



LIABILITY INSURANCE APPLICATION

Name of Applicant (First Last):

Mailing Address:

City:

Province/Territory:

Postal Code:

Telephone:

Email:

*Please advise BMS if your contact details change in order to continue to receive information pertaining to your insurance.

Note: This coverage is only available to members who are domiciled in Canada. Please confirm you understand and agree to the eligibility requirements.

If you are practicing a profession that is certified or regulated, you must hold the appropriate credentials and be a member in good standing with your regulatory and / or certifying body. Please confirm that you understand and are in compliance with these insurance eligibility requirements.

Policy Effective Date

Your policy effective date will be set to today's date. If you would like your policy to start on a different date, please enter it below.

If you have an existing policy in place, the start date should be the expiration date of your existing policy.

Requested effective date (leave blank to have your policy be effective starting today) (MM/DD/YYYY):

Applicant Details

Do you provide in-person services outside of Canada?
If yes, please provide details.

Yes No

Relevant Qualifications (Certificates, Accreditations) or Association Memberships (FMC, CACCF, ACE etc.):

Has any application for Professional Liability and/or Commercial General Liability ever been denied, cancelled, or not renewed by the Insurer? Yes No
If yes, please provide details.

Has any Professional Liability or Commercial General Liability claim or lawsuit been made against you/your business, or is any such claim now pending against you/your business? Please only select yes if not already reported to BMS and/or the insurer. Yes No
If yes, please provide details.

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

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

Business Details

Do you operate your own business? (e.g. independent contractor or business owner) Yes No
Do not complete this section for or on behalf of someone else's business or a business where you are employed.

If yes, please select number of professional staff:

Yourself Only 2-5 6-10 10 +

If yes, please provide your primary entity / business name (please list all operating names related to the business).

Entity / Business Name:

Location Address (if different from above):

City:

Province/Territory:

Postal Code:

Do you own/operate more than one entity/corporation name? Yes No
If yes, please provide details.

Professional Liability Insurance

Claims Made policy; Nil deductible

Retroactive date: Inception

Includes:

Inquiry Costs and Expense	\$75,000 per claim/ \$75,000 aggregate
Criminal Proceedings Costs and Expenses	\$75,000 per claim/ \$75,000 aggregate
Sexual Abuse Therapy & Counselling Fund	\$20,000 per claim/ \$20,000 aggregate
Court Attendance Costs incurred by employees of the insured	\$250 per day
Court Attendance Costs incurred by directors, partners and principals of the insured	\$500 per day
Libel, Slander and Defamation	\$25,000 per claim/ \$25,000 aggregate
Loss of Documents	\$50,000 per claim/ \$50,000 aggregate

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

		Annual Premium	Limit per claim / aggregate
Action Therapy	<input type="checkbox"/>	\$284.00	\$2M/\$2M
Acupuncturist / Traditional Chinese Medicine Practitioner	<input type="checkbox"/>	\$314.00	\$2M/\$5M
	<input type="checkbox"/>	\$573.00	\$5M/\$5M
Counsellor, including Addiction Counsellor	<input type="checkbox"/>	\$423.00	\$2M/\$2M
	<input type="checkbox"/>	\$483.00	\$5M/\$5M
Equine and Canine Rehabilitation and Training (Bite exclusion)	<input type="checkbox"/>	\$254.00	\$2M/\$2M
Equine Touch (Bite exclusion)	<input type="checkbox"/>	\$254.00	\$2M/\$2M
Ergonomist with CCCPE designation	<input type="checkbox"/>	\$152.00	\$2M/\$2M
	<input type="checkbox"/>	\$211.00	\$5M/\$5M
Ergonomist without CCCPE designation	<input type="checkbox"/>	\$187.00	\$2M/\$2M
	<input type="checkbox"/>	\$248.00	\$5M/\$5M
First Aid Facilitators / CPR Training	<input type="checkbox"/>	\$362.00	\$2M/\$2M
Fitness Instruction	<input type="checkbox"/>	\$142.00	\$2M/\$2M
Grief Recovery Specialist	<input type="checkbox"/>	\$254.00	\$2M/\$2M
Hearing Instrument/Aid Practitioner	<input type="checkbox"/>	\$142.00	\$2M/\$2M
Holistic Nutritionist	<input type="checkbox"/>	\$254.00	\$2M/\$2M
Homeopathy (no Chinese medicine)	<input type="checkbox"/>	\$254.00	\$2M/\$2M
Kinesiology	<input type="checkbox"/>	\$235.00	\$2M/\$5M
	<input type="checkbox"/>	\$302.00	\$5M/\$5M
Life Coaching/Health Coaching	<input type="checkbox"/>	\$284.00	\$2M/\$2M
Manifestation Coaching	<input type="checkbox"/>	\$254.00	\$2M/\$2M
Massage Therapist	<input type="checkbox"/>	\$356.00	\$5M/\$5M
Mediation	<input type="checkbox"/>	\$302.00	\$2M/\$5M

