HOLMAN INSURANCE BROKERS LTD.

LLOYD'S

3100 Steeles Ave. East, Suite 101,
Markham, Ontario L3R 8T3 Canada
Email: service@holmanins.com Tel: (905) 886-5630

www.holmanins.com
www.therapistinsurance.ca

Canadian Therapy Professional And General Liability Insurance Application Form

NOTE: THIS APPLICATION IS AN IMPORTANT DOCUMENT AND IS BEING RELIED ON BY THE INSURER TO DETERMINE WHETHER IT WILL PROVIDE YOU WITH COVERAGE. PLEASE ENSURE THAT ALL RESPONSES ARE ACCURATE. THIS DOCUMENT WILL FORM PART OF YOUR POLICY.

"**Applicant**" means the individual detailed below. This application form must be completed in ink, signed and dated by the **Applicant**. Please attach an updated and relevant resume/CV together with certificates proving all relevant qualifications in respect of this application. All questions must be answered and where appropriate "Not Applicable" or "N/A" specified. The completed application form along with additional information provided will form part of the contract of insurance with the Insurers. All facts material to the proposed insurance must be disclosed fully and truthfully and to the best of the **Applicant**'s knowledge and belief whether or not they are the subject of a specific question herein. In addition to the information contained in the application form including all supporting documentation, if the **Applicant** is aware of any other information which it considers may alter, influence or prejudice the Insurers' appraisal of the risk being proposed, this information must be disclosed in conjunction with this application form.
By signing this application form the **Applicant** is consenting to the use of information, including sensitive personal information. Where personal information relates to third parties, the **Applicant** confirms that it has been given the requisite consent to disclose such information to the Insurers for processing.
If there is insufficient space to complete an answer to any question in this application form, please continue on the continuation space (and additional page) provided, which should then be signed, dated, and attached to this application form.

COVERAGE PART A – PROFESSIONAL LIABILITY – "Claims Made"
This insurance under Part A, is underwritten on a "claims made" basis, which means that if a claim is made against the **Applicant** then the **Applicant** MUST have a current policy in force. Any claims brought against the **Applicant** after the expiry of the policy period (or any specific run-off extension or extended reporting period) will NOT be covered.

Insuring Clauses Available
Policy Limits up to $5,000,000 per Claim, $10,000,000 in the aggregate are available across the following covers:

- Professional Negligence
- Libel & Slander
- Infringement Of Copyright
- Breach Of Confidentiality
- General Liability To Third Parties
- Rescuers & Good Samaritan Acts

In addition, the following are automatically included:

- $250,000 Duty To Refer To Healthcare Service Providers
- $100,000 Products Liability
- $250,000 Loss Of Documents
- $25,000 Personal Information Protections and Electronic Document Act Coverage (S.C.,2000, C.5)
- $100,000 Sexual Harassment / Abuse

COVERAGE PART B – OPTIONAL - COMMERCIAL GENERAL LIABILITY POLICY – "Occurrence Basis"
Commercial General Liability is available as an optional addition to coverage part A. Coverage under part A must be purchased for this additional Part B to apply. Insurance under Part B is on an "Occurrence Basis".

Qualifications
In the event of a claim, the **Applicant** will be required to produce qualification certificates.

Approved Associations
This application applies only to the activities specifically detailed below by the **Applicant**, AND for which the **Applicant** has an approved relevant qualification from one of the list of approved associations attached to this application form. If the **Applicant** is in any doubt as to whether an individual activity or association is approved for cover under this policy, the **Applicant** must discuss this with the Coverholder prior to accepting cover hereunder.

Applicant Acknowledgement

Signature _____ Date _____

WARNING
If the Applicant receives a claim or becomes aware of a circumstance that may give rise to a claim, the Applicant must contact Holman Insurance Brokers Ltd. immediately to ensure that the claim notification provisions under the policy are adhered to. Failure to do so could prejudice the Applicant's ability to claim under the Applicant's insurance policy.

