Insurance Application for Individual Practitioners

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| --- | --- |
| Name: |  |

|  |  |
| --- | --- |
| Mailing Address: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| City: |  | Prov.: |  | Postal Code: |  |

|  |  |
| --- | --- |
| Business Name (if any): |  |
| Are you the Business Owner?  Yes  No | **If yes, Name of Business:** |

|  |
| --- |
| If a corporation, please list corporate legal name and all trade and business names. |

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| --- |
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|  |  |
| --- | --- |
| Business Address: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| City: |  | Prov.: |  | Postal Code: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone: Day: |  | Evening: |  |

|  |  |
| --- | --- |
| Email Address: |  |

|  |  |
| --- | --- |
| Please select one of the following options: | |
| Professional Practitioner   Student  Other: |  |

|  |  |  |
| --- | --- | --- |
| 1. | Have you ever sustained a professional liability, property or general liability loss or have claim(s) been made against you in the past? | Yes  No |

|  |  |  |
| --- | --- | --- |
| 2. | Have you any knowledge of any negligent act, error or omission and or breach of duty, which may give rise to a claim against you? | Yes  No |

|  |  |  |
| --- | --- | --- |
| 3. | Has any application for professional liability, property or commercial liability coverage ever been denied? | Yes  No |

|  |  |  |
| --- | --- | --- |
| 4. | Do you have any other business or profession, other than your professional practice? | Yes  No |

|  |  |  |
| --- | --- | --- |
| 5. | Do you provide services or perform activities outside of Canada?  If yes, please where? | Yes  No |

|  |  |  |
| --- | --- | --- |
| 6. | Do you operate a quartz lamp, x-ray, infra-red ray or diathermy machine or other similar equipment or use radium, radioisotopes, or any radioactive material for treatment or any services? | Yes  No |
| 7. | Do your services include administering Botox or Derma Filler Injections? | Yes  No |

|  |  |  |
| --- | --- | --- |
| 8. | Please provide a brief description of your operations and services provided: |  |

|  |  |  |
| --- | --- | --- |
| 9. | Are you a member of an association or regulatory body? | Yes  No |

|  |  |
| --- | --- |
| If yes, please provide the name of the association: |  |

|  |  |  |
| --- | --- | --- |
| 10. | If you answered “Yes” to Questions 1 to 7 or “No” to Question 9 please contact your Broker.  Do you have professional liability coverage with the association? | Yes  No |
|  |  |  |

|  |  |
| --- | --- |
| If yes, when was coverage first obtained? | **Year/Month/Day** |

|  |  |  |
| --- | --- | --- |
| 11. | Please provide your total gross revenue: | $ |

|  |  |
| --- | --- |
| 12. | Give particulars of all professional liability insurance held by the applicant for the past three (3) years. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of Policy | | Policy Number | Insurer | Policy Limit | Policy Period |
| Claims Made | Occurrence |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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| --- | --- | --- |
| 13. | Please provide the retroactive date of first inception of coverage. | **Year/Month/Day**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 14. | What effective date is coverage required?  (Cannot back date coverage, must be a future date and not applicable to the date the application is completed and signed.) | **Year/Month/Day**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 15. | Are you a sole proprietor? | Yes  No |

|  |  |
| --- | --- |
|  | If yes, our policy provides automatic legal entity coverage at no additional premium.  Please note, Aon recommends that you purchase legal entity coverage to protect your business from any error or omission made by any professional you employ. If you wish to purchase, please complete questions 16 to 18 below. |

|  |  |
| --- | --- |
| 16. | Indicate the number of employees actively engaged in any phase of the applicant’s profession or business: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Professional: |  | Clerical: |  | Other: |  |

|  |  |
| --- | --- |
| 17. | Complete the following for any person performing professional activities within your clinic: (We may request the resumes of each. Please refer to the Multidiscipline Clinics Table on page 3 of the application). |

