



## 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:

1. Does the clinic provide professional services outside the scope of physiotherapy?  Yes  No  
If yes, please provide description/percentages of total services outside of physiotherapy.

2. Does the clinic/business provide workshops and/or classes? (e.g: fitness, pilates, yoga, wellness etc)?  Yes  No  
If yes, additional \$250 premium will be applied.

3. Does the Clinic/Business offer use of gym facilities to non-clients?  Yes  No

4. Do any professionals working for the clinic/business provide services in a pool?  Yes  No  
If yes, additional \$200 premium will be applied

If yes, please provide additional details:

- Location address:
- Who owns the pool?
- Confirm client ratio is not greater than 3:1  Yes  No
- Confirm if lifeguard is present  Yes  No

5. Does the clinic/business provide any services to animals?  Yes  No

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

**Contents Limit**  
25,000

**Premium**  
\$182

**Flood & Earthquake** (if applicable)  
\$28

50,000	\$242 <input type="checkbox"/>	\$55 <input type="checkbox"/>
75,000	\$303 <input type="checkbox"/>	\$83 <input type="checkbox"/>
100,000	\$396 <input type="checkbox"/>	\$110 <input type="checkbox"/>
150,000	\$578 <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 losses associated with a sudden and accidental failure of insured equipment owned, leased, operated or controlled by the Insured. 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 machine, device or instrument or fibre optic cable used for research, diagnosis, treatment, communication, word processing, data processing, duplicating, monitoring or scanning.

If there is an insured breakdown under the policy, the insurer will pay for loss to the Insured Equipment and to other Insured Property directly damaged by the Breakdown; pay for loss of perishable Insured Property that spoils solely as a result of the Breakdown; pay for the Business Interruption / Extra Expense which results solely from the Breakdown.

Standard policy conditions apply.

Do you require Equipment Breakdown coverage?      Yes     No

If yes, please indicate your contents limit: \_\_\_\_\_      (Additional Fees Applies)

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

**Co-Insurance**

Since the concept of co-insurance is fundamental principle of property and business continuation insurance, it is imperative that you understand it before considering the amount of insurance you buy.

Co-insurance is simply an agreement between 'You' and the 'Insurance Company', whereby you agree to maintain coverage up to a stated percentage of the value of the property you wish to insure (90%).

Should a loss occur, consideration is then given to the amount of insurance carried compared to actual values prior to the loss. If the amount of insurance is within the agreed co-insurance percentage requirement, the loss is paid in full, up to the policy limits. If, however, the amount of insurance that you carry is below the agreed percentage, you and the company will then share in the loss.

Please note the following example:

Assume that the replacement cost value of your contents is \$100,000, and the policy contains a 90% co-insurance clause. This means you should be insuring to at least 90% of the replacement cost value of your contents – or \$90,000 in this case. If you are only carrying \$80,000 of coverage, and suffer a partial loss of \$50,000 (replacement cost value), then the Insurer will indemnify you based on the amount that you have insured to required value, according to the following formula:

$(\text{Amount of Coverage Insured} \div \text{Required Amount of Coverage Insured}) \times \text{Amount of Loss} = \text{Claim Payment}$  ( $\$80,000 \div (\$100,000 \times 90\%) \times \$50,000 = \$44,444$  Payment for Loss (less deductible)

As you can see, in this example the Insurer will only indemnify you for the proportion of the loss that you are insured to the required replacement cost value.

\*All losses are subject to a deductible, which is deducted from the payment amount. BMS recommends that your insurable values be reviewed frequently by a competent, independent appraisal company.

Replacement cost means the cost of replacing, repairing, constructing or re-constructing property of like kind and quality and for like occupancy or use without deduction for depreciation. Replacement cost is the actual cost to replace an item or structure to its pre-loss condition.

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:

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Address:

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City:

Prov/Terr:

Postal Code:

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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:

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Date:

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