

LIABILITY INSURANCE APPLICATION

Name of Applicant:

Address:

City:

Province/Territory:

Postal Code:

Telephone:

Email:

1. Are you a member in good standing with your provincial college/certifying body? (where applicable) Yes No
If no, please provide details.

2. Relevant Qualifications (Certificates, Accreditations, Association Memberships):

3. Are you currently in supervised practice? Yes No
If yes, please provide details:

4. Has an application for Professional Liability Insurance ever been declined or cancelled? Yes No
If yes, please provide details:

5. Have you ever had a Professional Liability claim made against you? Yes No
If yes, please provide details.

6. Have you any knowledge of any negligent act, error or omission or breach of duty which might give rise to a claim against you? Yes No
If yes, please provide details.

7. Do you currently have Professional Liability Insurance in place? Yes No
If yes, please indicate the amount of coverage and the insurer:

Please select a modality from the list below (if your discipline does not appear, please contact BMS):

Professional Liability coverage		Premium	Limit per claim / aggregate
Action Therapy	<input type="checkbox"/>	\$ 235.00	\$2M/\$2M
Addiction Counsellor	<input type="checkbox"/>	\$ 350.00	\$2M/\$2M
	<input type="checkbox"/>	\$ 400.00	\$5M/\$5M
Auditory Verbal Therapist	<input type="checkbox"/>	\$ 117.00	\$2M/\$2M
Body Wrap	<input type="checkbox"/>	\$ 250.00	\$2M/\$2M
Certified Behaviour Analyst	<input type="checkbox"/>	\$ 235.00	\$2M/\$2M
Certified Muscle Activation Techniques Specialist	<input type="checkbox"/>	\$ 250.00	\$2M/\$2M
Dietitian	<input type="checkbox"/>	\$ 110.00	\$5M/\$5M
EFT Tapping	<input type="checkbox"/>	\$ 250.00	\$2M/\$2M
Equine and Canine Rehabilitation and Training (Bite exclusion)	<input type="checkbox"/>	\$ 210.00	\$2M/\$2M
Equine Touch (Bite exclusion)	<input type="checkbox"/>	\$ 210.00	\$2M/\$2M
Exercise Physiologist (sports trainers only, no clinical trial/research, no semi pro or professional athletes)	<input type="checkbox"/>	\$ 235.00	\$2M/\$2M
First Aid Facilitators/ CPR Training	<input type="checkbox"/>	\$ 300.00	\$2M/\$2M
Fitness Instruction	<input type="checkbox"/>	\$ 117.00	\$2M/\$2M
Grief Recovery Specialist	<input type="checkbox"/>	\$ 210.00	\$2M/\$2M
Hearing Instrument/Aid Practitioner	<input type="checkbox"/>	\$ 117.00	\$2M/\$2M
Holistic Healing	<input type="checkbox"/>	\$ 210.00	\$2M/\$2M
Holistic Nutritionist	<input type="checkbox"/>	\$ 210.00	\$2M/\$2M
Homeopathy (no Chinese medicine)	<input type="checkbox"/>	\$ 210.00	\$2M/\$2M
Kinesiology	<input type="checkbox"/>	\$ 195.00	\$2M/\$5M
	<input type="checkbox"/>	\$ 250.00	\$5M/\$5M
Life Coaching/Health Coaching	<input type="checkbox"/>	\$ 235.00	\$2M/\$2M
Listening and Spoken Language Specialist	<input type="checkbox"/>	\$ 117.00	\$2M/\$2M
Manifestation Coaching	<input type="checkbox"/>	\$ 210.00	\$2M/\$2M
Massage Therapist	<input type="checkbox"/>	\$ 295.00	\$5M/\$5M
Mediation	<input type="checkbox"/>	\$ 250.00	\$2M/\$5M
Nutrition, Lifestyle, Food and Wellness Coaching (excludes consultants focusing on weight loss and Chinese Herbalists)	<input type="checkbox"/>	\$ 210.00	\$2M/\$2M
Personal Training	<input type="checkbox"/>	\$ 210.00	\$2M/\$2M
Pilates	<input type="checkbox"/>	\$ 235.00	\$2M/\$2M
Reiki	<input type="checkbox"/>	\$ 250.00	\$2M/\$2M
Sleep Therapy (excluding Deep Sleep Therapy)	<input type="checkbox"/>	\$ 210.00	\$2M/\$2M
Yoga (All types)	<input type="checkbox"/>	\$ 235.00	\$2M/\$2M
	<input type="checkbox"/>	\$ 275.00	\$5M/\$5M

Professional Liability Insurance:

Claims Made policy; Nil deductible
Retroactive date: Inception

Includes:

Regulatory Legal Expenses	\$75,000 per claim/ \$75,000 aggregate
Criminal Defence Reimbursement	\$75,000 per claim/ \$75,000 aggregate
Sexual Abuse Therapy Fund	\$25,000 per claim/ \$25,000 aggregate
Loss of Earnings	\$250 per day
Libel and Slander	\$25,000 per claim/ \$25,000 aggregate
Loss of Documents	\$50,000 per claim/ \$50,000 aggregate

Commercial General Liability

Commercial General Liability (CGL) protects you against claims arising from injury or property damage that you may cause to another person as a result of your operations and/or premises. For example, a client may slip and fall on a wet floor or you may accidentally cause property damage during a home visit. This coverage is recommended for independent contractors with no additional staff. Please contact BMS if you require Commercial General Liability for your business.

