

BC ASSOCIATION

**of CLINICAL
COUNSELLORS**



CONFIRMATION OF COVERAGE

This is to certify to:

BC Association of Clinical Counsellors
#109-1034 Johnson Street
Victoria, BC V8V 3N7

that the policy of insurance described below has been issued to the Named Insured, is in full force at this date and **PROVIDES COVERAGE FOR THE FOLLOWING:**

Occupational Title: _____

Name of Insured: _____

Membership #: _____

Kind of Policy: **Professional Liability**

Insurer: _____

Limit of Liability: _____

Policy #: _____

Policy Period: _____

Please provide a copy of the Scope of Practice for this occupation.

Date: _____ Authorized Representative: _____

Company: _____