

## **BY-LAW 16: PROFESSIONAL LIABILITY INSURANCE**

*Approved by Council: September 24, 2009*

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- 16.1 Each member holding a general or temporary certificate of registration must provide evidence satisfactory to the registrar of carrying professional liability insurance in the applicable minimum amount per occurrence and minimum aggregate amount per year, including coverage for claims after the member ceases to hold a certificate relating to occurrences while holding a certificate, or membership in a protective association that provides equivalent protection. A member who is or will be when registered, an employee of a member, a health facility or other body that has equivalent professional liability insurance coverage or membership in a protective association that provides equivalent protection is deemed to comply with this section.
- 16.2 The professional liability insurance referred to in By-law 16.1 must have:
- (a) a minimum amount of \$1,000,000 per occurrence, and
  - (b) a minimum aggregate amount of \$3,000,000 per year.
- 16.3 When applying for a general or temporary certificate of registration or a renewal of a general or temporary certificate of registration, an applicant must sign a declaration that he/she complies with By-laws 16.1 and 16.2.
- 16.4 A member holding a general or temporary certificate of registration must have available in his/her office, in written or electronic form, evidence that he/she complies with By-laws 16.1 and 16.2, or may have the provider of the protection under By-law 16.1 provide regular updates to CCO confirming compliance with By-laws 16.1 and 16.2.
- 16.5 By-laws 16.1 – 16.4 do not apply to a member who satisfies the Registration Committee that such insurance coverage or membership is not available to the applicant, and the member undertakes in writing to,
- i take measures to ensure that patients are fully informed, in writing that the applicant does not have insurance coverage or membership in a protective association; and
  - ii ensure that every patient consents to treatment, in writing, by the applicant despite the applicant's lack of insurance coverage and membership association.