If the Applicant is a new client to Holman Insurance Brokers Ltd. and the Applicant's previous liability policy was not on a "claims made" basis with the same "retro-active date" to that provided under this insurance application please call Holman Insurance Brokers Ltd. for advice as the Applicant may be exposed to a gap in cover.
It is the responsibility of the Applicant to understand the type of insurance they are applying for.

Personal Information of The Applicant (You) - Please provide the following specific information:

Any **Applicant** who has qualified overseas shall also have to be individually approved prior to cover being authorized by Insurers.

1.	Full Name of **Applicant**:	First Name	Initial	Last Name

2a.	Address:	Street Address		
	City	Province	Postal Code	

b.	Telephone Number:	Business #	Cell #
c.	Email Address:	Fax #	

3. Relevant Canadian Qualifications – **PLEASE ATTACH CERTIFICATES for new applicants and new certifications**

Name of Association, School or Centre	Course Title	Dates MM/DD/YY

Relevant Non-Canadian Qualifications - **PLEASE ATTACH CERTIFICATES for new applicants and new certifications**

Name of Association, School or Centre	Course Title	Country	Dates MM/DD/YY

Any **Applicant** who has **Non-Canadian qualifications** will have to be individually approved prior to cover being authorized by Insurers.

3.
Cont'd Associations that you are a current subscribing member of (Including membership Nos):-

Name of Association	Membership No.	Date First Joined	Membership Type

Please provide evidence of current membership (e.g. Annual Certificate). **Please note that if the Applicant is not a member of any of the approved associations, there is no automatic cover and the application will have to be reviewed and specifically authorized by the Insurers, and even if the authorization is approved the detailed premiums may not still apply.**

4. Date Of Birth:- MM/DD/YY

5. Date Started Practice: MM/DD/YY

6. Is any of your work supervised? ☐ Yes ☐ No
If **YES**, Please advise by whom and under what circumstances:

Name of Supervisor	Address	Tel #	Email
Please provide qualifications of supervisor			

7. a. Do you work with animals? ☐ Yes ☐ No
If **YES**, please advise when this would happen and with what types of animal.

b. Are you a student or a candidate for admission to a profession, or an intern or any such other occupation that includes elements of educational tutelage? ☐ Yes ☐ No

Where the **Applicant** is a student or candidate for admission to a profession, or an intern or any such other occupation that includes elements of educational tutelage, it is a condition precedent to the right to be indemnified under this policy that the **Applicant** be under the supervision of a practitioner/instructor qualified within the activities covered and is restricted to performing practice treatments or case work only, and that the **Applicant** advises the recipient of such treatments (or their parent or legal guardian, if the recipient has not attained the age of 16) that they are receiving treatment as part of a training program. The **Applicant** must not offer treatments outside of their capabilities which shall at all times be governed by the phase reached in their training program and their supervising instructor/practitioner's assessment.

If **YES**, Please advise name of qualified practitioner or instructor.

Name of qualified practitioner of instructor	Address	Tel #	Email

Please provide qualifications of qualified practitioner or instructor.

c. Do you provide sports therapy / rehabilitation / massage therapy or personal fitness instruction to Professional Sports persons and/or dancers? ☐ Yes ☐ No

d. Do you teach and/or certify or qualify another to teach others? ☐ Yes ☐ No

Where an applicant is a teacher, teaching is considered certifying and/or qualifying another to teach others. (This should not be confused with instruction of others in participation of an activity.)

Your policy does not extend coverage to the actions of your students. Examples of this would be:
i) a student or graduate injuring another student during practical training;
ii) a student or graduate causes harm to a patient and an allegation is made that the damages were in whole or in part as a result of insufficient or deficient training.

If **YES**, please advise the relationship to whom and how often.
Attach relevant qualifications.