Medical Laboratory Technologist Student	<input type="checkbox"/>	\$55.00	\$2M/\$5M
Medical Laboratory Technologists	<input type="checkbox"/>	\$90.00	\$2M/\$5M
Music Therapy	<input type="checkbox"/>	\$284.00	\$2M/\$2M
Myer Briggs Type Indicator Device	<input type="checkbox"/>	\$284.00	\$2M/\$2M
Naturopath	<input type="checkbox"/>	\$573.00	\$2M/\$5M
Nutrition, Lifestyle, Food and Wellness Coaching (excludes consultants focusing on weight loss and Chinese Herbalists)	<input type="checkbox"/>	\$254.00	\$2M/\$2M
Opticians	<input type="checkbox"/>	\$133.00	\$2M/\$2M
	<input type="checkbox"/>	\$193.00	\$5M/\$5M
Paraffin Treatment	<input type="checkbox"/>	\$284.00	\$2M/\$2M
Paramedics	<input type="checkbox"/>	\$133.00	\$5M/\$5M
Personal Training	<input type="checkbox"/>	\$254.00	\$2M/\$2M
Pilates	<input type="checkbox"/>	\$270.00	\$2M/\$2M
Podiatrist	<input type="checkbox"/>	\$531.00	\$2M/\$5M
	<input type="checkbox"/>	\$700.00	\$5M/\$5M
Psychoanalysis	<input type="checkbox"/>	\$302.00	\$2M/\$2M
Psychometrist	<input type="checkbox"/>	\$263.00	\$2M/\$2M
	<input type="checkbox"/>	\$336.00	\$5M/\$5M
Psychotherapists	<input type="checkbox"/>	\$423.00	\$2M/\$2M
	<input type="checkbox"/>	\$483.00	\$5M/\$5M
Reiki	<input type="checkbox"/>	\$302.00	\$2M/\$2M
Sleep Therapy (excluding Deep Sleep Therapy)	<input type="checkbox"/>	\$254.00	\$2M/\$2M
Sports Coaching (no professional, semi-professional athletes)	<input type="checkbox"/>	\$254.00	\$2M/\$2M
Thai Massage	<input type="checkbox"/>	\$302.00	\$2M/\$2M
Vocational Rehabilitation	<input type="checkbox"/>	\$302.00	\$2M/\$2M
Yoga (All types)	<input type="checkbox"/>	\$270.00	\$2M/\$2M
	<input type="checkbox"/>	\$316.00	\$5M/\$5M
Zumba	<input type="checkbox"/>	\$284.00	\$2M/\$2M
Other (please describe):	<input type="checkbox"/>	Referral	

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.

Individual CGL is recommended for independent contractors or business owners with no other healthcare providers delivering services on your behalf.

