

Why Join?

When making a decision on whether or not to join a professional Association, one of the first questions you have to ask yourself is “**What’s in it for me (WIIFM)?**” The second question you will ask is “Will it be worth the money?” Read through ARIDO’s handy *WIIFM Checklist*. You’ll soon discover that a membership in ARIDO is *worth more than the membership fee*.

- ✓ Access Interior Designers of Canada (IDC) referral service; providing referrals to the public on behalf of members offers a great way to expand your client base
- ✓ Access to first-rate continuing education seminars, conferences and lunch’n learns; the chances to participate in a number and variety of learning opportunities are endless
- ✓ Access to the Member’s Only Section of the ARIDO and IDC web sites where you will find helpful tools such as the Career Centre
- ✓ Opportunities to network, network, network at IDC and ARIDO continuing education, community and Social functions
- ✓ Opportunity to attend IIDEX/NeoCon Canada, the largest exposition and conference in Canada for the design and management of interior environments; the trade show created and owned by IDC
- ✓ Save money by taking advantage of a variety of discounted programs on a range of insurance products and other products and services useful to today’s busy professional
- ✓ Protection of your right to practice through IDC’s continued legislative efforts on issues which affect the industry; IDC and ARIDO ensures our member’s position is heard
- ✓ Useful information on current events, news and trends through IDC’s monthly e-newsletters, *Dimensions* and continuous web site updates
- ✓ Offers to purchase Association produced industry tools such as a Building Code Applications Manual, Standard Form Contracts, Industry and Salary Surveys
- ✓ Acknowledged as a member of an industry leading Association recognized by the public, the media, educational institutions and the government
- ✓ Opportunities to meet and interact with some of the best and brightest in the industry – most of whom are already members of ARIDO and IDC
- ✓ Become involved in the industry and the Association through volunteering on ARIDO and IDC committees
- ✓ Access to manufacturers and suppliers who are members of IDC interested in doing business with ARIDO and IDC members

If you agree that you could benefit from even half of these programs and services, then ARIDO has passed the WIIFM test and you need to join today! Complete the enclosed application to become a member of the only Association of Interior Designers in Ontario.

Need more information?

Contact ARIDO’s Membership Department by phone at 416.921.2127 or 1.800.334.1180, ext 4231 or via email membership@arido.ca

DESIGN EXPERIENCE

Provide a chronological list of positions you have held starting with your present position.

1) Employer	Address ()	Phone
From _____ to _____		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Dates Employed	Position Title	
Name of Supervisor _____ ARIDO Registered Member <input type="checkbox"/> NCIDQ Certificate holder <input type="checkbox"/> Licensed Architect <input type="checkbox"/> Other <input type="checkbox"/>		

2) Employer	Address ()	Phone
From _____ to _____		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Dates Employed	Position Title	
Name of Supervisor _____ ARIDO Registered Member <input type="checkbox"/> NCIDQ Certificate holder <input type="checkbox"/> Licensed Architect <input type="checkbox"/> Other <input type="checkbox"/>		

3) Employer	Address ()	Phone
From _____ to _____		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Dates Employed	Position Title	
Name of Supervisor _____ ARIDO Registered Member <input type="checkbox"/> NCIDQ Certificate holder <input type="checkbox"/> Licensed Architect <input type="checkbox"/> Other <input type="checkbox"/>		

REFERENCES

Provide two references (members of ARIDO preferred). If references are members of an out-of-province design association, please specify.

1) Name	Company	
_____ ()		
Address	Phone	Type of Business
Employer <input type="checkbox"/> Colleague <input type="checkbox"/> Educator <input type="checkbox"/> Practicing Designer <input type="checkbox"/> ARIDO Member <input type="checkbox"/> Licensed Architect <input type="checkbox"/> Other, Specify _____		

2) Name	Company	
_____ ()		
Address	Phone	Type of Business
Employer <input type="checkbox"/> Colleague <input type="checkbox"/> Educator <input type="checkbox"/> Practicing Designer <input type="checkbox"/> ARIDO Member <input type="checkbox"/> Licensed Architect <input type="checkbox"/> Other, Specify _____		

PROFESSIONAL ASSOCIATIONS

List the professional associations of which you are a member, indicating your present membership status and date of initial membership.

Association	Membership Status	Date
Association	Membership Status	Date

I certify that the statements made in this application are complete and correct to the best of my knowledge. If accepted, I agree to abide by the Code of Ethics, Standards of Practice and By-Laws of this Association.
CONSENT & AUTHORIZATION FOR THE COLLECTION, RETENTION AND USE OF INFORMATION
 I authorize ARIDO to collect and retain the information provided on file for the duration of my membership in ARIDO and thereafter as is reasonably required by ARIDO. I agree that ARIDO may use the information for publication in a print and/or online directory of members and in order to communicate with me on an ongoing basis. I agree that ARIDO may provide information to other organizations, with or without consideration, for the purposes of member benefit programs, affinity programs and for industry-related purposes. (REF: ARIDO's Privacy statement, available at www.arido.ca)

Signature of Applicant	Date
Please enclose required dues with application. Refer to dues schedule for amount. Applications will not be processed until payment, transcripts, completed liability insurance application and/or proof of insurance is received.	

