

APPLICATION FOR ANIMAL REHABILITATION PRACTITIONERS

Name of Applicant: _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

Are you a CPA member? Yes No

CPA Membership No: _____

Do you offer treatments to captive animals? Yes No

Definition of captive animals: performance horses –racehorses, training horses and competition horses whose value exceeds \$100,000.

If yes, please call BMS at 1-855-318-6136.

Do you offer acupuncture or manipulation treatments? Yes No

If yes, and the services are lower than 25%, an additional premium of \$100 + provincial taxes will be reflected.

If the services exceed 25%, please call BMS at 1-855-318-6136.

Has the applicant ever had similar insurance denied or cancelled? Yes No

If yes, please provide details.

Has a claim ever been made against you? Yes No

If yes, please provide details.

Does the applicant have any knowledge of any act/incident which might give rise to a claim under this policy, or do you anticipate any claims being brought against you? Yes No

If yes, please provide details.

Limits of Liability:

\$1,000,000	Professional liability per claim
\$2,000,000	Professional liability per policy period
\$25,000	Regulatory legal expenses
\$25,000	Criminal defense
\$150	Loss of Earnings
\$500	Premium + Sales tax

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:

Position:

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 8% Sales Tax

Newfoundland residents add 15% 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.

Authorization for Credit Card Charge

VISA, AMEX or M/C Account No:

Expiry Date:

Cardholder Name:

Signature:

BMS Canada Risk Services Ltd (BMS Group)

320 Catherine Street, Suite 21

Ottawa, ON K1R 5T5

Toll Free: 1-855-318-6136

Fax: 613-701-4234

Email: cpa.insurance@bmsgroup.com