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Duties | Professional Designation | Years of Experience |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |
| --- | --- | --- |
| 18. | Does the applicant employee(s) carry professional liability insurance? | Yes  No |

|  |  |
| --- | --- |
|  | If yes, please complete the following. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Insurance Company | Policy Number | Limits |  | Primary | Excess |
| Per Claim | Aggregate |
|  |  | $ | $ |  |  |
|  |  | $ | $ |  |  |
|  |  | $ | $ |  |  |
|  |  | $ | $ |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | If no, it is advised that all professional employees carry their own professional liability coverage. Proof of coverage should be obtained by the clinic owner.  Coverages Available  Premiums and/or the coverage are not guaranteed until the application has been vetted and agreed by underwriters.  All premiums are fully earned and retained.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Option | Coverage | Limit | Annual  Premium | Annual Premium | | Mandatory Coverage (please select one) | | | | | | Professional Liability Coverage (per claim/policy limit) | | | | | | 1. | Professional Liability | $3,000,000 / $5,000,000 | Refer to chart | $\_\_\_\_\_ | | 2. | Professional Liability | $5,000,000 / $5,000,000 | Refer to chart | $\_\_\_\_\_ | | Optional Coverages | | | | | | Commercial General Liability (per occurrence/policy limit - only available if professional liability is purchased)  Recommended for all practitioners to cover any third party bodily injury or property damage caused. (please select one, if required) | | | | | | 1. | Commercial General Liability | $3,000,000 / $5,000,000 | $150 | $\_\_\_\_\_ | | 2. | Commercial General Liability | $5,000,000 / $5,000,000 | $200 | $\_\_\_\_\_ | | | | | | | |
| Individual Practitioner List –  Professional Liability  PLEASE SELECT YOUR PRIMARY PROFESSIONAL SERVICES OFFERED AND INDICATE ANY ADDITIONAL MODALITIES YOU PRACTICE | |  |  |  | Individual Practitioner List –  Professional Liability  PLEASE SELECT YOUR PRIMARY PROFESSIONAL SERVICES OFFERED AND INDICATE ANY ADDITIONAL MODALITIES YOU PRACTICE |  |  | |
| Modality | | Annual Premium | Annual  Premium |  | Modality | Annual  Premium | Annual  Premium | |
| **Class A** | |  |  |  | **Class D** |  |  | |
| Speech Language Pathologists | | $50 | $\_\_\_\_\_ |  | Physiotherapist /  Physiotherapy Assistant ($5M limit) | $150 | $\_\_\_\_\_ | |
| Audiologist | | $50 | $\_\_\_\_\_ |  | Physiotherapist /  Physiotherapy Assistant ($10M Limit) | $180 | $\_\_\_\_\_ | |
| Radiologist/Sonographer/X-Ray | | $50 | $\_\_\_\_\_ |  | Chiropodist/Podiatrist | $150 | $\_\_\_\_\_ | |
| Dietician/Nutritionist | | $50 | $\_\_\_\_\_ |  | Sports Therapist | $150 | $\_\_\_\_\_ | |
| Music Therapist | | $50 | $\_\_\_\_\_ |  | Kinesiologist | $150 | $\_\_\_\_\_ | |
| Art/Colour Therapist | | $50 | $\_\_\_\_\_ |  | Certified First Aid Instructor | $150 | $\_\_\_\_\_ | |
| Dental Hygienist | | $50 | $\_\_\_\_\_ |  | Athletic Therapist | $150 | $\_\_\_\_\_ | |
|  | |  |  |  | Exercise Therapist | $150 | $\_\_\_\_\_ | |
| **Class B** | |  |  |  | Personal Support Worker | $150 | $\_\_\_\_\_ | |
| Occupational Therapist /  Occupational Therapy Assistant ($5M limit) | | $50 | $\_\_\_\_\_ |  | Hydro Therapist | $150 | $\_\_\_\_\_ | |
| Occupational Therapist /  Occupational Therapy Assistant ($10M limit) | | $97 | $\_\_\_\_\_ |  | Homeopath | $150 | $\_\_\_\_\_ | |
| Crossfit | | $100 | $\_\_\_\_\_ |  | Personal Trainer | $200 | $\_\_\_\_\_ | |
| Dance Movement Therapy | | $100 | $\_\_\_\_\_ |  | Certified Pedorthist Technician | $150 | $\_\_\_\_\_ | |
| Yoga/Pilates Instructor | | $100 | $\_\_\_\_\_ |  | Certified Pedorthist | $175 | $\_\_\_\_\_ | |
| Aromatherapy | | $100 | $\_\_\_\_\_ |  | Certified Pedorthist Master Craftsman | $210 | $\_\_\_\_\_ | |
| Reiki Instructor | | $100 | $\_\_\_\_\_ |  | Registered Nurse/Nurse Practitioner ($3M) | $300 | $\_\_\_\_\_ | |
| Zumba Instructor | | $100 | $\_\_\_\_\_ |  | Registered Nurse/Nurse Practitioner ($5M) | $350 | $\_\_\_\_\_ | |
| Herbalist | | $100 | $\_\_\_\_\_ |  | **Class E** |  |  | |
|  | |  |  |  | Acupuncturist / Traditional Chinese Medicine | $370 | $\_\_\_\_\_ | |
| **Class C** | |  |  |  | Natural Health Practitioner | $370 | $\_\_\_\_\_ | |
| Massage Therapist | | $125 | $\_\_\_\_\_ |  | Osteopath | $370 | $\_\_\_\_\_ | |
| Thai Chi Instructor | | $125 | $\_\_\_\_\_ |  | Chiropractor ($3M Limit included fee of $199) | $999 | $\_\_\_\_\_ | |
| Reflexologist | | $125 | $\_\_\_\_\_ |  | Chiropractor ($5M Limit included fee of $199) | $1029 | $\_\_\_\_\_ | |
| Shiatsu Instructor | | $125 | $\_\_\_\_\_ |  | **Increased Professional Liability Limit if not specified above** |  |  | |
|  | |  |  |  | $5,000,000/$5,000,000 per limit & claim | $30 | $\_\_\_\_\_ | |
| **Additional Practiced Modalities**  **(as per ABOVE Individual Practitioner list)** | |  |  |  | **Additional Practiced Modalities**  **(as per ABOVE Individual Practitioner list)** |  |  | |
| \_\_\_\_\_ | | $50 | $\_\_\_\_\_ |  | \_\_\_\_\_ | $50 | $\_\_\_\_\_ | |
| \_\_\_\_\_ | | $50 | $\_\_\_\_\_ |  | \_\_\_\_\_ | $50 | $\_\_\_\_\_ | |
| \_\_\_\_\_ | | $50 | $\_\_\_\_\_ |  | \_\_\_\_\_ | $50 | $\_\_\_\_\_ | |
| \_\_\_\_\_ | | $50 | $\_\_\_\_\_ |  | \_\_\_\_\_ | $50 | $\_\_\_\_\_ | |
| \_\_\_\_\_ | | $50 | $\_\_\_\_\_ |  | \_\_\_\_\_ | $50 | $\_\_\_\_\_ | |

