



## APPLICATION FOR CLINIC PROFESSIONAL LIABILITY INSURANCE

Name of Applicant:

Clinic / Business Name (Please list all operating names):

Mailing Address:

City:

Prov./Terr.:

Postal Code:

Telephone:

Email:

Clinic / Business Location (if different from above):

Address:

City:

Prov./Terr.:

Postal Code:

### Clinic / Business Details:

1. Has applicant operated under a different name in the past?  Yes  No  
If yes, please provide details.

2. Does the Clinic / Business provide services or perform activities outside of Canada?  Yes  No

3. Indicate the number of professionals providing services for or on behalf of the Clinic / Business:  
Professional \_\_\_\_\_

4. Coverage is provided for **the Clinic / Business**. Each professional providing services for or on behalf of the clinic / business must carry their own individual professional liability insurance with a minimum of \$5,000,000 limits  Yes  No

I understand and confirm:

5. Is the Clinic/Business involved in any process of manufacturing, construction design, testing or servicing of any equipment?  Yes  No  
If yes, please provide details.

6. Does the Clinic/Business issue guarantees and/or warranties to customers?  Yes  No  
 If yes, attach full details and copy of applicant's form of guarantee or warranty.

**Applicant Details:**

7. Are you a member in good standing with the Canadian Physiotherapy Association?  Yes  No

Membership Number: \_\_\_\_\_

8. Applicant is:  Individual  Partnership  Corporation  
 Other (Provide Details) \_\_\_\_\_

9. Has any application for similar insurance ever been denied or cancelled?  Yes  No  
 If yes, please provide details.

10. Have you/your business ever sustained a professional liability loss or has such a claim been made against you/your business?  Yes  No  
 If yes, please provide details.

11. Do you 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/your business?  Yes  No  
 If yes, please provide details.

**Multidiscipline Clinic Professional Liability Insurance** (Policy is on a claims-made basis)

\$5,000,000 per claim  
 \$5,000,000 aggregate

**Rates**

Disciplines	Rates Per Professional	No. of Professionals	Total Premium
Physiotherapist	\$205		
Part time Physiotherapist (max. 800 hrs)	\$105		

Acupuncturist / Traditional Chinese Medicine	\$627		
Athletic Therapist	\$248		
Audiologists/Speech Language Pathologist	\$193		
Chiropodist	\$105		
Chiropractor	\$358		
Counsellor / Social Worker	\$193		
Complimentary Practitioner	\$193		
Dietician	\$231		
Ergonomist	\$72		
Exercise Therapist	\$193		
Kinesiologist	\$193		
Manual Osteopath	\$358		
Massage Therapist	\$193		
Naturopaths	\$220		
Nutritionist	\$231		
Occupational Therapist	\$72		
Pedorthist	\$193		
Personal Trainer	\$110		
Prosthetics and Orthopedic Appliance Manufacturing	\$193		
Psychologist	\$314		
Registered Nurse	\$385		
Rehabilitation Professional	\$72		
Sonographer/X-ray Technician	\$72		
Therapy Riding Instructor	\$193		
Yoga/Pilates Instructor	\$110		
Disciplines Excluded:    Physician			
Total Premium from all disciplines:			
Plus applicable sales Tax:			

## 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

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Sub-total	\$
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Tax	\$
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Total Enclosed	\$
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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:

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Cardholder Name:

Signature:

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### **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)