



APPLICATION FOR COMMERCIAL GENERAL LIABILITY, CRIME & INDIVIDUAL CYBER SECURITY & PRIVACY LIABILITY APPLICATION

Name of Applicant:

Business Name (please list all operating names):

Mailing Address:

City:

Prov./Terr.:

Postal Code:

Telephone:

Email:

Business Location (if different from above):

Only complete this section if you own and operate your own business (e.g. independent contractor or business owner). Do not complete this section for or on behalf of someone else's business or a business where you are employed.

Address:

City:

Prov./Terr.:

Postal Code:

Do you own/operate more than one entity/corporation name?

Yes No

Applicant Details

Are you a member in good standing with the Canadian Physiotherapy Association (CPA)?

Yes No

CPA Membership Number:

Has any application for similar insurance ever been denied, cancelled, or not renewed?

Yes No

If yes, please provide details.

Have you ever had a Commercial General Liability claim made against you that you have not reported to BMS? Please only select "Yes" if you have not already reported the claim to BMS/Novex.

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? Please only select yes if not already reported to BMS/Novex.

Yes No

If yes, please provide details.

Business Details

Does the business provide professional services outside the scope of physiotherapy? Yes No
If yes, please provide description of services:

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

Does the 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 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

Commercial General Liability Insurance Options (Occurrence Based)

Individual Commercial General Liability Coverage

Commercial General Liability (CGL) protects you against claims arising from injury or property damage that you may cause to another person as a result of your operations and/or premises. For example, a client may slip and fall on a wet floor or you may accidentally cause property damage to a client's home during a consultation. This coverage is recommended for independent contractors with no additional staff.

Business Commercial General Liability Coverage

This option is recommended for members who have other healthcare professionals (employees or contractors) working for you on behalf of their business. Protects your business in the event a CGL claim is made involving your business operations (including the activities of your employees or contractors) and/or premises.

Coverage Includes:

Commercial General Liability

General Aggregate	\$5,000,000
Bodily Injury & Property Damage	\$5,000,000 each occurrence
Products-Completed Operations	\$5,000,000 aggregate
Personal Injury & Advertising Injury	\$5,000,000
Tenants Legal Liability	\$5,000,000
Medical Payments	\$50,000 per person

SPF 6 Non-Owned Automobile \$5,000,000

Exclusions
Abuse

Deductibles
Property Damage \$250
Tenants Legal Liability \$500

Would you like to purchase Commercial General Liability coverage? Yes No
If yes, please select limit required below.

Number of employees	\$2,000,000 per claim \$2,000,000 aggregate	\$5,000,000 per claim \$5,000,000 aggregate
Individual	<input type="checkbox"/> \$274	<input type="checkbox"/> \$396
1-4	<input type="checkbox"/> \$359	<input type="checkbox"/> \$520
5-9	<input type="checkbox"/> \$434	<input type="checkbox"/> \$624
10+	<input type="checkbox"/> Referral	<input type="checkbox"/> Referral

Please enter the number of professional staff (employees and contractors): _____

As a business owner you may be held liable for the unlawful actions of an employee, such as bodily injury resulting from or relating to abuse. Do you require coverage for limited abuse liability (vicarious liability) to address such a circumstance? Yes No
If yes, a referral is required.

Additional Insureds

Only complete this section if you are contractually required to add an Additional Insured to your Commercial General Liability insurance policy.

Adding an Additional Insured provides limited liability insurance coverage to the third party Additional Insured but only as it relates to General Liability resulting from your operations / occupancy. Note that any Additional Insured is required to carry their own Commercial General Liability insurance.

I understand and agree to the coverage terms detailed above.

Name: _____

Address: _____

City: _____ Province/Territory: _____ Postal Code: _____

Name: _____

Address: _____

City: _____ Province/Territory: _____ Postal Code: _____

Event Coverage

Please note that coverage for events that are within a physiotherapist's scope of practice (i.e. events that you would typically expect a physiotherapist practice to engage in such as annual meetings, participating in trade shows, attending road races and other sporting events), is included with this package. Events that the clinic is hosting must be referred to BMS for approval.

Does the clinic intend on hosting any events during the policy term?

Yes No

Crime

Coverage Includes:

Employee Dishonesty	\$50,000
Theft, Robbery or Burglary	\$25,000
Fraud	\$25,000
Expenses – Blanket Limit	\$10,000
Deductible	\$1,000

\$55 annual premium

Would you like to purchase Crime coverage?

Yes No

Contents

Do you have contents for which you require coverage?

Yes No

Note: contents coverage includes protection for your equipment, stock, and improvements and betterments. If you operate a business and have contents to insure a Commercial General Liability policy may not be sufficient protection. Please contact BMS at 1-855-318-6136 to discuss your coverage needs.