To Whom?	How often?

e. Do you require liability coverage for any additional Insured's? Please indicate the relationship, state name and full address. If more space is required, please complete on a separate form. ☐ Yes ☐ No

NOTE: If the answers to item 7 a – e are **YES**, an additional premium loading will apply. Please refer to premium calculation page.

8. Do you keep records for at least 7 years for all patients/clients? ☐ Yes ☐ No

If **NO**, please advise why the answer is **NO**:

9. Do you obtain satisfactory consent in writing from each patient prior to starting treatment? ☐ Yes ☐ No
If **YES**, please attach sample copy of consent form, intake form or client waiver. IF **NO, Please explain why NO.**

10. Have any negligence claims ever been made against you whether successful or otherwise? ☐ Yes ☐ No

11. Have any claims for dishonesty ever been made against you whether successful or otherwise? ☐ Yes ☐ No

12. Have any complaints or investigations ever been made or undertaken against you? ☐ Yes ☐ No

13. Have you ever had a document relating to the **Applicant's** activities unintentionally destroyed, damaged, lost or mislaid? ☐ Yes ☐ No

14. Has the **Applicant** ever been convicted of a criminal offence, other than a motoring offence, or have any prosecution pending? ☐ Yes ☐ No

15. Have any libel or slander claims, infringement of copyright or breach of confidentiality ever been made against you? ☐ Yes ☐ No

16. Have any sexual harassment and/or abuse claims ever been made against you? ☐ Yes ☐ No

17. Are you aware of any circumstances which may give rise to a potential claim or request for indemnity under this professional liability insurance? ☐ Yes ☐ No

NOTE: If the answer to any of 10-17 above is **YES**, please provide full details:

18. Do you currently purchase Liability, Medical Malpractice and/or Professional Liability Insurance? If **YES**, please give full details: ☐ Yes ☐ No

Name of Company:

LIMIT:	DEDUCTIBLE	EXPIRY DATE MM/DD/YY	TYPE OF INSURANCE	PREMIUM
				$

If you had a "Claims Made" policy and require retro date coverage, please provide evidence of prior insurance policy.

19.. Have you ever had a claim made against you whether successful or otherwise in respect of bodily injury, property damage, premises (including tenant's liability), liability, personal injury, advertising liability or medical expenses? If **YES**, please give full details: ☐ Yes ☐ No

Categories

There are several categories of activities that can be covered, **each of which has a separate premium** banding.
NOTE: Some categories are not available in Ontario identified as (*excludes Ontario). Please contact our office for the correct application. Please indicate ☒ which individual activities cover is required hereunder:

