



APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE FOR PHYSIOTHERAPIST ASSISTANTS

Name of Applicant: _____

Address: _____

City: _____

Prov./Terr.: _____

Postal Code: _____

Telephone: _____

Email: _____

1. Are you a member in good standing with the Canadian Physiotherapy Association (CPA)? Yes No

CPA Membership Number: _____

2. Has any application for professional liability and/or commercial general liability insurance ever been denied or cancelled? Yes No
If yes, please provide details.

3. Have you ever sustained a professional liability and/ or commercial general liability claim been made against you? Yes No
If yes, please provide details.

4. 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.

Coverage Details (policy is on a claims-made basis)

Professional Liability & Commercial General Liability	\$3,000,000 (shared limit)
Limit per policy period	\$3,000,000
Criminal Defence Costs Reimbursement	\$25,000 per claim / \$50,000 aggregate
Deductible: Nil	

Premium: \$150

Increase Professional Liability & Commercial General Liability limit to \$5,000,000 (shared limit)

Premium: \$75

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

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: _____

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