Cyber Security & Privacy Liability

Breach Response

Legal, Forensic & Public Relations/Crisis Management	250,000
Notified Individuals	5,000 (Individual), 100,000 (Business)
Policy Aggregate Limit	1,000,000

First Party Loss

Business Interruption	25,000
Cyber Extortion Loss	100,000
Data Recovery Costs	100,000

Liability

Data & Network Liability	1,000,000
Regulatory Defense & Penalties	250,000
Payment Card Liabilities & Costs	1,000,000
Media Liability	1,000,000

eCrime

Fraudulent Instruction*

Available for additional premium

Deductibles

Each Incident

1,000

Notified Individuals

100

Would you like to purchase Cyber Security & Privacy Liability coverage?
If Yes, please complete the fields below.

Yes No

Individual Practitioners

\$115 annual premium

Clinics – \$0 to \$500,000 gross revenue

\$655 annual premium

Clinics – \$500,001 to \$1,000,000 gross revenue

\$975 annual premium

Clinics – \$1,000,001 to \$1,500,000 gross revenue

\$1,200 annual premium

Clinics – \$1,500,001 to \$2,000,000 gross revenue

\$1,475 annual premium

Clinics – \$2,000,001 to \$2,500,000 gross revenue

\$1,660 annual premium

Clinics – \$2,500,001 to \$3,000,000 gross revenue

\$1,750 annual premium

Clinics – Above \$3,000,000 gross revenue

Referral

The Cyber Security & Privacy Liability Insurance policy is designed to protect individuals and businesses using a single network. Do your business/businesses use more than one network, for which you require coverage?

Yes No

Has any Cyber claim or lawsuit been made against you/your business, or is any such claim now pending against you/your business? Please only select yes if not already reported to BMS/Beazley. If yes, please provide details.

Yes No

Are you aware of any facts, circumstances, or situations, which may reasonably give rise to a claim against you/your business? Please only select yes if not already reported to BMS/Beazley. If yes, please provide details.

Yes No

Statement of Facts including condition precedent requirements

The following items are important risk mitigation strategies and are required by the insurer for coverage to be secured.

IT IS A CONDITION PRECEDENT FOR COVERAGE UNDER THIS POLICY THAT ALL THE BELOW ITEMS ARE SATISFIED. IF ANY OF THE BELOW STATEMENTS ARE NOT MET THEN NO COVERAGE SHALL BE PROVIDED UNDER THIS POLICY

FOR ANY DAMAGES, CLAIMS EXPENSES, PENALTIES, PRIVACY BREACH RESPONSE SERVICES, PCI FINES EXPENSES AND COSTS, CYBER EXTORTION LOSS, DATA PROTECTION LOSS, BUSINESS INTERRUPTION LOSS.

If you are RENEWING this insurance policy: You have 30 days from the inception of the policy to implement any of the below items that are not currently in place. Please note, in the event of a claim, coverage will be contingent on complete implementation within 30 days of the policy inception.

Please confirm the following is accurate:

I/my business implements loss control measures such as: Antivirus software, a firewall, and/or regular software patch installations.

I/my business regularly back-up critical data to a "offline" location (e.g., a USB or hard drive) that would be unaffected by an issue with your live environment, and you test to ensure that back-ups are recoverable.

I/my business use multi-factor authentication (MFA) for cloud based services (Such as cloud based email account access) and for all remote access to your network; or if No, I/my business use Jane, Clinicmaster, owl practice or Practiceperfect.

For those systems which have an on-premises network only: I/my business only allow(s) remote access into our environment with a virtual private network (VPN). Note: This does not apply if your systems are entirely cloud based.

I confirm the above statements are true and accurate.

I also confirm the following:

I/my business take and/or provide cyber security awareness training **at least once annually**, including anti-phishing. For businesses, this includes training for all individuals who have access to your organization's network or confidential/personal data.

*Please note, a link to a free resource that can be utilized to satisfy this requirement will be included on your email with your Certificate of Insurance. Once completed, please keep a personal record. You are not required to provide proof of cyber security awareness training to BMS.

I confirm the above statement is true and accurate.

*If your business transfers funds, BMS recommends you consider adding Fraudulent Instruction coverage - \$25,000 limit for \$205/year or \$100,000 limit starting from \$305/year.

Would you like BMS to contact you regarding a quote for Fraudulent instruction coverage?

Yes No

Legal Services Package

Specialized legal helpline for personal and/or business matters is just a phone call away.

For \$30/year - CPA members have access to:

Unlimited Telephone Legal Helpline

Unlimited access to a confidential 24/7 toll-free line to speak with a lawyer about any legal issue, both personal and professional. Upon calling, you will be connected with a lawyer who is geographically close to you and who is an

expert in the area of law you are calling about.

150+ Legal Documents and templates online, anytime you need them

Take advantage of an online library of customizable templates and up-to-date legal documents that have been drafted by lawyers. The document library includes employment contracts, partnership agreements, loan agreements, promissory notes, and more.

