



# APPLICATION FOR CLINIC PACKAGE : ADDITIONAL LOCATIONS

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

Clinic / Business Name at Main Location: \_\_\_\_\_

Clinic / Business Name at Additional Location: \_\_\_\_\_

Additional Location Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov/Terr.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

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

Does the clinic provide professional services outside the scope of physiotherapy?  Yes  No  
If yes, please provide a description of the services: \_\_\_\_\_

If yes, please provide the percentage of services outside the scope of physiotherapy: \_\_\_\_\_%

Does the clinic/business provide workshops and/or classes? (e.g: fitness, pilates, yoga, wellness etc)?  Yes  No  
If yes, please advise the number of professionals:

1 (including yourself) - \$250  2+ - \$500

Does the business offer use of gym facilities to non-clients?  Yes  No

Does the business provide any services to animals?  Yes  No

Do any professionals working for the clinic/business provide therapy services in a pool?  Yes  No  
If yes, additional \$250 premium will be applied.

If yes, are the following eligibility requirements in place?:

Client to therapist ratio is not greater than 2 to 1.  Yes  No

Services are delivered in a public pool with a lifeguard on site.  Yes  No

A waiver is signed by all clients.  Yes  No

Please select Contents Limit and /or Flood & Earthquake coverage:

<b>Contents Limit</b>	<b>Premium</b>	<b>Flood &amp; Earthquake (if applicable)</b>
\$25,000	\$153 <input type="checkbox"/>	\$28 <input type="checkbox"/>
\$50,000	\$212 <input type="checkbox"/>	\$55 <input type="checkbox"/>
\$75,000	\$273 <input type="checkbox"/>	\$83 <input type="checkbox"/>
\$100,000	\$363 <input type="checkbox"/>	\$110 <input type="checkbox"/>
\$150,000	\$545 <input type="checkbox"/>	\$165 <input type="checkbox"/>

**Deductibles:**

Water Damage / Sewer Back Up	\$2,500
Flood (if selected)	\$25,000
Earthquake	3% or \$50,000 (referral for QC & BC)
All other losses	\$500

**Note:** Contents coverage includes your equipment, stock and improvements and betterments. Please ensure that you have adequate limits to reflect the full replacement cost value of your contents.

**Equipment Breakdown:**

This addition to your Clinic Business Package policy provides coverage for sudden and accidental failure of equipment resulting in physical damage which requires the repair or replacement of the equipment or a part of the equipment.

Insured equipment includes:

- any boiler, fired or unfired pressure vessel normally subject to vacuum or internal pressure other than static pressure of contents, any refrigerating or air conditioning vessels and piping and its accessory equipment, any heat exchanger that forms part of forced air heating equipment
- any mechanical or electrical equipment used for the generation, transmission, or utilization of mechanical or electrical power,
- any electronic equipment or fibre optic cable, used for research, diagnosis, treatment, communication, word processing, data processing, duplicating, monitoring, or scanning.

Standard policy conditions apply.

Do you require Equipment Breakdown coverage? If yes, select limit required below.  Yes  No

<b>Limit</b>	<b>Additional Annual Premium</b>
Add \$125,000	<input type="checkbox"/> \$182
Add \$150,000	<input type="checkbox"/> \$194
Add \$175,000	<input type="checkbox"/> \$206
Add \$200,000	<input type="checkbox"/> \$218
Add \$225,000	<input type="checkbox"/> \$233

Add \$250,000	<input type="checkbox"/> \$248
Add \$275,000	<input type="checkbox"/> \$263
Add \$300,000	<input type="checkbox"/> \$275
Add \$300,000+	<input type="checkbox"/> Referral

**The policy is subject to 90% Co-insurance Clause. See below details.**

### Co-Insurance

Coinsurance is a penalty imposed on the insured by the insurance carrier for under reporting/declaring/insuring the value of tangible property or business income. The penalty is based on a percentage stated within the policy and the amount under reported. In this policy you have a co-insurance requirement of 90%. As an example:

If the value of the contents you are insuring is \$150,000 and the policy contains a 90% co-insurance clause; this means you should purchase at least \$135,000 in coverage. If you were only purchasing \$100,000 coverage and had a loss of \$100,000, the insurance company would pay based on the following formula:

Amount of Insurance Carried × Amount of Loss = Claim (Amount of Coverage Insured ÷ Required Amount of Coverage Insured) Amount of Loss = Claim Payment (\$100,000 ÷ (\$150,000 × 90%)) × \$100,000 = \$74,074 Payment for loss (less deductible)

BMS recommends that your insurable values be reviewed and appropriately appraised to ensure you are purchasing the correct content and property limits.

I understand the co-insurance clause and have selected an adequate contents limit.

### Commercial General Liability (CGL)

**Note:** Your Commercial General Liability limit is shared between all locations.

**Please indicate any additional insured(s) to be listed on your certificate (ie. Landlord):**  
(Applicable to the Commercial General Liability portion of this policy only)

Name:

---

Address:

---

City:

Prov/Terr:

Postal Code:

---

### 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)