Business CGL is recommended for business owners with other professionals delivering services on your behalf.

Occurrence Form; \$500 deductible

Coverage includes:

Bodily Injury & Property Damage	Per limit selected
Products-Completed Operations	Per limit selected
Personal Injury & Advertising Injury	Per limit selected
Medical Expenses	\$25,000 per person / per accident
Tenants' Legal Liability	\$500,000
Non-Owned Automobile	Per limit selected
Damage to Hired Auto	\$50,000

Do you want to purchase Commercial General Liability?
If yes, please complete fields below.

Yes No

Number of Staff (Employed or Contracted)	Option 1: \$2,000,000 per claim \$2,000,000 per aggregate	Option 2: \$5,000,000 per claim \$5,000,000 per aggregate
Individual	\$288 <input type="checkbox"/>	\$403 <input type="checkbox"/>
Business with 1-4 staff	\$403 <input type="checkbox"/>	\$575 <input type="checkbox"/>
Business with 5-9 staff	\$633 <input type="checkbox"/>	\$863 <input type="checkbox"/>
Business with 10 or more staff	Referral <input type="checkbox"/>	Referral <input type="checkbox"/>

Additional Insured

Only complete this section if you are contractually required to add an Additional Insured to your Commercial General Liability insurance policy.

Adding an Additional Insured provides limited liability insurance coverage to the third party Additional Insured but only as it relates to General Liability resulting from your operations / occupancy. Note that any Additional Insured is required to carry their own Commercial General Liability insurance. For each, provide the name and address.

I understand and agree to the coverage terms detailed above.

Name:

Address:

City:

Province/Territory:

Postal Code:

Business Professional Liability

Business Professional Liability is recommended for businesses with other professionals working for or on behalf of your business and/or billing under your business name.

This policy responds if your business name is brought into a statement of claim or lawsuit alleging negligence or malpractice.

Do you require Clinic Professional Liability coverage? Yes No

If yes, please select from the table below.

Does your Clinic/Business employ physicians/doctors? Yes No

If yes, please contact BMS for a quote.

If no, rating follows table below.

Number of Professionals	Premium
Individual	<input type="checkbox"/> Included
Business with 2-5 staff	<input type="checkbox"/> \$230
Business with 6-10 staff	<input type="checkbox"/> \$575
Business with 11-10 staff	<input type="checkbox"/> \$1,438
Business with 20+ staff	<input type="checkbox"/> Referral

NOTE: Each professional providing services for or on behalf of your Clinic/Business must carry their own individual Professional Liability insurance with a minimum of \$1,000,000 limit (Chiropractors and Osteopaths must carry individual Professional liability with a \$2,000,000 minimum limit). Excluded discipline: Naturopath.

Please confirm you understand and agree to the eligibility requirements.

Contents, Crime & Business Income

Contents includes items usual to a clinic, including professional equipment, desks, chairs, filing cabinets and computers, as well as any stock and improvements and betterments.

Crime coverage protects against financial loss due to dishonesty, fraud, or theft of money, securities or other property owned by the clinic.

Business Income insures against loss of income resulting from direct physical loss or direct physical damage to the premises by an insured peril (e.g. fire).

Do you want to purchase Contents, Crime and Business Income?

Yes No

Cyber Security & Privacy Liability

Cyber liability continues to be an ever-evolving area of risk. You have access to a comprehensive Cyber Security and Privacy Liability policy to protect against claims arising out of theft, loss, or unauthorized disclosure of a third party's personally identifiable information.

Coverage is designed to manage the risk of holding increasingly large quantities of personally identifiable data of clients, employees, and others, and to mitigate the reputational damage resulting from a data security breach.