**Additional Practiced Modalities**: **coverage can be obtained for the premium of $50 per additional modality listed above. If a modality required is not listed above, please contact an Aon Representative.**

All premiums are fully earned and retained.

| Multidiscipline Clinics |  |  |  | Multidiscipline Clinics |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Multidiscipline Modality | Annual Premium | Annual Premium |  | Modality | Annual Premium | Annual  Premium |
| Physiotherapist Assistant/ Occupational Therapist Assistant | $\_\_\_\_\_ | $\_\_\_\_\_ |  | Registered/Certified Physiotherapist | $150 | $\_\_\_\_\_ |
| Yoga/Pilates | $75 | $\_\_\_\_\_ |  | Sports Therapist | $150 | $\_\_\_\_\_ |
| Occupational Therapist | $75 | $\_\_\_\_\_ |  | Kinesiologist | $150 | $\_\_\_\_\_ |
| Chiropodist/Podiatrist | $95 | $\_\_\_\_\_ |  | Certified First Aid Instructor | $150 | $\_\_\_\_\_ |
| Speech Language Pathologist | $100 | $\_\_\_\_\_ |  | Personal Trainer | $150 | $\_\_\_\_\_ |
| Audiologist | $100 | $\_\_\_\_\_ |  | Athletic Therapist | $150 | $\_\_\_\_\_ |
| Radiologist/Sonographer/X-Ray | $100 | $\_\_\_\_\_ |  | Personal Support Worker | $150 | $\_\_\_\_\_ |
| Music Therapist | $100 | $\_\_\_\_\_ |  | Hydro Therapist | $150 | $\_\_\_\_\_ |
| Art/Colour Therapist | $100 | $\_\_\_\_\_ |  | Exercise Therapist | $150 | $\_\_\_\_\_ |
| Dental Hygienist | $100 | $\_\_\_\_\_ |  | Certified Pedorthist/Technician | $150 | $\_\_\_\_\_ |
| Reiki Instructor | $100 | $\_\_\_\_\_ |  | Certified Pedorthist Master Craftsman | $150 | $\_\_\_\_\_ |
| Zumba Instructor | $100 | $\_\_\_\_\_ |  | Prosthetics | $150 | $\_\_\_\_\_ |
| Herbalist | $100 | $\_\_\_\_\_ |  | Homeopath | $150 | $\_\_\_\_\_ |
| Aromatherapy | $100 | $\_\_\_\_\_ |  | Natural Health Practitioner | $150 | $\_\_\_\_\_ |
| Dance Movement Therapy | $100 | $\_\_\_\_\_ |  | Dietician/Nutritionist | $175 | $\_\_\_\_\_ |
| Crossfit | $100 | $\_\_\_\_\_ |  | Pharmacist | $175 | $\_\_\_\_\_ |
| Massage Therapist | $150 | $\_\_\_\_\_ |  | Psychologist | $250 | $\_\_\_\_\_ |
| Reflexology | $150 | $\_\_\_\_\_ |  | Acupuncturist | $325 | $\_\_\_\_\_ |
| Shiatsu Instructor | $150 | $\_\_\_\_\_ |  | Osteopathy | $325 | $\_\_\_\_\_ |
| Thai Chi Instructor | $150 | $\_\_\_\_\_ |  | Chiropractor | $325 | $\_\_\_\_\_ |
| Counselor/Social Worker | $150 | $\_\_\_\_\_ |  | Registered Nurse | $325 | $\_\_\_\_\_ |

