

**Insurance Application Requirements for Members of  
AOD (Association of Ontario Doulas) & DAA (Doula Association of  
Alberta)**

**Effective date:**

**Full Name:**

**Do you operate a business?** Y/N – If Yes, **Disclaimer:** Only personal corporations are covered under this insurance policy, provided there are no professional staff. If you have a partnership or multiple-owner corporation, please select “NO” to purchase Insurance and contact [AOD@prolink.insure](mailto:AOD@prolink.insure) to review your coverage options.

*\* This policy will include admin/ clerical staff only for personal corporations, all other professionals require their own Insurance policy*

**Email:**

**Phone Number:**

**Mailing Address:**

*(must be Canadian address, if Quebec **Disclaimer:** “ all documents will be provided in English”)*

**Do you operate outside of Canada?** Y/N – If Yes, which countries and % of operations? Can approve under 20% US services. If other countries or higher than 20% , send to PROLINK for review/approval

**Disclaimer** when selecting yes: “Claims must be brought into Canada to defend”

**Membership Number:**

**What Doula Training Organization did you train with? :**

**Please confirm you are only offering services within the scope of coverage provided by the Insurance policy:**

*Birth Doula, Post-Partum Doula, Fertility Doula and Pregnancy Loss Doula, End of Life Doula, non-invasive ancillary pre and post-natal services such as prenatal massage, belly binding, lactation and breastfeeding consultation, pregnancy apparel consultation, sleep consultation, infant and child car safety seminars, sleep consulting and childbirth education.*

**Yes/No** - If no, needs to be sent to PROLINK for review /approval

**Do you wish to include Pre & Post natal Yoga as a modality for insurance coverage?** Y/N Please confirm you have successfully completed 200 hours of training from a recognized yoga organization in Canada. (Y/N)- If No, **Disclaimer** : we cannot add this modality as the required minimum training experience has not been met.

**What percentage of your overall revenue is derived from teaching Yoga?** - under 40% ok to proceed, over 40% cannot add this modality. Please contact PROLINK to review your options for coverage for that service

*\*Upload the certificate for proof (AOD to keep on file & add Yoga to BDX with \$75 flat additional premium -not pro-rated)*

**Do you have more than 1 leased Commercial location you operate from? Y/N -If Yes, needs to be sent to PROLINK for referral /approval**

**Disclaimer:** Owned buildings are not covered under the CGL. A separate policy is required. Please contact [AOD@prolink.insure](mailto:AOD@prolink.insure) to review your coverage options.

**Coverage limit selected:**

\$1mil E&O/CGL

\$2mil E&O/CGL

\$3mil E&O/CGL

\$5mil E&O/CGL

**Disclaimer:**

If you require an Additional Insured to be added due to a contract requirement, please contact [AOD@prolink.insure](mailto:AOD@prolink.insure)

**Claims questions to be updated to: Disclaimer:** *if any of the below answers are YES, the member will be referred to Trisura for review/approval. Insurance coverage is not guaranteed until approved by Trisura.*

Has any insurance been refused or cancelled in the past five years?

If Yes, please explain

Does the Applicant or any other person proposed for this insurance have knowledge or information of any claim, demand, occurrence, suit, or proceeding which has been made or is pending against any insured proposed for coverage under the proposed insurance?

If Yes, please explain

Have there been any suits, claims, or occurrences (including allegations) made against the Applicant or any other person proposed for this insurance in the last five years?

If Yes, Please explain

**Disclaimer:**

THE APPLICANT DOES HEREBY PROVIDE THE FOLLOWING WARRANTY TO THE INSURER

Does the Applicant, any of the Applicant's employees or any other person proposed for this insurance have knowledge or information of any fact, circumstance or situation which could reasonably give rise to a claim which would fall within the scope of the proposed insurance?

Y/N

**If Yes,** provide details:

It is understood and agreed that if knowledge of any such facts, circumstances, or situations exists, whether or not disclosed, any claim or action subsequently arising or developing therefrom shall be excluded from coverage under any policy issued by Trisura Guarantee Insurance Company.

**Signature:**  
**Date:**