Breach Response

Legal, Forensic & Public Relations/Crisis Management	\$250,000
Notified Individuals	5,000 (Individual), 100,000 (Business)

Policy Aggregate Limit	\$1,000,000
-------------------------------	-------------

First Party Loss

Business Interruption	\$25,000
Cyber Extortion Loss	\$100,000
Data Recovery Costs	\$100,000

Liability

Data & Network Liability	\$1,000,000
Regulatory Defense & Penalties	\$250,000
Payment Card Liabilities & Costs	\$1,000,000
Media Liability	\$1,000,000

eCrime*

Fraudulent Instruction*	Available for additional premium
Funds Transfer Fraud	Available for additional premium
Telecommunications Fraud	\$100,000

Criminal Reward Cover

Criminal Reward Cover	\$25,000
-----------------------	----------

Deductibles

Each Incident	\$1,000
Notified Individuals	100

Would you like to purchase Cyber Security and Privacy Liability coverage?
If yes, please complete the fields below.

Yes No

Individuals	<input type="checkbox"/> \$215 annual premium
Business & Employees – \$0 to \$500,000 gross revenue	<input type="checkbox"/> \$935 annual premium
Business & Employees – \$500,001 to \$1,000,000 gross revenue	<input type="checkbox"/> \$1,276 annual premium
Business & Employees – \$1,000,001 to \$1,500,000 gross revenue	<input type="checkbox"/> \$1,606 annual premium
Business & Employees – \$1,500,001 to \$2,000,000 gross revenue	<input type="checkbox"/> \$1,760 annual premium
Business & Employees – \$2,000,001 to \$2,500,000 gross revenue	<input type="checkbox"/> \$1,920 annual premium
Business & Employees – \$2,500,001 to \$3,000,000 gross revenue	<input type="checkbox"/> \$2,107 annual premium
Business & Employees - \$3,000,001 to 3,500,000 gross revenue	<input type="checkbox"/> \$2,740 annual premium
Business & Employees - \$3,500,001 to \$4,000,000 gross revenue	<input type="checkbox"/> \$2,807 annual premium
Business & Employees - \$4,000,001 to \$4,500,000 gross revenue	<input type="checkbox"/> \$2,988 annual premium
Business & Employees - \$4,500,001 to \$5,000,000 gross revenue	<input type="checkbox"/> \$3,163 annual premium
Business & Employees – Above \$5,000,001 gross revenue	<input type="checkbox"/> Referral

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

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

Have you/your business ever had a cyber security / privacy breach and/or network security incident in the past or has such a claim been made against you/your business? Yes No
 If yes, please provide details.

Statement of Facts including condition precedent requirements

The following items are important risk mitigation strategies and are required by the insurer for coverage to be secured. Please confirm the following is accurate:

IT IS A CONDITION PRECEDENT FOR COVERAGE UNDER THIS POLICY THAT ALL THE BELOW ITEMS ARE SATISFIED. IF ANY OF THE BELOW STATEMENTS ARE NOT MET THEN NO COVERAGE SHALL BE PROVIDED

UNDER THIS POLICY FOR ANY DAMAGES, CLAIMS EXPENSES, PENALTIES, PRIVACY BREACH RESPONSE SERVICES, PCI FINES EXPENSES AND COSTS, CYBER EXTORTION LOSS, DATA PROTECTION LOSS, BUSINESS INTERRUPTION LOSS.

Please confirm the following is accurate:

I/my business implements loss control measures such as: Antivirus software, a firewall, and/or regular software patch installations.

I/my business regularly back-up critical data to a "offline" location (e.g., a USB or hard drive) that would be unaffected by an issue with your live environment, and you test to ensure that back-ups are recoverable.

I/my business use multi-factor authentication (MFA) for cloud based services (Such as cloud based email account access) and for all remote access to your network; or if No, I/my business use Jane, Clinicmaster, owl practice or Practiceperfect.

For those systems which have an on-premises network only: I/my business only allow(s) remote access into our environment with a virtual private network (VPN). Note: This does not apply if your systems are entirely cloud based.

I confirm the above statements are true and accurate.

