



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:

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

CPA Membership Number:

2. Has any similar insurance denied or cancelled?
If yes, please provide details. Yes No

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

4. 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. Yes No

5. 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?
If yes, please provide details Yes No

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

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

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

3. Does the clinic/business offer use of gym facilities to non-patients? Yes No

4. Do any professionals working for the clinic/business provide services in a pool? Yes No
If yes, an additional \$250 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

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?

Yes No

If yes, please select :

Number of employees	\$2,000,000 per claim \$2,000,000 aggregate	\$5,000,000 per claim \$5,000,000 aggregate
Individual	\$274 <input type="checkbox"/>	\$396 <input type="checkbox"/>
1-4	\$341 <input type="checkbox"/>	\$495 <input type="checkbox"/>
5-9	\$413 <input type="checkbox"/>	\$594 <input type="checkbox"/>
10+	Referral <input type="checkbox"/>	Referral <input type="checkbox"/>

Commercial General Liability Includes:

Bodily Injury and Property Damage

Products-Completed Operations

Personal Injury and Advertising Injury

Medical Payments \$50,000 per person

Tenants' Legal Liability

Non-Owned Automobile Included

Vicarious Liability \$500,000 per occurrence/\$1,000,000 aggregate

Deductibles

\$250 Property Damage

\$500 Tenants' Legal Liability

Exclusions

Virus and Bacteria Exclusion – included

Cyber Incident Exclusion - included

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

\$55 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.

Event Coverage

Please note that CGL 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 within the CGL policy. 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?

Cyber Security & Privacy Liability

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

\$1,000,000 Cyber Security & Privacy Liability

Policy aggregate limit of liability for Damages, Claims Expenses, Penalties, Cyber Extortion Loss, Data Protection Loss, Business Interruption Loss and PCI Fines, Expenses and Costs: CAD 1,000,000

But sub-limited to:

Regulatory Defence and Penalties: CAD 250,000

PCI Fines, Expenses and Costs: CAD 100,000 (if PCI Compliant)

Cyber Extortion: CAD 100,000

Data Protection Loss: CAD 100,000

Business Interruption Loss: CAD 100,000

(i) Forensic Expenses sublimit: CAD 25,000

(ii) Dependent Business sublimit: CAD 10,000

Notified Individuals: 5,000 Notified Individuals in the Aggregate for Individual Cyber Security & Privacy Liability.

Aggregate Limit of Coverage for Computer Expert Services, Legal Services and Public Relations and Crisis Management Expenses combined: CAD 250,000

Deductible CAD 1,000

\$98 annual premium for individual practitioners

Do you transfer funds? If so, BMS recommends you consider adding Fraudulent Instruction coverage - \$100,000 limit starting from \$250/year. Please contact BMS to find out more or purchase this additional cover.

Do you require additional Cyber Security and Privacy Liability coverage?
(If yes please complete the fields below)

Yes No

Individual Practitioners	<input type="checkbox"/> \$98 annual premium
Business & Employees – \$0 to \$500,000 gross revenue	<input type="checkbox"/> \$625 annual premium
Business & Employees – \$500,001 to \$1,000,000 gross revenue	<input type="checkbox"/> \$914 annual premium
Business & Employees – \$1,000,001 to \$1,500,000 gross revenue	<input type="checkbox"/> \$1,064 annual premium
Business & Employees – \$1,500,001 to \$2,000,000 gross revenue	<input type="checkbox"/> \$1,328 annual premium
Business & Employees – \$2,000,001 to \$2,500,000 gross revenue	<input type="checkbox"/> \$1,509 annual premium
Business & Employees – \$2,500,001 to \$3,000,000 gross revenue	<input type="checkbox"/> \$1,582 annual premium
Business & Employees – Above \$3,000,001 gross revenue	<input type="checkbox"/> Referral

1. 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

2. 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

3. Have you ever had a privacy breach, and/or network security incident in the past? If yes, please provide details. Yes No

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

Please be advised that this policy excludes any loss or liability arising out of or resulting from any theft of, loss of, or parting with, any portable computing device or media containing data in an electronic format, unless the data stored on such device or media are stored in an encrypted format.

Please confirm you understand and agree to this coverage exclusion and would like to proceed with your purchase.

5. Do you/does your business regularly back-up critical data to a “offline” location (Example, 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 Yes No

6. Do you/does your 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? Yes No
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7. Do you/does your business regularly (at least annually) provide/take cyber security awareness training, including anti-phishing, to all individuals who have access to your organization's network or confidential/personal data? Yes No
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8. Do you/does your business not allow remote access into your environment without a virtual private network (VPN) Yes No
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New! Legal Services Package

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

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

Unlimited Telephone Legal Advice

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.

ID Theft Case Management Service

If you fall victim to identity theft, the Legal Services package provides access to an identity restoration lawyer to help resolve the matter.

Would you like to purchase the Legal Services Package?

Yes No

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

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

Annual Cost: \$35 (Includes \$6 broker fee)

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 sixty-five (65). 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

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: _____ CVV: _____

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