

### **Professional Liability Insurance Certificate**

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CERTIFICATE #: 554701001-AC2PK-ON-02758 POLICY TERM: February 4, 2025 - February 4, 2026 TRANSACTION: PCH – Update Personal Information EFFECTIVE: March 12, 2025

#### PAID IN FULL

This Certificate of insurance will serve as written confirmation that the Insurance Policy as hereinafter described, is in full force and effect covering the **NAMED INSURED** as designated above. This certificate is subject to all of the terms, conditions, exclusions and limitation of the **NOVEX INSURANCE COMPANY** policy number as stated in the Certificate number above. (<u>Novex</u> <u>Insurance Company is licensed with FSCO</u>.)

The issuance of this certificate warrants that the NAMED INSURED has successfully completed the registration requirements of the COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO. Failure to meet these requirements and maintain active membership will render this policy null and void.

### FORM OF BUSINESS: INDIVIDUAL

THIS POLICY PROVIDES COVERAGE FOR THE FOLLOWING MODALITIES:

TRADITIONAL CHINESE MEDICINE PRACTITIONER AND/OR ACUPUNCTURIST AS DEFINED BY THE SCOPE OF PRACTICE OF THE COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO.

#### DESCRIPTION OF COVERAGE

PROFESSIONAL LIABILITY Miscellaneous Professional Liability Form (PR09N) – Claims Made Form \$2,000,000 Limit Per Claim \$5,000,000 Aggregate Limit Per Policy Period DEDUCTIBLE: \$0

#### LEGAL EXPENSE INSURANCE (PR11N)

\$100,000 Limit Per Claim \$100,000 Aggregate Limit Per Policy Period

CRIMINAL DEFENCE COST REIMBURSEMENT ENDORSEMENT Criminal Defense Cost Reimbursement Endorsement (GE0011)

\$10,000 Limit per Claim \$10,000 Aggregate Limit per Policy Period

RETROACTIVE DATE: 2025-02-04

LEGAL GUARD INFORMATION SERVICE (G019N) 24/7 Telephone access to a legal information service for questions you have relating to your business. (1-855-365-LEGA)

Loren Gardiner (VP Commercial Insurance)

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## **Professional Liability Insurance Certificate**

This policy includes the following professional services, for insured's who have successfully completed their education in the following: Acupuncture; Acupuncture; Acupressure; Herbology; Chinese Medicine Counselling including Dispensing of herbs or Herb Granule as prescribed by the Named Insured; Cupping; Laser Acupuncture; Heat Treatment; Qigong; Tai Chi; Moxibustion; Gua Sha (Skin Scraping); Tuina; Bone Therapy/Topical Application of Chinese Herbs.

#### \*Incidental and only performed by members who are not medical doctors.

## (Please note in case of a claim, you will need to provide proof that you are practicing within the scope of your successfully completed education)

Information furnished on the Application shall be the basis of the contract and forms part of the Policy. The limits are to be applied separately to each Insured Member as per individual Certificate of Insurance issued.

#### Subject To: Legal Expense Endorsement; Criminal Defence Cost Reimbursement Endorsement; Sexual Abuse Counselling Therapy Endorsement; Automatic Extended Reporting Period – 60 days; One (1) Year or Two (2) Years Optional Extended Reporting Period Endorsement.

# Additional Exclusions: Needle Acupuncture unless performed with single-use disposable needles, Hepatitis and Aids Exclusion. Please review Professional Liability Form PR09N for all other standard exclusions.

This document is a Certificate of Insurance under Policy Number **554701001-AC2PK-ON-02758**, and is evidence of the contract of insurance between the Insurer and the Insured with respect to the insurance as described herein and all coverages are subject to the Terms, Conditions and Exclusions of the Master Policy. <u>This is not the policy</u>. A copy of Policy Number is available upon request from the authorized representative or the association. The policy may contain terms, conditions and exclusions which may limit the amount payable. Please read the policy carefully.

#### NOTE: THE DEFINITION OF NAMED INSURED IN THE POLICY RESTRICTS COVERAGE TO **QUALIFIED THERAPISTS** TO WHOM A CERTIFICATE OF INSURANCE HAS BEEN ISSUED. INSURANCE IS PROVIDED FOR ONLY THOSE COVERAGES FOR WHICH AN AMOUNT OF INSURANCE IS SHOWN ON THIS CERTIFICATE. NO TERMS OF THIS CONTRACT SHALL BE WAIVED, IN WHOLE OR IN PART, BY THE INSURER.

This policy is a <u>Claims-made Policy Form</u>. A claims-made policy provides coverage for claims that occurred during the policy period but only as long as there is active coverage. Once the policy expires the coverage stops and any new claims reported to the insurance company, even if they occurred during the active coverage period, are not covered.