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## Professional Liability Insurance

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### Intent

*Ontario Regulation 27/13, Registration* made under *Traditional Chinese Medicine Act, 2006* stipulates that every member except those applying for Inactive Registration must provide proof of professional liability insurance coverage specified in the by-laws of the College.

This policy specifies the proof of professional liability insurance and the insurance coverage required of members of the College as set out in the by-laws.

### Policy

1. A practising member must carry and provide to the College proof of professional liability insurance with the following:
  - Name of the Insurer - the insurer must be licensed with the Financial Services Commission of Ontario
  - Policy Number
  - Name of the Insured that matches the name of the member
  - Address of the Insured
  - Policy period
  - Retroactive date (i.e., the date from which similar coverage was in place before the current policy period started)
  - Minimum coverage of no less than \$1,000,000 per claim
  - Aggregate coverage shall be no less than \$5,000,000
  - The deductible shall be no more than \$1,000 per claim
2. An applicant for registration must provide a declaration that he/she is eligible for professional liability insurance coverage and that he/she will submit the insurance policy to the Registrar within 30 days after his/her registration is approved. The Registrar shall not issue the certificate of registration until actual proof of coverage is received. To help applicant to obtain the proof of coverage before registration with the College, the Registrar may issue a letter indicating that applicant's registration has been approved for him/her to take to the insurer.
3. If for any reason the member ceases to hold professional liability insurance or the policy expires, the member must notify the Registrar in writing within two (2) business days. The Registrar may suspend the member's certificate of registration as public safety is at stake. The member is required to cease practising immediately. The member cannot begin practising again until he/she provides proof of professional liability insurance coverage and, if suspended, until his/her certificate is reinstated.
4. At each time of annual renewal, members must provide updated information on applicable insurance coverage to maintain registration with the College.



College of Traditional Chinese Medicine  
Practitioners and Acupuncturists of Ontario

Ordre des praticiens en médecine traditionnelle  
chinoise et des acupuncteurs de l'Ontario

### SAMPLE CERTIFICATE OF INSURANCE

This certificate is issued as evidence of insurance only under the original policy and is subject to all of the terms, conditions, endorsements, exclusions and assignments that may be made upon said original. Should the described policy be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Certificate Holder Named in this Certificate, but failure to mail such notice shall impose no obligation or liability of any kind upon the Insurance Company, its Agents or Representatives.

**Issued To:**

[Certificate Holder]

**This Confirms:**

[Name & Address of Insured]

**Is Insured By: [**

**Name of Insurance Co.]**

**Policy Number:**

**Policy Period:** From (Date): \_\_\_\_\_ To (Date): \_\_\_\_\_

**Business Description:** 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

**Retroactive Date:**

Above Insurance Company is Licensed with FSCO Yes  No

Professional Liability Per Claim Limit is \$1,000,000 or More Yes  No   
(Limit applicable individually to the Insured named above)

Professional Liability Annual Aggregate Limit is \$5,000,000 or More Yes  No   
(Limit applicable individually to the Insured named above)

Professional Liability Insurance Deductible is \$1,000 or Less Yes  No

Signed & Confirmed by

[Insurance or Broker Name]

Per:

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[Authorized Representative]

Date

[Name & Contact No.: ]