CATEGORY A

- ☐ **Dietician / Dietitian**
- ☐ **Alexander Technique**

CATEGORY B

- ☐ **Access Bars ™**
- ☐ **Algotherapy**
- ☐ **Anat Baniel Method™**
- ☐ **Aqua Chi**
- ☐ **Aromatherapy**
- ☐ **Art Therapy**
- ☐ **Ask and Receive**
- ☐ **Aura Soma Color Healing**
- ☐ **Bach Flower Remedy**
- ☐ **Balneotherapy**
- ☐ **Belly Fit™**
- ☐ **Bio Energetics**
- ☐ **Bio Feedback**
- ☐ **Body Mind Balancing**
- ☐ **Brain Gym™**
- ☐ **Breathwork**
- ☐ **Certified Emotion Code Practitioner™**
- ☐ **Certified First Aid**
- ☐ **Certified Maternity & Child Sleep Consultant ™**
- ☐ **Certified Pedorthic Technician**
- ☐ **Certified Pedorthists**
- ☐ **Chakra Balancing / Dance**
- ☐ **Clinical Weight Loss**
- ☐ **Color Therapy**
- ☐ **Conductive Education®**
- ☐ **Crystal Healing**
- ☐ **Dance Movement Therapy/Instructor**
- ☐ **Dance Divine ™ Instructor**
- ☐ **Deep Oscillation Therapy**
- ☐ **Developmental Services Worker**
- ☐ **Eden Energy**
- ☐ **Electro Therapy**
- ☐ **Emotion Code**
- ☐ **Emotional Freedom Technique**
- ☐ **EMF Balancing Technique**
- ☐ **Ergonomic Therapy**
- ☐ **Energetic Healing**
- ☐ **Energy Work / Balancing**
- ☐ **Expressive Arts**
- ☐ **Feldenkrais Method**
- ☐ **Feng Shui**
- ☐ **Grief Counselor**
- ☐ **Guidance Counselor (excluding addiction & substance abuse – see cat C)**
- ☐ **Guided Imagery**
- ☐ **Health Coach/Advisor**
- ☐ **Heart Wisdom Connection™**
- ☐ **Herbalism**
- ☐ **Holistic Counseling**
- ☐ **Holistic Practitioner**
- ☐ **Horticultural Therapy**
- ☐ **Integrated Energy Therapy**
- ☐ **Intolerance Elimination**
- ☐ **Intuitive Counseling**
- ☐ **Iridology**
- ☐ **Journey Practitioner ™**
- ☐ **Magnetic Therapy**
- ☐ **Manual Lymph Drainage**
- ☐ **Meditation**
- ☐ **Meridian Stress Assessment**
- ☐ **Mickel Therapy**
- ☐ **Music -Thanatology**
- ☐ **Music Therapy**
- ☐ **Neurofeedback**
- ☐ **NeuroOptimal™/ Zengar**
- ☐ **Nutrition**
- ☐ **Pastoral Counseling**
- ☐ **Peat Therapy**
- ☐ **Pediatric Sleep Consultant**
- ☐ **Personal Support Worker (PSW)**
- ☐ **Pilates Instructor**
- ☐ **Plexus Bio Energy Therapy**
- ☐ **Pranic Healing**
- ☐ **Qi Gong Instructor**
- ☐ **Quantum Touch**
- ☐ **Raviv Method**
- ☐ **Reiki Practitioner**
- ☐ **Reiki Instructor / Master**
- ☐ **Shamanic Healing**
- ☐ **Simply Healed Method™**
- ☐ **Spiritual Counselor**
- ☐ **Spiritual Therapy**
- ☐ **Spiritual Direction**
- ☐ **Somato Emotion Release**
- ☐ **Sotai**
- ☐ **Soul Life™**
- ☐ **Sound Therapy / Healing**
- ☐ **Thalassotherapy**
- ☐ **Thanadoula/Contemplative End of Life Care**
- ☐ **The Radiance Technique**
- ☐ **Trigger Release Method**
- ☐ **Vibroacoustic Therapy (VAT)**
- ☐ **Yoga Instructor (excluding Hot, Aerial and Bikram)**
- ☐ **Zumba™ Instructor**

