



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

Name of Applicant:

Mailing Address:

City:

Prov/Terr.:

Postal Code:

Telephone:

Email:

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

CPA Membership Number:

2. Have you ever had similar insurance denied or cancelled? Yes No
If yes, please provide details.

3. Have you ever sustained a cyber security/privacy loss and/or commercial general liability loss or has such a claim been made against you? Yes No
If yes, please provide details:

4. 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.

5. Does the application and/or business provide services outside the scope of physiotherapy? Yes No
If yes, please provide description/percentages of total services outside of physiotherapy.

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:

Clinic / Business Details

1. Does the Clinic/ Business provide professional services outside the scope of physiotherapy? Yes No
If yes, please provide description/ percentage of services outside the scope of physiotherapy
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2. Does the clinic/business provide workshops and/or classes? (e.g: fitness, pilates, yoga, wellness, etc.) Yes No
If yes, an additional \$250 premium will be applied
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3. Does the clinic/business offer use of gym facilities to non-patients? Yes No
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4. Do any professionals working for the clinic/business provide services in a pool? Yes No
If yes, an 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
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5. Does the clinic/business provide any services to animals? Yes No
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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.

Do you require Commercial General Liability coverage?
If yes, please select :

Yes No

Number of employees	\$2,000,000 per claim \$2,000,000 aggregate	\$5,000,000 per claim \$5,000,000 aggregate
Individual	\$249 <input type="checkbox"/>	\$360 <input type="checkbox"/>
1-4	\$310 <input type="checkbox"/>	\$450 <input type="checkbox"/>
5-9	\$375 <input type="checkbox"/>	\$540 <input type="checkbox"/>
10+	Referral <input type="checkbox"/>	Referral <input type="checkbox"/>

Deductibles:

Property Damage \$250
Tenants Legal Liability \$500

Crime

Coverage includes, but not limited to:

- Employee Fidelity \$50,000
- Broad Form Money and Securities \$10,000
- Credit Card Forgery \$10,000
- Computer Fraud \$10,000
- Deductible Nil

\$50 annual premium

Do you require Crime coverage?

Yes No

Note: 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

Please note that individual Cyber Security & Privacy Liability coverage can now be purchased with your professional Liability through CPA during your annual renewal. If you have already purchased this coverage through CPA, please select NO to the Cyber Coverage below.

Do you require additional Cyber Security and Privacy Liability coverage? Yes No
(If yes please complete the fields below)

Individual Practitioners \$90 annual premium

Business & Employees – \$0 to \$500,000 gross revenue \$575 annual premium

Business & Employees – \$500,001 to \$1,000,000 gross revenue \$715 annual premium

Business & Employees – \$1,000,001 to \$1,500,000 gross revenue \$845 annual premium

Business & Employees – \$1,500,001 to \$2,000,000 gross revenue \$985 annual premium

Business & Employees – \$2,000,001 to \$2,500,000 gross revenue \$1,110 annual premium

Business & Employees – \$2,500,001 to \$3,000,000 gross revenue \$1,230 annual premium

Business & Employees – Above \$3,000,001 gross revenue Referral

Have you ever had a privacy breach in the past? Yes No
If yes, please provide details.

Are your portable data storage devices encrypted (i.e. USB Stick)? Please note this policy excludes any loss or liability arising from information contained on a non-encrypted device. Yes No

Do you implement basic loss control measures such as: Antivirus software, a firewall and/or regular software patch installations? Yes No

Please note this policy excludes any loss or liability arising from information contained on a non-encrypted device and for individuals who do not have loss control measures in place.

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