**Property Coverage**

Property Coverage is only available on annual (12 month) basis

Answer these questions only if you wish to purchase coverage for your office contents.

All premiums are fully earned and retained.

|  |  |  |
| --- | --- | --- |
| 1. | Is your location greater than one (1) km from a fire hydrant? | Yes  No |

|  |  |  |
| --- | --- | --- |
| 2. | Is your location greater than five (5) km from a fire hall? | Yes  No |

|  |  |  |
| --- | --- | --- |
| 3. | Does your location have a central station alarm system? | Yes  No |

|  |  |
| --- | --- |
| If yes, please provide the name of the alarm company: |  |

Coverages Available

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Option | Coverage | Limit | Annual Premium | Annual Premium |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Property Coverage (only available if commercial liability is purchased, please select one if required)  Recommended for all practitioners that operate their own office or own professional equipment. Coverage for contents including equipment and stock (no building coverage) | | | | | |
| 1. | Property | $75,000 | $170 | | $\_\_\_\_\_ |
| 2. | Property | $125,000 | $275 | | $\_\_\_\_\_ |
| 3. | Property | $200,000 | $440 | | $\_\_\_\_\_ |
| 4. | Property | $500,000 | $850 | | $\_\_\_\_\_ |
| 5. | Property | $750,000 | $975 | | $\_\_\_\_\_ |
| Equipment Breakdown Coverage (only available if property coverage is purchased, please select one if required) | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | 1. | Equipment Breakdown | $75,000 | $43 | $\_\_\_\_\_ | | 2. | Equipment Breakdown | $125,000 | $69 | $\_\_\_\_\_ | | 3. | Equipment Breakdown | $200,000 | $110 | $\_\_\_\_\_ | | 4. | Equipment Breakdown | $500,000 | $213 | $\_\_\_\_\_ | | 5. | Equipment Breakdown | $750,000 | $244 | $\_\_\_\_\_ | | | | | | |
| Crime and Business Interruption (only available if insured has purchased property coverage)  Crime   * Employee Dishonesty: recommended if you have any employees. Covers loss arising out of employee fidelity. * Third Party Extension: covers losses of money due to employees’ fraudulent or dishonest act(s) to a third party.   **Business Interruption**   * Insurance coverage that replaces business income lost as a result of an event (insured peril) that interrupts the operations of your business. | | | | | |
| 1. | Crime | $25,000 Employee Dishonesty | $50 | $\_\_\_\_\_ | |
| 2. | Third Party Extension | $10,000 | $50 | $\_\_\_\_\_ | |
| 3. | Business Interruption – Profits Form including Extra Expense | $250,000 | $50 | $\_\_\_\_\_ | |

Payment Information

Length of policy you wish to purchase? 12 Months  24 Months

All premiums are fully earned and retained.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The following provinces are subject to provincial sales tax:  Ontario residents add 8% Sales Tax Québec residents add 9% Sales Tax Manitoba residents add 8% Sales Tax  Newfoundland & Labrador residents add 15% Sales Tax  Saskatchewan residents add 6% Sales Tax  All other provinces are exempt. GST is not applicable to insurance premiums.  All cheques payable to Aon Reed Stenhouse Inc., or complete credit card authorization below. Credit card information may be forwarded to our office by the following methods: fax, email or by mail. |  | Sub-total | $ | \_\_\_\_\_ |
|  | Tax | $ | \_\_\_\_\_ |
|  | Total Enclosed | $ | \_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| Print Name of Applicant: |  | Position: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Applicant: |  | Date: |  |

Declarations, Warranty and Consent

The undersigned declares:

The applicant or applicants (collectively, the “Applicant”) have reviewed all parts and attachments of this application and acknowledges that all information is true and correct and understands that this application for insurance is based on the truth and completeness of this information. Where (a) the Applicant for this contract gives false information to the prejudice of the Insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein, or (b) the Applicant contravenes a term of the contract or commits a fraud, or (c) the Applicant willfully makes a false statement in respect of a claim, coverage may be voided by the insurer and the Applicant’s right of recovery may be forfeited.