PROOF OF INSURANCE FORM

Name: _____

Member #: (if applicable) _____

OPTION A

I am covered by my employer and do not provide interior design services outside of my employment

Employer's Name

Insurance Company Name (Broker & Insurer) & Policy #

Policy Effective and Expiry Date

OPTION B

I currently have insurance through the following Insurance company

Insurance Company Name (Broker & Insurer) & Policy #

Policy Effective and Expiry Date

OPTION C

I have applied to my Association for a waiver of insurance under its terms and conditions
(contact membership@arido.ca to obtain a waiver request)

The above noted information is truthful and accurate to the best of my knowledge

Signed _____ Date _____

NEW BUSINESS APPLICATION FOR THE IDC INSURANCE PROGRAM

Please complete all questions – If no answer available, please write “not applicable” in the space provided.

Incomplete application cannot be processed. Where space provided is insufficient to fully answer, please attach additional sheet(s).

Companies with only **one interior designer** (any additional staff must be clerical).

Companies with **more than one interior designer** or with **employees other than clerical staff (including contract and temporary employees)**. Attached rating chart is **NOT APPLICABLE**. Please contact your broker for your personalized quotation.

1. Applicant: **First name** _____ **Last name** _____ Mr. Mrs. Miss Ms.

2. **Trading name or firm name (if applicable)** _____ **Web site:** _____

3. Address of main office: _____
 City: _____ Province: _____ Postal Code: _____

4. Contact person: _____

5. Home phone: _____ Work Phone: _____ Fax: _____ Email: _____

6. List all additional locations from which you run your business (in excess of location noted under question 3):

Location / Address	Occupancy	Sq. Mtrs or Feet	Owned or Leased?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Does this firm own or have any financial interest in any other business operations? Yes No
 If yes, please describe _____

8. Are your operations controlled, owned or associated with any other firm, corporation or company? Yes No
 If yes, please provide details: _____

9. Date firm established: _____ Number of years under present ownership: _____

10. Indicate number of employees (excluding “applicant”, including contract employees):
 Interior Designers: _____ Clerical: _____ Other (specify): _____

11. Provide the following information (including Principals & Partners):

Please list all interior designers of the firm.	# of years as a member of your Provincial Design Association	Membership Status (Active, Intern or Inactive)	% of ownership in firm
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Have you or any person mentioned in Question 11 ever been investigated by or suspended from practice by any body governing the practice of your profession? Yes No

If yes, please provide details: _____

13. Do you, or any related company, operate a retail sales outlet or store front? Yes No

If yes, please provide details: _____

14. Do you or your firm, engage in any actual construction or provide Construction Project Management Services?

Yes No

If yes, please provide details & percentage of gross fees: _____

15. Do you or your firm, directly hire any construction trades? Yes No

If yes, please provide details & percentage of gross fees: _____

16. Do you or your firm, engage in any manufacturing or fabrication or does your company directly hire manufacturers or fabricators for products you have designed? Yes No

If yes, please provide details & percentage of gross fees: _____

17. Do you enter into contracts on your client's behalf wherein you assume responsibility for any of the activities mentioned in questions 14 and/or 15 above? Yes No

If yes, please provide details: _____

18. **Ontario only:** Are you registered under Bill 124? Yes No

19. Please indicate total revenues from all sources for last 12 months (if salaried, provide annual salary): _____

20. Please complete the following:

<u>Fee Income</u>	<u>Last 12 months</u>	<u>Next 12 Months</u>
a. Gross fees:	_____	_____
b. Fees paid to sub-consultants:	_____	_____
c. Fees emanating from services performed outside of Canada	_____	_____
d. Fees emanating from projects and joint ventures Insured separately (provide details):	_____	_____

21. If 75% or more of the Applicant's fees emanates from a single client, please state client's name and relationship with Insured: _____

22. Do you provide services or perform activities outside Canada or for clients who are outside of Canada? Yes No

If yes, please attach details of operations, personnel involved and percentage of gross fees _____

23. Are standard contracts used and signed by each client? Yes No **If "Yes", please attach a sample copy.**

If "No", describe fully the terms under which work is accepted: _____

24. Provide details of all Errors & Omissions / Professional Liability Insurance carried in the past three years:

Insurer	Policy Period	Limit	Deductible	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If claims-made, what was the retroactive date of the policy? _____

25. Have you had similar insurance declined, cancelled or refused during the past five years? Yes No

If yes, please provide details:

26. During the past five years, have you, your principals or employees had one or more claims, or are you, your partners, principals or employees aware of any facts or circumstances or allegations which may give rise to a claim? Yes No

If yes, please provide details:

NOTE: THE INSURANCE WILL NOT COVER CLAIMS MENTIONED IN REPLY TO #24 ABOVE OR CLAIMS RESULTING FROM THE FACTS MENTIONED IN #26 OR CLAIMS RESULTING FROM ANY ACT, ERROR, FAULT, OMISSION OR CIRCUMSTANCE KNOWN TO THE APPLICANT BEFORE THE EFFECTIVE DATE OF THE POLICY.

