



PROFESSIONAL LIABILITY INSURANCE (PLI) REQUIREMENT AND EMPLOYER PLI COVERAGE

All individuals holding a CSASK practising, provisional, temporary, or cross-provincial practice licence are required to hold Professional Liability Insurance (PLI) coverage:

- of a minimum of two million dollars per claim; per year;
- that is maintained throughout the period of licensure; and
- that covers the individual registrant's entire practice of audiology or speech-language pathology. An individual's entire practice refers to all professional services provided by the registrant including, but not limited to private, public, paid, or unpaid services offered.

Registrants must notify CSASK of any changes in personal and professional information pertaining to their licence, including any changes in PLI coverage.

The required PLI coverage may be:

- a) obtained by the individual registrant directly; or
- b) provided indirectly through the group policy of an employing agency.

PROFESSIONAL LIABILITY INSURANCE

Option A: Personal Coverage

For **all** registrants **except** those who rely solely on employer PLI.

Step One: Complete the PLI portion of the applicant/registrant portal and provide the following information:

- Insurer
- Policy Number
- Expiry Date
- Coverage per claim

Step Two: Upload the PLI certificate.

Option B: Group Coverage Through Employer

Only for registrants who **rely solely** on employer PLI **and** are named in the employer's policy or are referenced by category of employee.

Step One: Download the "Employer PLI Coverage" form available under the "registrant" tab on the CSASK website.

When relying on group PLI coverage, it is the registrant's responsibility to ensure the employer's group policy meets the requirements of CSASK.

Step Two: Complete the PLI portion of the renewal/application and provide the following information:

- Insurer
- Policy Number
- Expiry Date
- Coverage per claim

The employer's PLI policy does not extend to services provided outside of the scope of employment.

Step Three: Upload the complete form in lieu of the PLI certificate.

How to Obtain Coverage

CSASK neither provides nor endorses specific PLI carriers. Registrants are responsible for conducting their own research to ensure policies provide adequate coverage and meet the requirements as set out by CSASK. To support informed decision-making regarding PLI coverage, registrants are **strongly advised** to review a PLI webinar and guide available under the "registrants" tab on the [CSASK website](#).

In addition to the minimum PLI coverage above, registrants providing private services are advised to research and obtain additional coverages that are suitable to their practice (e.g., Commercial General Liability, Cyber Security, Privacy Breach, etc.).

Examples for PLI coverage include, but are not limited to the following:

- a) directly through an insurance broker that provides liability insurance to health care professionals. (e.g.: LloydSadd, CJ Campbell Insurance, Westland MyGroup, etc.).
- b) Speech-Language & Audiology Canada (SAC) offers PLI for its members.



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****ONLY USE THIS FORM IF YOU DO NOT HOLD PERSONAL PLI COVERAGE****

**Upload the completed form in the applicant/registrant portal in lieu of the PLI certificate.
Incomplete forms will not be accepted and will be returned.**

SECTION A: Registrant/Employee Information – Completed by Applicant/Registrant

Surname: _____ Previous Surname: _____ First Name: _____

SECTION B: Employment Information – Completed by Applicant/Registrant

Work Title: _____

Employed at: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Work Phone: _____ Work Fax: _____ Work E-mail: _____

SECTION C: Professional Liability Insurance Information – Completed by Employer

Insurer (Policy Provider):

Policy Number:

Coverage Per Claim:

Policy Expiration Date:

On behalf of the agency listed below, I verify that the individual listed in SECTION A is/will be covered under the employer's PLI policy for work as an audiologist or a speech-language pathologist.

Name (please print): _____ Position: _____

Name of Agency (Policy Holder): _____

Address: _____

Telephone: _____ E-mail: _____

Employer Signature

Date