



**CANADIAN ASSOCIATION OF SOCIAL WORKERS PROVINCIAL AND TERRITORIAL ORGANIZATIONS LIABILITY INSURANCE PROGRAM**

Novex Policy No. 551462341

BMS Canada Risk Services Ltd.  
825 Exhibition Way, Suite 209  
Ottawa, ON  
K1S 5J3

<b>Named insured:</b> Robert S. Wright Suite 800-1701 Hollice Street Halifax, NS B3J 3M8	<b>Declaration Page:</b> Certificate of Insurance No. CASW-00026986-002 Renewal
<b>Policy Period</b> <b>From:</b> October 31, 2017 <b>To:</b> October 31, 2018	12.01 a.m. standard time at the postal address of the Named Insured stated herein.
<b>Premium:</b> \$206.00 FULLY RETAINED <b>Premium tax:</b> \$0.00	

<b>Professional Liability:</b>	<b>Commercial General Liability: (Per Occurrence Form)</b>
Limit per claim \$5,000,000	Bodily Injury and Property Damage \$5,000,000
Aggregate Limit \$5,000,000	Personal Injury and Advertising Limit \$5,000,000
Legal Expense Coverage	Tenants Legal Liability \$500,000
Limit per claim \$200,000	Non-Owned Automobile \$2,000,000
Aggregate Limit \$200,000	Medical Payments \$5,000 per person/ \$25,000 per claim
Criminal Defence Cost Reimbursement	Products and Completed Operations \$5,000,000
Limit per claim \$150,000	Employer's Liability Included
Aggregate Limit \$150,000	

**Deductibles:**

Professional Liability	Nil
Commercial General Liability (if Applicable)	\$500
Tenant's Legal Liability (if Applicable)	\$500

The insurance contract consists of this Declaration's page as well as all coverage wordings, riders or endorsements forming part of Policy No. 551462341

## DECLARATIONS

Novex Insurance Company, hereinafter called the Insurer, agree to insure subject to the statement contained in the Declarations, the Insured in accordance with the Terms, Conditions, Forms, Riders and Endorsements of this Policy.

In consideration of the premium stated, the Insurer(s) will indemnify the Insured in accordance with the terms, conditions and exclusions of the Policy and attached forms and endorsements.

Insurance is provided for only those coverage(s) for which forms and endorsements are attached and specific amounts of insurance are stated.

**Broker: BMS Canada Risk Services Ltd.**

In witness whereof the Insurer has duly executed this policy, provided however that this policy shall not be valid or binding unless countersigned by a duly Authorized Representative of the Insurer.

Date: October 18, 2017

Countersigned Authorized Representative



Susan Winch

## THIS POLICY CONTAINS A CLAUSE WHICH MAY LIMIT THE AMOUNT PAYABLE

The Insured is requested to read this policy, and if incorrect, return it immediately for alteration.

In the event of an occurrence likely to result in a claim under this insurance, immediate notice should be given to the Insurer.

## Claims Reporting Procedures

Claims must be reported to the Insurer within 30 days of you being made aware of a possible claim.

No written or oral statement should ever be made, except upon the advise of the Insurer. Please do not offer compensation or admit liability to a third party, as this could interfere legally with the Insurer's handling of the claim.

To report a liability claim, please call BMS at 1-844-583-7747 or send an email to [casw.insurance@bmsgroup.com](mailto:casw.insurance@bmsgroup.com)