CATEGORY C

- ☐ Acu Detox **
- ☐ Acupressure
- ☐ Addiction & Substance Abuse Counseling (excluding Ontario)
- ☐ Aston Patterning
- ☐ Antigynastique™ Body Work
- ☐ Allergy Testing
- ☐ Aqua massage / Hydrotherapy
- ☐ Aquatic Exercise Therapy
- ☐ Awakening the Illuminating Heart
- ☐ Behavioral Analysis (excluding Ontario)
- ☐ Bowen Technique
- ☐ Bi-Aura Therapy
- ☐ Bio Cell Therapy
- ☐ Body Talk System
- ☐ Brandon Raynor Massage
- ☐ Breema
- ☐ Brine Baths
- ☐ Certified Orthopedic Footwear Specialist
- ☐ Certified Pedorthic Master Craftsman
- ☐ Certified Senior Wellness Practitioner
- ☐ Chair Massage
- ☐ Chi Ni Tsang
- ☐ Child and Play Therapy (excluding Ontario)
- ☐ Cognitive Behaviour Therapy
- ☐ Craniosacral Therapy
- ☐ Exercise Therapy
- ☐ Eye Movement Desensitization and Reprocessing - EMDR
- ☐ First Aid Instructor / CPR / AED
- ☐ Fitness Instruction - Group
- ☐ Fitness Instruction - Personal
- ☐ Grasten Technique ™
- ☐ Heart Math™
- ☐ Hellerwork
- ☐ Homeopathy (*excludes Ontario)
- ☐ Hot or Cold Stone Therapy
- ☐ Hypnosis
- ☐ Hypnotherapy/ Hypnosis/Consulting Hypnotist
- ☐ Infant Massage
- ☐ Indonesian Massage
- ☐ Ion Cleanse
- ☐ Jin Shin
- ☐ Karuna Reiki™
- ☐ Kinesiology (*excludes Ontario)
- ☐ Lactation Consultant
- ☐ Life Work Coaching
- ☐ Lomi- Lomi
- ☐ Massage Therapy (Non-regulated)
- ☐ Martial Arts Instructor Fitness *(No contact)*
- ☐ Metatronia Therapy™
- ☐ Muscle Activation Techniques
- ☐ Myofascial Release Technique
- ☐ Natural Face Lift Technique
- ☐ Neuro Muscular Therapy
- ☐ Neuro Linguistic Therapy
- ☐ Occupational Therapy
- ☐ Polarity Therapy
- ☐ Postural Integration
- ☐ Pregnancy Massage
- ☐ Rainbow Children
- ☐ Raindrop Therapy
- ☐ Recreational Therapist
- ☐ Reflexology Therapy
- ☐ Registered Massage Therapy (excluding Ontario)
- ☐ Registered Mental Health Therapist
- ☐ Relaxation Therapy
- ☐ Rolfing™
- ☐ Rosen Method
- ☐ Rubenfeld Synergy
- ☐ Senior Wellness Practitioner
- ☐ Shiatsu
- ☐ SOS Survival Operating System ™
- ☐ Structural Integration
- ☐ Swedish Massage
- ☐ Tai Chi Instructor
- ☐ Thai Massage
- ☐ The Radiance Technique
- ☐ Therapeutic Touch
- ☐ Total Body Modification
- ☐ Touch for Health
- ☐ Trager ™ Approach
- ☐ Traumatic Event Support Counselor
- ☐ Trigenics
- ☐ Vocational Rehabilitation
- ☐ Voice Bio ™
- ☐ Watsu
- ☐ Yamuna™ Body Rolling
- ☐ Zen Therapy
- ☐ Zero Balancing

**Warranty: Practitioners in Acu Detox must use single use disposable and aseptic needles

Please note warranties must be complied with and failure to do so will invalidate the policy

CATEGORY D

- ☐ Bikram Yoga
- ☐ Ear Coning / Candling
- ☐ Hot Yoga
- ☐ Martial Arts Instructor (with contact)
- ☐ Nerve Stimulation (TENS/IFC)
- ☐ Photonic Therapy
- ☐ Physiotherapist
- ☐ Pulsed Electromagnetic Field (PEMF)
- ☐ Sports Therapy/Rehabilitation

CATEGORY E

- ☐ Aerial Yoga / Silks / Slack lining
- ☐ Whole Women Practitioner ™

NO CATEGORY APPLICABLE

☐ If an individual activity does not appear in the list above and requires cover, please provide full details below including details of training, accreditation and course syllabus details. (Such activity will have to be specifically agreed and approved by Insurers prior to cover being granted). Please submit this application to the Coverholder for rating.

