



## APPLICATION FOR CLINIC PROFESSIONAL LIABILITY INSURANCE

Name of Applicant:

Clinic / Business Name:

Mailing Address:

City:

Prov./Terr.:

Postal Code:

Telephone:

Email:

Clinic / Business Location (if different from above):

Address:

City:

Prov./Terr.:

Postal Code:

### Clinic/Business Details:

1. Has applicant operated under a different name in the past?  Yes  No  
If yes, please provide details.

2. Does the Clinic/Business provide services or perform activities outside of Canada?  Yes  No

3. Indicate the number of professionals providing services for or on behalf of the Clinic/Business:  
Professional \_\_\_\_\_

4. Complete the following for each professional providing services for or on behalf of the Clinic/Business:

Name	Duties	Professional Designation

5. Coverage is provided for **the Clinic/Business**. Each professional providing services for or on behalf of the clinic / business must carry their own individual professional liability insurance with a minimum of \$5,000,000 limits  Yes  No

I understand and confirm:

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6. Is the Clinic/Business involved in any process of manufacturing, construction design, testing or servicing of any equipment?  Yes  No  
If yes, please provide details.
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7. Does the Clinic/Business issue guarantees and/or warranties to customers?  Yes  No  
If yes, attach full details and copy of applicant's form of guarantee or warranty.
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**Applicant Details:**

8. Are you a member in good standing with the Canadian Physiotherapy Association?  Yes  No

Membership Number:

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9. Applicant is:  Individual  Partnership  Corporation  
 Other (Provide Details) \_\_\_\_\_
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10. Has any application for similar insurance ever been denied or cancelled?  Yes  No  
If yes, please provide details.
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11. Have you/your business ever sustained a professional liability loss or has such a claim been made against you/your business?  Yes  No  
If yes, please provide details.
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12. Do you 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/your business?  Yes  No  
If yes, please provide details.
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## 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:

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  
Saskatchewan residents add 6% sales tax

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Sub-total \$

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Tax \$

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Total Enclosed \$

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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:

Cardholder Name:

Signature:

### **BMS Canada Risk Services Ltd. (BMS Group)**

825 Exhibition Way, Suite 209  
Ottawa, ON K1S 5J3

Toll Free: 1-855-318-6136

Fax: 613-701-4234

Email: [cpa.insurance@bmsgroup.com](mailto:cpa.insurance@bmsgroup.com)