I also confirm the following:

I/my business take and/or provide cyber security awareness training **at least once annually**, including anti-phishing. For businesses, this includes training for all individuals who have access to your organization's network or confidential/personal data.

A link to free resources is: www.getcybersafe.gc.ca. Once completed, please keep a personal record. You are not required to provide proof to BMS.

I confirm the above statement is true and accurate.

***Additional Coverage Available**

If your business transfers funds, BMS recommends you consider adding Fraudulent Instruction coverage.

Funds Transfer Fraud means the loss of **Money** or **Securities** contained in a **Transfer Account** at a **Financial Institution** resulting from fraudulent written, electronic, telegraphic, cable, teletype or telephone instructions by a third party issued to a **Financial Institution** directing such institution to transfer, pay or deliver **Money** or **Securities** from any account maintained by the **Insured Organization** at such institution, without the **Insured Organization's** knowledge or consent.

\$25,000 limit for **\$230 / year**

\$100,000 limit starting from **\$335 / year**

Would you like BMS to contact you to provide an application for Fraudulent instruction coverage? Yes No

Employment Practices Liability (not available to members in Quebec)

Do you employ administrative and/or professional staff? Does your business engage independent contractors, volunteers, or students? This insurance is designed for business owners to protect against allegations of employment practice violation, including wrongful termination, discrimination, workplace harassment, and other employment related allegations.

Recommended for business owners with employees, contractors, volunteers, or students.

Claims made policy, \$1,000 deductible.

Do you require Employment Practices Liability?
If yes, please complete the fields below.

Yes No

	Limit	Deductible	Annual Premium
Option 1	\$100,000	\$1,000	<input type="checkbox"/> \$262
Option 2	\$250,000	\$1,000	<input type="checkbox"/> \$362
Option 3	\$500,000	\$1,000	<input type="checkbox"/> \$383
Option 4	\$1,000,000	\$1,000	<input type="checkbox"/> \$499

Please confirm the association with which you are a member (*Please note, you must be a member with at least one of the associations above in order to be eligible for EPL*):

ACE FMC CACCF

Total number of employed staff (professionals): _____

Total number of administrative staff (including students working under supervision): _____

Total number of contracted staff (professionals): _____

Has any application for similar insurance ever been denied, cancelled, or not renewed by the insurer?

Yes No

If yes, please provide details.

Are you aware of any facts, circumstances or situations, which may reasonably give rise to a claim against you/your business? Please only select yes if not already reported to BMS/the insurer.

Yes No

If yes, please provide details.

Has there been or are there now pending, any claims against the business or any past, present directors, officers or employees of the business:

Involving any employment law?
If yes, please provide details.

Yes No

Involving non-employment related discrimination or sexual harassment?
If yes, please provide details.

Yes No

During the past 12 months, has the company experienced any change in controlling ownership of the company/business?
If yes, please provide details.

Yes No

Do you require Employment Practices Liability coverage for an additional corporation(s)?

Yes No

Legal Services Package

Members can access a comprehensive Legal Services Package, which includes:

Unlimited Legal Helpline

Unlimited access to the Legal Helpline. Helpline Lawyers provide general legal information and assistance for any legal question. Please note: the lawyer will not advise on coverage, make a claim decision, or review documents.

Legal Document Centre

Unlimited access to an online library of legal documents, all of which have been drafted by lawyers, and are in the form of guided, customizable templates. Examples of templates include wills and power of attorney documents, employment contracts, service agreements, and more. Documents are based on Canadian laws and legal best practices. They can be downloaded and saved securely for future reference or reuse.

Legal Document Review

Access to lawyers to review a simple legal document and provide you with an annotated copy of the document with their notes. This will assist you in understanding the general impacts that the document may have for you.

Simple Legal Letter Drafting

Access to lawyers who will draft a simple legal letter for you to send. This service is intended to assist you with drafting simple documents, such as a demand letter, a complaint letter, a travel consent letter for a child, a resignation letter, or a warning letter to an employee.