Legal Document Reviews

Lawyers will review your short legal documents (e.g. contracts) or legal letters and can draft simple legal letters on your behalf.

Would you like to purchase the Legal Services Package? Yes No

Note, if you are purchasing Legal Expense insurance (below), the Legal Services Package is automatically included in the Family and Business Legal Solutions.

Family and Business Legal Expense Insurance

Family Legal Expense

Personal and/ or business-related legal matters can arise at any time, and fees can be costly.

Family Legal Solutions provides:

- Unlimited access to telephone legal services on any legal matter affecting you or your business
- Coverage for legal costs and expenses for resolving a range of disputes, including consumer contracts, property, personal injury, tax protection, loss of earnings, identity theft

Each claim/aggregate limit	Premium
\$25,000/\$1,000,000	<input type="checkbox"/> \$80
\$50,000/\$1,000,000	<input type="checkbox"/> \$93

Deductible: \$500 - Property

Insured Events:

Consumer Contracts

Property

Personal Injury

Tax Protection

Legal Defence

Loss of Earnings

Identity Theft

Would you like to purchase Family Legal Solutions? Yes No

If yes, please answer the questions below:

In the last 3 years, have you, your spouse, or any adult children living in your home:

- Pursued a consumer contract dispute? Yes No
- Pursued a dispute with a neighbour or had to take action following a legal nuisance or trespass on your land? Yes No
- Pursued legal action against a negligent third party following an injury to yourself? Yes No
- Pursued legal action against a medical practitioner following an incident of clinical negligence which caused you an injury? Yes No
- Been audited by the CRA? Yes No
- Been interviewed by the Police or arrested in connection with an alleged criminal offence? Yes No
- Been sued for alleged discrimination? Yes No
- Been the victim of identity theft? Yes No

If yes, please provide details:

Business Legal Solutions

- Unlimited access to telephone legal services on any legal matter affecting your business
- Coverage for legal costs and expenses for resolving a range of disputes, including tax protection, property, compliance & regulation, statutory license appeals, loss of earning, contract disputes & debt recovery

\$50,000 per claim / \$1,000,000 aggregate

Revenue band	Premium
\$0 to \$150,000	<input type="checkbox"/> \$145
\$150,001 to \$250,000	<input type="checkbox"/> \$230
\$250,001 to \$500,000	<input type="checkbox"/> \$375
\$500,001 to \$1,000,000	<input type="checkbox"/> \$480
\$1,000,001 to \$2,000,000	<input type="checkbox"/> \$845
\$2,000,000 +	<input type="checkbox"/> Referral Required

Deductible: Nil

Insured Events:

Tax Protection
 Property
 Legal Defence
 Compliance & Regulation
 Statutory Licence Appeals

Loss of Earnings
Contract Disputes & Debt Recovery

Would you like to purchase Business Legal Solutions? Yes No
If yes, please answer the questions below:

Total number of employees (full time & part time): _____

What is your estimated revenues for the next 12 months? : _____

In the last 3 years has your business, you or any employee, director or partner of the business been:

Subject to a tax audit? Yes No

Involved in a dispute regarding compliance with GST, Income Tax, PST or HST or payroll tax deductions? Yes No

Involved in any dispute regarding any damage, trespass or nuisance in relation to property that you are responsible for? Yes No

Prosecuted in a criminal court (excluding vehicle-related offences)? Yes No

Subject to a civil action alleging theft or breach of privacy? Yes No

The recipient of a notice to alter, suspend, revoke or refusal to renew any statutory licence? Yes No

Involved in any contractual dispute? Yes No

If yes, please provide details:

Have you pursued an undisputed debt in the last 12 months, after you had exhausted your normal aged receivable procedures? Yes No
If yes, please provide details.

NEW! 24 Hour Accident Insurance

Although we don't like to think about it, accidents can happen. If the accident is serious enough to limit your ability to work, you may be faced with financial stressors in addition to physical ones. This coverage is designed to provide you and your loved ones with financial assistance in the event of an accident that results in injury or death.

24 Hour Accident Insurance provides a lump sum benefit where:

- a loss or death occurs due to an Accident, and
- where, as the result of accidental injury, the disablement results in a permanent total disability

The policy also provides coverage for:

- Repatriation costs, and
- Rehabilitation (training) costs should you require special training in order to be qualified to engage in a different occupation following an insured accident.

Coverage Overview

Accidental Death and Disablement (AD&D)	\$25,000
Permanent Total Disability (PTD)	\$25,000
Repatriation	\$5,000
Rehabilitation	\$5,000
Fracture Benefit	\$2,500

Annual Cost: \$35

Would you like to purchase 24 Hour Accident Insurance? Yes No

In order to purchase the Accidental Death and Disablement coverage you must be under the age of seventy (70). Please confirm you understand and agree to the eligibility requirements.

Would you like to increase the principal sum for AD&D and PTD to \$50,000 for an additional \$25? Yes No

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