

LIABILITY INSURANCE APPLICATION

Na	me of Applicant:		
Add	dress:		
City	y: Province/Territory: Postal Code:		
Tel	ephone:		
Em	ail:		
1.	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.	☐ Yes	□No
	Please confirm that you understand and are in compliance with these insurance eligibility requirements.		
2.	Please list relevant Qualifications (Certificates, Accreditations, Association Memberships, Regulatory body, other):		
3.	Has an application for similar insurance (Professional Liability, Commercial General Liability) ever been declined or cancelled? If yes, please provide details:	Yes	□ No
4.	Have you ever had a Professional Liability or Commercial General Liability claim made against you, or is any such claim now pending against you? If yes, please provide details.	☐ Yes	□ No
5.	Have you any knowledge of any negligent act, error or omission ,or breach of duty; or any facts, circumstances or situations, which may reasonably give rise to a claim against you? If yes, please provide details.	☐ Yes	□No
6.	Do you currently have Professional Liability Insurance in place? If yes, please indicate the amount of coverage and the insurer:	☐ Yes	☐ No

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

Additional Insurance Products

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 🗆	\$350 🗆

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

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.

Sublimited 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

(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 is your require Cyber insurance for your business) Has any Cyber claim or lawsuit been made against you/your business, or is any such claim now Yes No pending against you? Please only select yes if not already reported to BMS/Beazley. If yes, please provide details. Are you aware of any facts, circumstances or situations, which may reasonably give rise to a ☐ Yes ☐ No claim against you? Please only select yes if not already reported to BMS/Beazley. If yes, please provide details. ☐ Yes ☐ No 3. Have you ever had a privacy breach, and/or network security incident in the past? If yes, please provide details. Do you implement basic loss control measures such as: Antivirus software, a firewall, and/or ☐ Yes ☐ No regular software patch installations? 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. \Box Do you regularly back-up critical data to an "offline" location (Example, USB or hard drive) that \quad Yes \quad No would be unaffected by an issue with your live environment? Do you use multi-factor authentication (MFA) for cloud based services (Such as cloud based ☐ Yes ☐ No email account access) and for all remote access to your network? Do you regularly (at least annually) take cyber security awareness training, including anti-Yes No phishing? Yes No Do you not allow remote access into your environment without a virtual private network (VPN)

(i) Forensic Expenses sublimit: CAD 25,000

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