Emotional Support Assistance

Access to Emotional Support Assistance through which you can confidentially speak with a professional counsellor about any work or personal issues which may be affecting you. For small business customers, this service is also available to employees.

Identity Theft Protection Assistance

Identity theft experts will provide you with general assistance and prevention tips about identity theft and how to protect yourself. If you believe you have been the victim of identity theft, this service can also provide you with direct assistance by an Identity Restoration Expert to help restore your identity.

HR Assistance

Access to HR Assistance where you can speak to a Human Resources professional, who can provide you with information regarding HR issues that are impacting your business.

Annual Cost \$35 (including BMS fee)

Would you like to purchase the Legal Services Package? Yes No

Note, if you are purchasing Legal Expense insurance (below), the Legal Services Package is automatically included in the Personal and Business Legal Solutions.

Legal Expense Insurance Solutions

Personal and/or business-related legal matters can arise at any time and can be costly.

Personal Legal Solutions provides:

- Legal Services Package (as detailed above except HR Assistance)
- Insurance to coverage the legal costs for resolving a range of disputes, including:
 - Pursuit or defence of Contract Disputes (90 day waiting period applies from the inception of the first policy held)
 - Pursuit or defence of Tenancy Disputes (90 day waiting period applies from the inception of the first policy held)
 - Total Loss Valuation Disputes (motor vehicle)
 - Defence of Driver's Licence Protection
 - Pursuit for Bodily Injury
 - Pursuit for Property Protection
 - Defence for Tax Protection

Each claim/aggregate limit	Premium
\$25,000/\$125,000	<input type="checkbox"/> \$80
\$50,000/\$250,000	<input type="checkbox"/> \$93

Would you like to purchase Personal Legal Solutions? Yes No
If yes, please answer the questions below:

Please confirm the association with which you are a member (*Please note, you must be a member with at least one of the associations above in order to be eligible for Personal Legal Solutions*):

ACE FMC CACCF

In the last 3 years, have you, your spouse, or any adult children living in your home:

- Pursued a consumer contract dispute? Yes No
- Pursued a dispute with a neighbour or had to take action following a legal nuisance or trespass on your land? Yes No
- Pursued legal action against a negligent third party following an injury to yourself? Yes No
- Pursued legal action against a medical practitioner following an incident of clinical negligence which caused you an injury? Yes No
- Been audited by the CRA? Yes No
- Been interviewed by the police or arrested in connection with an alleged criminal offence? Yes No
- Been sued for alleged discrimination? Yes No
- Been the victim of identity theft? Yes No

If yes, please provide details.

Business Legal Solutions provides:

- Legal Services Package (as detailed above)
- Insurance to cover for legal costs for resolving a range of disputes, including:
 - Employee's Extra Protection
 - Auto Legal Defence
 - Defence of Contract Disputes & Debt Recovery (90 day waiting period applies from the inception of the first policy held)
 - Defence for Statutory Licence Appeals
 - Pursuit for Property Protection
 - Pursuit for Bodily Injury
 - Tax Protection

**\$50,000 per claim / \$250,000 aggregate
NIL deductible**

Revenue band	Premium
\$0 to \$150,000	<input type="checkbox"/> \$145
\$150,001 to \$250,000	<input type="checkbox"/> \$230
\$250,001 to \$500,000	<input type="checkbox"/> \$375
\$500,001 to \$1,000,000	<input type="checkbox"/> \$480
\$1,000,001 to \$2,000,000	<input type="checkbox"/> \$845
\$2,000,000 +	<input type="checkbox"/> Referral Required

Would you like to purchase Business Legal Solutions?
If yes, please answer the questions below:

Yes No

Please confirm the association with which you are a member (*Please note, you must be a member with at least one of the associations above in order to be eligible for Business Legal Solutions*) :

