim or complaint is made against you. This liability insurance protects members who are delivering services anywhere in Canada. You must report all incidents and claims as soon as you become aware of them (contact info https://www.csrt.com/membership/#insurance). <i>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 and is not aware of any circumstances which could lead to a claim under the present policy. Details: https://www.csrt.com/membership/#insurance. The undersigned further declares that during the last five years no insurer has cancelled, declined or refused to issue she or he any form of liability insurance and that this application discloses the hazards known to exist at the date of this application. I, the undersigned, 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.</i>							
Signature: _____				Date: _____			
No tax on professional liability insurance in BC, AB, NB, NS, PEI and the Territories.	BASIC	SK (tax incl.)	MB (tax incl.)	ON (tax incl.)	QC (tax incl.)	NL (tax incl.)	TOTAL
Personal Professional Liability Insurance: \$5M incident / \$10M aggregate	\$ 84.00	\$ 89.04	\$ 89.88	\$ 90.72	\$ 91.56	\$ 96.60	
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:	CVV (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.