PREMIUM CALCULATION & INVOICE

Policy coverage starts at $1,000,000 for any one claim, capped at $2,000,000 for all claims (aggregate) made during the policy period. Higher limits as detailed below are available and the **Applicant** should discuss specific requirements with the Coverholder if in any doubt as to the adequacy of the limits being considered. Subject to a satisfactory application, the **Applicant** will be charged the following:

CATEGORIES AND LIMIT TO BE COVERED

COVERAGE – A – " Claims Made" Professional & General Liability

Please select and check off the required limit and category. Write the applicable premium in the column. ▼

▼ Check off one ► LIMIT OF INDEMNITY	☐ A ONLY	☐ A - B	☐ A - C	☐ A - D	☐ A - E	PREMIUM
☐ $1,000,000 Per Claim, $2,000,000 Aggregate	$170.00	$190.00	$235.00	$295.00	$440.00	$
☐ $2,000,000 Per Claim, $4,000,000 Aggregate	$180.00	$210.00	$270.00	$335.00	$500.00	
☐ $3,000,000 Per Claim, $6,000,000 Aggregate	$200.00	$230.00	$295.00	$365.00	$540.00	
☐ $5,000,000 Per Claim, $10,000,000 Aggregate	$275.00	$340.00	$410.00	$490.00	$700.00	

If the following activities are undertaken the above premiums will be increased with the **following additional premium loading:**

▼If you answered YES to questions 7.a, 7.b, 7.c or 7.d loading applies. **Check off all that apply.**		LOADING	
☐ **Working With Animals. - Question 7.a.**	**ADD**	**50%**	**$**
☐ **Student Status – Question 7.b**	**ADD**	**30%**	**$**
☐ **Working with Professional Athletes or Dancers - Question 7.c**	**ADD**	**100%**	**$**
☐ **Teaching - Question 7.d**	**ADD**	**30%**	**$**

TOTAL PART A	**$**

COVERAGE – B – (OPTIONAL) – Commercial General Liability – "Occurrence Basis"

▼ **Check off one.** ***Please select and check off the required limit. Write the applicable premium in the column.*** ▼

	Limit	Annual Premium	PREMIUM
☐	**$1,000,000 per Claim / $1,000,000 Aggregate**	**$95**	$
☐	**$2,000,000 per Claim / $2,000,000 Aggregate**	**$145**	$
☐	**$5,000,000 per Claim / $5,000,000 Aggregate**	**$350**	$
☐	**Additional Insured – Question 7.e.**	**$50 per additional insured**	$

included above:

- $1,000,000 Personal & Advertising Injury Liability
- $5,000 per person/$10,000 per claim Medical Expenses
- $500,000 Tenant's Legal Liability

TOTAL PART B	**$**

TOTAL PART A & B	**$**
POLICY FEE	**$ 20.00**
TAXABLE TOTAL PART A + PART B + POLICY FEE	**$**
For residents of Manitoba add 8% Quebec add 9% Ontario add 8% — **TAX**	**$**
TOTAL INCLUDING TAX	**$**

All premiums are annual and 100% retained. Policy is subject to a $1,000 Deductible
Please retain a copy for your records as no other invoice will be provided.

Please advise the date insurance required is to be effective:	MM/DD/YYYY

NOTE: COVERAGE CAN ONLY BE BOUND AND CONFIRMED BY HOLMAN INSURANCE BROKERS LTD.

Protection of the Applicant's Personal Information:

By completing this application and returning it to Holman Insurance Brokers Ltd., the **Applicant** agrees and consents to the collection, use and disclosure of such information, including any personal information, by Holman Insurance Brokers Ltd. For the following purposes:

- Communicating with the **Applicant**
- Assessing the **Applicant**'s application for insurance
- Disclosing information to Insurance Companies
- Negotiating, maintaining or renewing insurance on the **Applicant**'s behalf
- Providing claims assistance and service.
- Advising the **Applicant** of other products or services
- Complying with regulators and legal authorities

For more information about our privacy policies and practices or for a copy of our Privacy Policy please visit our web site www.holmanins.com or contact our Privacy Officer at Holman Insurance Brokers Ltd.

EMAIL AUTHORIZATION

In an effort to bring our policy holders the most cost effective insurance plan, all of our correspondence is completed electronically, including renewal applications, invoicing and the delivery of the policy documents. the email address supplied by you in this application will be used. We must be notified of any change to your email address. The policy holder agrees that it will hold Holman Insurance Brokers Ltd. harmless with respect to any e-mail changes caused by the policy holder's failure to provide current and valid information for the receipt of documents.