ACE FMC CACCF

Total number of employees (full time & part time): _____

What is your estimated revenues for the next 12 months? : _____

In the last 3 years has your business, you or any employee, director or partner of the business been:

Subject to a tax audit? Yes No

Involved in a dispute regarding compliance with GST, Income Tax, PST or HST or payroll tax deductions? Yes No

Involved in any dispute regarding any damage, trespass or nuisance in relation to property that you are responsible for? Yes No

Prosecuted in a criminal court (excluding vehicle-related offences)? Yes No

Subject to a civil action alleging theft or breach of privacy? Yes No

The recipient of a notice to alter, suspend, revoke or refusal to renew any statutory licence? Yes No

Involved in any contractual dispute? Yes No

If yes, please provide details:

Have you pursued an undisputed debt in the last 12 months, after you had exhausted your normal aged receivable procedures? Yes No

If yes, please provide details.

NEW! 24 Hour Accident Coverage (not available to members in Quebec)

This coverage is designed to provide you and your loved ones with financial assistance in the event of an accident that results in injury or death.

24 Hour Accident Insurance provides a lump sum benefit where:

- A loss or death occurs due to an Accident, and
- Where, as the result of accidental injury, the disablement results in a permanent total disability.

The policy also provides coverage for:

- Repatriation costs, and
- Rehabilitation (training) costs should you require special training in order to be qualified to engage in a different occupation following an insured accident.

Coverage Overview

Accidental Death and Dismemberment (AD&D)	\$25,000
Permanent Total Disability (PTD)	\$25,000
Repatriation	\$5,000
Rehabilitation	\$5,000
Fracture Benefit	\$2,000

Annual Cost: \$35 (includes BMS fee)

Would you like to purchase the 24 Hour Accident Insurance? Yes No

In order to purchase the 24 Hour Accident Insurance coverage you must be under the age of seventy (70). Please confirm you understand and agree to the eligibility requirements.

Please confirm your Date of Birth (MM/DD/YYYY):

Would you like to increase the principal sum for AD&D and PTD to \$50,000 for an additional \$25? Yes No

Declarations & Warranty

The undersigned declares:

I declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of liability 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.

Submitting this form does not bind the Applicant or company to complete the insurance but 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.

Signed by:

Position:

Date:

Fee Disclosure

Line of Coverage	Premium	Commission (included within premium)	Fee
Professional Liability	Per application	30%	Nil
Commercial General Liability	Per application	30%	Nil
Business Professional Liability	Per application	30%	Nil
Contents, Crime & Business Income	Per application	30%	Nil
Cyber Security & Privacy Liability	Per application	25%	Nil
Employment Practices Liability	Per application	25%	Nil
Legal Services Package	Per application	N/A	\$13
Personal Legal Expense	Per application	20%	Nil
Business Legal Expense	Per application	20%	Nil
24 Hour Accident Insurance	Per application	15%	\$6

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

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

Legal Service Package Tax:

Note: Cost includes broker fee and is subject to the applicable HST Tax.
 New Brunswick, Newfoundland, Nova Scotia and Prince Edward Island add 15%
 Ontario add 13%
 Alberta, British Columbia, Manitoba, Northwest Territories, Nunavut, Quebec,
 Saskatchewan and Yukon add 5%

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

Sub-total	\$
Service Fee*	\$10.00
Tax	\$
Total Enclosed	\$

PLEASE NOTE: The Service Fee does not apply if you ONLY purchase Professional Liability Insurance.

Authorization for Credit Card Charge

VISA, AMEX or M/C Account No:

Expiry Date:

CVV:

Cardholder Name:

Signature:

BMS Canada Risk Services Ltd. (BMS)
825 Exhibition Way, Suite 209
Ottawa, ON K1S 5J3

Toll Free: 1-855-318-6558
Fax: 613-701-4234
Email: allied.insurance@bmsgroup.com