The Applicant confirms that he/she wishes to use Brokers’ services and consents to Aon’s collection, use and disclosure of any personal information (including without limitation, credit information and claims history) required for the following purposes:

* To determine eligibility and/or processing applications for insurance products requested
* To provide requested information, products or risk management services
* To understand and assess ongoing needs and offer products/services to meet those needs
* For billing and accounting services related to Aon’s products and services
* For communicating with the Applicant and to provide service and administration on Applicant’s behalf
* For claims administration and data analysis
* For internal, external and regulatory audit purposes
* To comply with legal and regulatory requirements
* To verify the personal information provided.

The Applicant authorizes Aon to collect and/or disclose the Applicant’s personal information from/to third parties such as insurance companies, other brokers, adjusters, credit reporting agencies, motor vehicle/driver licensing authorities, financial institutions, medical professionals and others as may be required for the above purposes. If the Applicant is providing any additional insured personal information, the Applicant warrants having obtained the prior written consent from each additional insured for the collection, use and disclosure of their personal information as set out herein. The Applicant acknowledges that he/she may withdraw a previously given consent for one or more purposes at any time, by contacting Aon’s Privacy Officer in writing and understands that such withdrawal may result in Aon’s inability to provide the services requested. The Applicant acknowledges that this Consent remains in force until withdrawn by the Applicant in whole or in part, regardless of any other consents the Applicant may sign authorizing the collection, use or disclosure of personal information.

The applicant declares that to the best of their knowledge the statements set forth herein are true. Signing of this application does not bind the Applicant or company to complete the insurance.

PLEASE NOTE: COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED. FURTHERMORE, POTENTIAL INCEPTION DATE OF COVERAGE WILL BE THE DATE THE APPLICATION HAS BEEN VETTED AND AGREED BY UNDERWRITERS.

Note

Contents at your premises include Equipment, Stock and Improvements & Betterments that you have made to your leased premises. This policy is subject to a 90% co-insurance clause so please ensure that you have adequate limits to reflect the full replacement cost value of your contents, equipment, stock and all improvements and betterments or it will affect the amount paid to you if you have a claim.

Co-insurance Clause

Since the concept of co-insurance is a fundamental principle of property and business continuation insurance, it is imperative that you understand it before considering the amount of insurance you buy.

Co-insurance is an agreement between ‘You’ and the ‘Insurance Company’, whereby you agree to maintain coverage up to a stated percentage of the value of the property you wish to insure (90%).

Should a loss occur, consideration is then given to the amount of insurance carried compared to actual replacement cost values prior to the loss. If the amount of insurance is within the agreed co-insurance percentage requirement, the loss is paid in full, up to the policy limits. If, however, the amount of insurance that you carry is below the agreed percentage – you and the company then share the loss.

Example: Assume the value of the contents you are insuring is $200,000 and the policy contains a 90% co-insurance clause. This means you should be carrying at least $180,000 in coverage. If you were only insuring a portion of the required coverage (e.g.: $100,000 limits) and had a loss of $100,000, the insurance company would indemnify you for a portion of the loss based on the following formula:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Amount of Insurance Carried |  | Amount of Loss |  | Claim Payment |
| Value of the Property x 90% |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| $100,000 |  | $100,000 |  | $55,555 (the deductible is then applied to this amount) |
| $200,000 x 90% |

As you can see, it is imperative to insure to full replacement cost value in order to be indemnified for the full loss.

A regular and careful review of the value of your insured property is essential if co-insurance penalties are to be avoided. Aon recommends that your insurable values be reviewed frequently by a competent, independent appraisal company.

Privacy Policy

Aon’s Privacy Policy is available at http://www.aon.com/canada/about-aon/privacy.jsp

For any questions or concerns, or to view your personal information at any time, please contact Aon’s Privacy Officer:

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Authorization

For Credit Card Charge

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| VISA or M/C Account No.: |  |  |  |  | Expiry Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Cardholder Name: |  | Signature: |  |

**Total Charged:**  $ \_     \_\_\_\_\_\_\_\_\_\_\_\_\_

Aon Risk Solutions™

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