The Applicant/policy owner further agrees that the policy documents transmitted electronically by Holman Insurance Brokers Ltd. to the electronic address supplied are in lieu of all other forms of communication. The policy Owner accepts that electronic delivery of policy documents is sufficient to meet all reporting requirements of the policy.

DECLARATION

I/we declare that the above statements are true in every respect. I/we hold qualification certificate(s) for the therapy(ies) stated on this application form. I/we have not withheld or misrepresented any material fact. I/we agree that this application will form the basis of the contract between me/us and Holman Insurance Brokers Ltd.

_____ _____

Applicant's Signature **Date**

Checklist

Application completed with all questions answered. All pages #1 to #8 must be returned. ☐

Relevant certificates and qualifications attached.(see question #3) – for new applicants or and new Certifications for renewals ☐

Membership Documentation (e.g. Certificate of Membership). ☐

Copy of prior insurance policy if prior retro date is required.- Not required for renewals ☐

Resume CV attached. – Not required for renewals ☐

Sample patient, client intake and consent forms attached. – page 4 question 9 ☐

Categories – (page 5 and 6) – all applicable have been checked off. ☐

Premium calculation including tax for options– page 7. ☐

☐ cheque attached ☐ online Bank confirmation #_____ if online Name of Bank _____

☐ etransfer - answer to security question _____

PAYMENT OPTIONS

Credit Card

1. Go to https://www.policypayments.com/Holman?step2

Note: There is a administrative fee of 2.50% charged, however it does qualify for points and Air Miles.

Interac e-Transfer

1. All you need is an email address, access to online or mobile banking at 200+ participating financial institutions.
2. Email transfer to Holman at etransfer@holmanins.com (not the email of the employee).
3. Notify Holman at etransfer@holmanins.com by a separate email the answer to the security question or write on checklist above

Note: There is typically a fee of $1.50 per transfer (please check with your financial institution).

Internet Banking - (NOT to be confused with Interac e-Transfer above)

Each bank has designed a unique format for their web site. However, the necessary procedures are generally similar.

1. Under Bill Payment: Choose Add Payee/Bill.
2. Enter Holman. Choose All Categories and province Ontario and submit.
3. Under Bill company/Payee - Select Holman Insurance Brokers Ltd. and enter your account number which is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
4. Select the account you wish to withdraw the funds from. (i.e. credit card, savings, chequing, line of credit). Indicate the amount of payment and submit. A confirmation and reference number will be displayed to acknowledge your payment.

Telephone Banking

1. Request your bank set up a new Payee/Bill to do a Bill Payment.
2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
4. Your banking institution will then take your payment over the telephone by your choice of payment method.

Debit Card Payments

1. Contact your bank by telephone or visit bank in person. Request that they set up an option to allow you to make Bill Payments by Debit Card.
2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
4. Once you have set up Holman Insurance Brokers Ltd., you are able to proceed with payments via your branch ATMs with your debit card.
5. Choose banking option: Bill Payment and follow your bank instructions.

In Person at the Bank

1. At your own bank, request they set up a new Payee/Bill to do a Bill Payment.
2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
4. You can choose to pay via the different accounts you hold with that particular bank or by other financial institution credit cards.
5. When paying in person at different financial institutions, bring your invoice/statement and request to make a Bill Payment.
6. Advise the teller that the Payee is Holman Insurance Brokers Ltd. and follow the prompts from step #2.

Note: Do not ask for a wire transfer or funds transfer, the banks charge you extra for this service and charge us extra for which we do not reimburse. These additional fees can range as high as $50 or more.

By Mail

Cheque or money order payable to:
Holman Insurance Brokers Ltd., 3100 Steeles Ave. East Suite 101, Markham ON L3R 8T3

Please note: NSF Payments – there will be an additional $25 service charge