



## APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE ANIMAL REHABILITATION THERAPIST

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Prov/Terr.: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a member in good standing with the Canadian Physiotherapy Association? \_\_\_\_\_

Yes  No

Membership Number: \_\_\_\_\_

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 will be applied.

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

Has the applicant ever had similar insurance denied, cancelled, or not renewed? \_\_\_\_\_

Yes  No

If yes, please provide details.

Are you aware of any facts, circumstances, or situations, which may reasonably give rise to a claim against you/your business? \_\_\_\_\_

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

\$605

Add \$121

### Declarations and Warranty

The undersigned declares:

I declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of liability 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.

Submitting this form does not bind the Applicant or company to complete the insurance but 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.

**I declare that I am a member in good standing with The Canadian Physiotherapy Association. If it is determined that I do not hold an active membership, I understand that my insurance policy is null and void.**

Signed by: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

### 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)**  
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)