



APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE ANIMAL REHABILITATION THERAPIST

Name of Applicant: _____

Address: _____

City: _____

Prov/Terr.: _____

Postal Code: _____

Telephone: _____

Email: _____

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

Membership Number: _____

2. 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.

3. Do you offer acupuncture or manipulation treatments? Yes No

If yes, and the services are lower than 25%, an additional premium will be applied.

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

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

If yes, please provide details. _____

5. 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. _____

Professional Liability Coverage Details

Per claim / Aggregate \$1,000,000 / \$2,000,000

Regulatory Legal Expense \$25,000

Criminal Defense \$25,000

Loss of Earnings \$150 per day

Premium**Acupuncture services provided** \$500 Add \$100

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 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: _____

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