



## APPLICATION FOR CLINIC PACKAGE AND/OR CYBER SECURITY & PRIVACY LIABILITY (FOR YOUR BUSINESS), AND/OR EMPLOYMENT PRACTICES (MANAGEMENT) LIABILITY INSURANCE

Name of Applicant:

Clinic / Business Name:

Mailing Address:

City:

Prov/Terr:

Postal Code:

Telephone:

Email:

### Business Location (if different from above):

*Note that this application is intended for business owners with one entity/corporation name. If you have more than one entity/corporation that requires office coverage, please complete a Clinic Package application for each entity/corporation.*

Address:

City:

Prov./Terr.:

Postal Code:

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

Membership Number:

Has any application for similar insurance (i.e. commercial general liability, property insurance, cyber security and privacy liability, and/or employment practices liability) ever been denied, cancelled, or not renewed?  Yes  No

If yes, please provide details:

Has any Commercial General Liability claim or lawsuit been made against you/your business, or is any such claim now pending against you/your business and/or have you made a Property claim?  Yes  No

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

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 a description of the 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

## Clinic Package Insurance

Clinic Package insurance includes Commercial General Liability, Contents, Crime and Business Interruption.

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 on your premises or you may accidentally cause property damage during a home visit.

Contents includes items usual to a clinic, including professional equipment, desks, chairs, filing cabinets and computers, as well as any stock and improvements and betterments.

Crime coverage protects against financial loss due to dishonesty, fraud, or theft of money, securities or other property owned by the clinic.

Business Interruption insures against loss of income resulting from direct physical loss or direct physical damage to the premises by an insured peril (e.g. fire).

Occurrence-based policy.

### Coverage Includes:

#### Commercial General Liability

<b>General Aggregate</b>	\$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

Property

Contents	\$125,000
Business Interruption (Profits)	Actual Loss Sustained
Sewer Back Up	Included

**Exclusions**

Virus & Bacteria, Cyber Incident

**Deductibles**

Contents	\$500 per occurrence
Sewer Backup	\$2,500
Flood	\$25,000, except in BC & QC to be referred
Earthquake	3%, subject to \$50,000 minimum, except in BC & QC to be referred

Crime

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

**\$945 Annual premium + applicable sales tax**

**Increased Contents**

Do you require additional contents coverage? If yes, select limit required below.  Yes  No

Limit	Additional Annual Premium
\$25,000	<input type="checkbox"/> \$153
\$50,000	<input type="checkbox"/> \$212
\$75,000	<input type="checkbox"/> \$273
\$100,000	<input type="checkbox"/> \$363
\$125,000	<input type="checkbox"/> \$454
\$150,000	<input type="checkbox"/> \$545
\$200,000	<input type="checkbox"/> \$575
\$250,000	<input type="checkbox"/> \$605

\$300,000	<input type="checkbox"/> \$636
\$350,000	<input type="checkbox"/> \$666
\$450,000	<input type="checkbox"/> \$726
\$450,000+	<input type="checkbox"/> Referral

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.

Do you operate a mobile business?  Yes  No  
 If yes, what is the value of contents (equipment, stock) that you travel with at any given time?  
 \$ \_\_\_\_\_

**Flood and Earthquake**

Limit	Additional Annual Premium
\$125,000	\$193
Flood deductible	\$25,000, except in BC & QC to be referred
Earthquake deductible	3%, or \$50,000 minimum

Please note deductibles may differ for clinics located in B.C. or QC.

Do you require Flood and Earthquake coverage?

Yes  No

If higher limits are required, select an additional flood and earthquake limit:

Limit	Additional Annual Premium
\$25,000	<input type="checkbox"/> \$28
\$50,000	<input type="checkbox"/> \$55
\$75,000	<input type="checkbox"/> \$83
\$100,000	<input type="checkbox"/> \$110
\$125,000	<input type="checkbox"/> \$138
\$150,000	<input type="checkbox"/> \$165
\$200,000	<input type="checkbox"/> \$176
\$250,000	<input type="checkbox"/> \$193
\$300,000	<input type="checkbox"/> \$206

\$350,000	<input type="checkbox"/> \$220
\$450,000	<input type="checkbox"/> \$248
\$450,000+	<input type="checkbox"/> Referral

### Equipment Breakdown

This addition to your Clinic Business Package policy provides coverage for sudden and accidental failure of equipment resulting in physical damage which requires the repair or replacement of the equipment or a part of the equipment.

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 equipment or fibre optic cable, used for research, diagnosis, treatment, communication, word processing, data processing, duplicating, monitoring, or scanning.

Standard policy conditions apply.

Do you require Equipment Breakdown coverage? If yes, select limit required below.  Yes  No

Limit	Additional Annual Premium
Add \$125,000	<input type="checkbox"/> \$182
Add \$150,000	<input type="checkbox"/> \$194
Add \$175,000	<input type="checkbox"/> \$206
Add \$200,000	<input type="checkbox"/> \$218
Add \$225,000	<input type="checkbox"/> \$233
Add \$250,000	<input type="checkbox"/> \$248
Add \$275,000	<input type="checkbox"/> \$263
Add \$300,000	<input type="checkbox"/> \$275
Add \$300,000+	<input type="checkbox"/> Referral

### Building / Condominium Unit Coverage

Do you own the building or condominium unit where your business is located and do you require insurance coverage?  Yes  No

If yes, please select the type of property:

- Building  Condominium Unit

If yes, provide the property value (Note: this is not the real estate cost) \$ \_\_\_\_\_

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**Office Coverage Requirements:**

Are the coverages above adequate?  Yes  No  
If no, please provide details of your requirements:

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**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.