Do you require Commercial General Liability? Yes No

	\$2,000,000 per occurrence \$2,000,000 aggregate	\$5,000,000 per occurrence \$5,000,000 aggregate
Individual	\$250 <input type="checkbox"/>	\$350 <input type="checkbox"/>

Commercial General Liability Insurance:

Occurrence Form; \$500 deductible

Coverage includes:

Bodily injury and property damage	Per limit selected
Products-completed operations	Per limit selected
Personal injury and advertising injury	Per limit selected
Medical expenses	\$25,000 per person / \$25,000 per accident
Tenants' legal liability	\$500,000
Non-owned automobile	Per limit selected
Damage to hired vehicles	\$50,000

8. Has any application for similar insurance ever been denied or cancelled? Yes No
If yes, please provide details.

9. Has any Commercial General Liability claim or lawsuit been made against you, or is any such claim now pending against you? If yes, please provide details. Yes No

10. Are you aware of any facts, circumstances or situations, which may reasonably give rise to a claim against you? If yes, please provide details. Yes No

Cyber Security & Privacy Liability

Policy aggregate limit of liability for Damages, Claims Expenses, Penalties, Cyber Extortion Loss, Data Protection Loss, Business Interruption Loss and PCI Fines, Expenses and Costs: CAD 1,000,000. Deductible \$1,000.

Submitted to:

Regulatory Defence and Penalties: CAD 250,000
PCI Fines, Expenses and Costs: CAD 100,000 (if PCI Compliant)
Cyber Extortion: CAD 100,000
Data Protection Loss: CAD 100,000
Business Interruption Loss: CAD 100,000
(i) Forensic Expenses sublimit: CAD 25,000
(ii) Dependent Business sublimit: CAD 10,000

Notified Individuals: 5,000 Notified Individuals in the Aggregate for Individual Cyber Security & Privacy Liability.

Aggregate Limit of Coverage for Computer Expert Services, Legal Services and Public Relations and Crisis Management Expenses combined: CAD 250,000

Do you require Cyber Security & Privacy Liability? Yes No
(If Yes, please complete the fields below)

Individual Practitioners \$175 annual premium
(Please contact BMS if you require Cyber insurance for your business)

11. Has any Cyber claim or lawsuit been made against you/your business, or is any such claim now pending against you? Please only select yes if not already reported to BMS/Beazley. If yes, please provide details. Yes No

12. Are you aware of any facts, circumstances or situations, which may reasonably give rise to a claim against you? Please only select yes if not already reported to BMS/Beazley. If yes, please provide details. Yes No

13. Have you ever had a privacy breach, and/or network security incident in the past? If yes, please provide details. Yes No

14. Do you implement basic loss control measures such as: Antivirus software, a firewall, and/or regular software patch installations? Yes No

Please be advised that this policy excludes any loss or liability arising out of or resulting from any theft of, loss of, or parting with, any portable computing device or media containing data in an electronic format, unless the data stored on such device or media are stored in an encrypted format.

Please confirm you understand and agree to this coverage exclusion and would like to proceed with your purchase.

15. Do you regularly back-up critical data to an “offline” location (Example, USB or hard drive) that would be unaffected by an issue with your live environment? Yes No

16. Do you use multi-factor authentication (MFA) for cloud based services (Such as cloud based email account access) and for all remote access to your network? Yes No

17. Do you regularly (at least annually) take cyber security awareness training, including anti-phishing? Yes No

18. Do you not allow remote access into your environment without a virtual private network (VPN) Yes No
Note - If you do not have an on-premises network and remote access, then please select Yes.

Declarations and Warranty

I declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of insurance and that this application discloses the hazards known to exist at the date of this application. I declare that the statements made herein are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.

If you are unsure of your coverage requirements please contact BMS, a licensed insurance broker will be available to answer your questions during regular business hours.

Signed by:

Date:

Signing of this form does not bind the Applicant or company to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued.

The insurance premium is fully retained and not refundable.

Payment Information

The following provinces are subject to provincial sales tax:

Ontario residents add 8% sales tax
Québec residents add 9% sales tax
Manitoba residents add 7% sales tax
Newfoundland residents add 15% sales tax
Saskatchewan residents add 6% sales tax

Sub-total	\$
Tax	\$
Total Enclosed	\$

All other provinces are exempt.
GST is not applicable to insurance premiums.

All cheques payable to BMS Canada Risk Services Ltd., or complete credit card authorization below.

Authorization for Credit Card Charge

VISA, AMEX or M/C Account No:

Expiry Date:

CVV:

Cardholder Name:

Signature:

BMS Canada Risk Services Ltd. (BMS Group)

825 Exhibition Way, Suite 209

Ottawa, ON K1S 5J3

Toll Free: 1-855-318-6558

Fax: 613-701-4234

Email: allied.insurance@bmsgroup.com