26. Limits of liability requested (for firms with more than 1 designer only):

Per occurrence: \$_____ Per aggregate: \$_____
Deductible requested: \$_____ Deductible options: \$_____, \$_____

DECLARATION

The undersigned declares that all statements made in the Application and the information contained in documents submitted with it are true. Signing of this document does not bind the Applicant to complete the insurance, but it is agreed that the Application shall be the basis of the contract, should a policy be issued.

Signature: _____ Print name: _____ Date: _____

MUST BE SIGNED BY A PRINCIPAL OR PARTNER

PERSONAL INFORMATION CLIENT CONSENT FORM

BETWEEN: _____ Mumby Insurance Brokers Inc. _____ (the "Broker")

AND: _____ (the "Client")

The Client hereby acknowledges that the Broker has been retained by the Client to acquire or renew a policy or policies of insurance or to provide Consulting and/or Risk Management Services for the Client, under which the individual Client, or named individuals in addition to the Client, or where the Client is a commercial or other entity, its employees, servants and representatives (hereafter collectively called "insured individuals") may be insured.

As part of the application for new or renewal insurance coverage(s), the Client hereby authorizes the Broker to collect, use and disclose personal information of such insured individuals as required and as permitted pursuant to relevant privacy laws or other laws.

The Client hereby expressly consents to the Broker collecting, using or disclosing personal information of such insured individuals, or providing such personal information to third parties as required, including insurance companies. Where there are insured individuals in addition to the Client, or where the Client is a commercial or other entity, the Client hereby covenants and warrants that the Client has obtained the appropriate consent from all of the insured individuals to disclose their personal information to the Broker for these purposes accordingly.

If the client wishes to restrict the general nature of this consent to any specific area, please indicate:

If the Client wishes:

- to review personal information maintained by the Broker pertaining to the Client's application, policy or policies;
- to obtain copies of the Broker's privacy policies or standards; or
- to make other enquiries or to express concerns,

the Client may do so by contacting the Broker's Privacy Officer.

Date: _____

Broker's Privacy Officer:



Signature of Client or an authorized signing Officer where the Client is a commercial or other entity

POLICY OPTIONS FOR DESIGNERS EMPLOYING ONLY CLERICAL STAFF

Companies employing more than one (1) interior designer or employing more than clerical staff should speak to their broker for a personalized quotation.

DEDUCTIBLES ARE AS FOLLOWS – COMMERCIAL GENERAL LIABILITY \$500, PROFESSIONAL LIABILITY \$1000

Option 1: \$459.00* **Available to Intern and Provisional Members Only**

- Commercial General Liability Insurance
- \$250,000 per occurrence and \$250,000 annual aggregate limit
- Professional Liability Insurance
- \$250,000 per occurrence and \$250,000 annual aggregate limit

Option 2: \$599.40*

- Commercial General Liability Insurance
- \$250,000 per occurrence and \$250,000 annual aggregate limit
- Professional Liability Insurance
- \$500,000 per occurrence and \$750,000 annual aggregate limit

Option 3: \$756.00*

- Commercial General Liability Insurance
- \$500,000 per occurrence and \$500,000 annual aggregate limit
- Professional Liability Insurance
- \$500,000 per occurrence and \$1,000,000 annual aggregate limit

Option 4: \$939.60*

- Commercial General Liability Insurance
- \$1,000,000 per occurrence and \$1,000,000 annual aggregate limit
- Professional Liability Insurance
- \$1,000,000 per occurrence and \$2,000,000 annual aggregate limit

Option 5: \$1204.20*

- Commercial General Liability Insurance
- \$2,000,000 per occurrence and \$2,000,000 annual aggregate limit
- Professional Liability Insurance
- \$2,000,000 per occurrence and \$4,000,000 annual aggregate limit

Professional Liability (a.k.a. Errors & Omissions) Insurance

This coverage protects your business should your customer claim damages due to your faulty performance. The faulty performance may be a result of a negligent act, error, or inadequate work when performing your professional services. Your E&O coverage shields your assets and pays for your defence if your client makes a claim. This coverage also protects your clients by ensuring that adequate funds are available to pay for damages incurred if your services are deemed to be faulty.

Commercial General Liability (CGL) Insurance

This is coverage that will protect your business in the event that you are sued by a third party for physical injury or property damage (i.e. a customer is injured at your place of business, or you damage property at a client's site).

Please call and speak to a

Mumby Broker to discuss your payment options

*Premiums include \$20 policy fee and 8% provincial tax.

BROKER COMMISSION DISCLOSURE:
Brokers receive 20% of premium amount (excluding tax) plus 100% of the policy fee

Ontario Residents Only :
Bill 124 Regulations

If you are registered, or if you plan on registering under Bill 124, your coverage limit should be no less than the following based on your gross annual revenues:

1. \$0 - \$50,000
Option 2,3,4 or 5
2. \$50,001 - \$100,000
Option 3, 4 or 5
3. Over \$100,000
Option 4 or 5