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Name:

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Address:

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City: Province/Territory: Postal Code:

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Name:

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Address:

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City: Province/Territory: Postal Code:

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**Loss payee(s)**

Only complete this section if you are contractually required to add a Loss Payee to your Property insurance policy.

A Loss Payee is a third party entity who is entitled to all or part of the claim settlement for damaged property in which they have an insurable interest. (e.g. a Leasing company). Your contents limit must encompass the value of the leased property.

I understand and agree to the coverage terms detailed above.

Name:

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Address:

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City: Province/Territory: Postal Code:

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## 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

## Co-Insurance

Coinsurance is a penalty imposed on the insured by the insurance carrier for under reporting/declaring/insuring the value of tangible property or business income. The penalty is based on a percentage stated within the policy and the amount under reported. In this policy you have a co-insurance requirement of 90%. As an example:

If the value of the contents you are insuring is \$150,000 and the policy contains a 90% co-insurance clause; this means you should purchase at least \$135,000 in coverage. If you were only purchasing \$100,000 coverage and had a loss of \$100,000, the insurance company would pay based on the following formula:

Amount of Insurance Carried × Amount of Loss = Claim (Amount of Coverage Insured ÷ Required Amount of Coverage Insured) Amount of Loss = Claim Payment (\$100,000 ÷ (\$150,000 × 90%)) × \$100,000 = \$74,074 Payment for loss (less deductible)

BMS recommends that your insurable values be reviewed and appropriately appraised to ensure you are purchasing the correct content and property limits.

I understand the co-insurance clause and have selected an adequate contents limit.

## Cyber Security & Privacy Liability (for your business)

### 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
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### Deductibles

Each Incident	1,000
Notified Individuals	100

Would you like to purchase Cyber Security & Privacy Liability coverage?  Yes  No  
If Yes, please complete the fields below.

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Business & Employees – \$0 to \$500,000 gross revenue	<input type="checkbox"/> \$655 annual premium
Business & Employees – \$500,001 to \$1,000,000 gross revenue	<input type="checkbox"/> \$975 annual premium
Business & Employees – \$1,000,001 to \$1,500,000 gross revenue	<input type="checkbox"/> \$1,200 annual premium
Business & Employees – \$1,500,001 to \$2,000,000 gross revenue	<input type="checkbox"/> \$1,475 annual premium
Business & Employees – \$2,000,001 to \$2,500,000 gross revenue	<input type="checkbox"/> \$1,660 annual premium
Business & Employees – \$2,500,001 to \$3,000,000 gross revenue	<input type="checkbox"/> \$1,750 annual premium
Business & Employees – Above \$3,000,000 gross revenue	<input type="checkbox"/> Referral

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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

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Have you/your business ever had a cyber security / privacy breach and/or network security incident in the past or has such a claim been made against you/your business?  Yes  No  
If yes, please provide details.

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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.  Yes  No  
If yes, please provide details.

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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.  Yes  No  
If yes, please provide details.

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#### 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:



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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

**Cyber Security & Privacy Liability coverage is also available for individuals. Please contact BMS Group for more information or to apply for coverage.**

## Employment Practices (Management) Liability

Do you employ administrative and/or professional staff? Does your clinic engage independent contractors, volunteers, or students? This insurance is designed for business owners to protect against allegations of employment practice violation, including wrongful termination, discrimination, workplace harassment, and others.

Recommended for business owners with employees, contractors, volunteers, or students.

Do you require Employment Practices Liability?  
(If yes please complete the fields below)

Yes  No

	Limit	Deductible	Annual Premium*
Option 1	\$100,000	\$1,000	<input type="checkbox"/> \$250
Option 2	\$250,000	\$1,000	<input type="checkbox"/> \$345
Option 3	\$500,000	\$1,000	<input type="checkbox"/> \$365
Option 4	\$1,000,000	\$1,000	<input type="checkbox"/> \$475

**\*Please note that the policy is for businesses with 25 or fewer employees/independent contractors. Please contact BMS for a quote if your business does not fit these parameters.**

Total number of employed staff (professionals): \_\_\_\_\_

Total number of administrative staff (including students working under supervision): \_\_\_\_\_

Total number of contractors (professionals): \_\_\_\_\_

Has any applications for similar insurance ever been denied, cancelled, or not renewed?  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/Berkley Canada.  Yes  No  
If yes, please provide details.

Has there been or are there now pending, any claims against the business, or any past, present directors, officers or employees of the company:

Involving any employment law?  Yes  No  
If yes, please provide details:

Involving non-employment related discrimination or sexual harassment?  Yes  No  
If yes, please provide details:

During the past 12 months, has the business experienced any change in controlling ownership of the business?  Yes  No  
If yes, please provide details:

Do you require Employment Practices Liability coverage for an additional corporation?  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

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**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:

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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:

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#### 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:

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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:

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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.

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## 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

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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.

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

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## 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

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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:

Cardholder Name:

Signature:

### **BMS Canada Risk Services Ltd. (BMS)**

825 Exhibition Way  
Ottawa, ON K1S 5J3

Toll Free: 1-855-318-6136

Fax: 613-701-4234

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