



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:

Has applicant operated under a different name in the past?
If yes, please provide details.

Yes No

You are purchasing Professional Liability insurance for the **Clinic/Business** only. Each professional providing services for or on behalf of your Clinic/Business must carry their own individual Professional Liability insurance with a minimum of \$1,000,000 limit.

I understand and confirm.

Is the Clinic/Business involved in any process of manufacturing, construction design, testing or servicing of any equipment?
If yes, please provide details.

Yes No

Applicant Details

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

Yes No

Membership Number:

Applicant is: Individual Partnership Corporation
 Other (Provide Details) _____

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

Has any professional liability claim, lawsuit, or complaint been made against you in the past 5 years Yes No
or is any such claim now pending against you in Canada or anywhere in the world? Please only select
'Yes' if you have not already reported this to BMS and/or Crawford.
If yes, please provide details.

Are you aware of any facts, circumstances or situations which may reasonably give rise to a claim Yes No
under this policy? Please only select 'Yes' if you have not already reported this to BMS and/or
Crawford.
If yes, please provide details.

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

Recommended for businesses with other healthcare professionals working for or on behalf of your business and/or billing under your business name.

Provides a separate limit of professional liability coverage for the business entity that is not limited to claims arising from work performed by or on behalf of the business owner. Please note that coverage should be purchased by one individual on behalf of the business owners, employees, and /or business entity.

If you are incorporated and work independently with no other healthcare professionals billing under your business name, you will not need to purchase this coverage. Your individual professional liability, if purchased through CPA, will automatically extend to your business name at no additional premium.

Coverage Limits

Claims-made policy
\$5,000,000 per claim
\$5,000,000 per policy year
Nil Deductible

Indicate the total number of professionals providing services on behalf of the clinic or business: _____

Provide breakdown by category below. Rates shown are annual premiums for each professional.
Disciplines Excluded: Physician, Naturopath

Rates

Disciplines	Rates Per Professional	No. of Professionals	Total Premium
Physiotherapist	\$205		
Part time Physiotherapist (max. 800 hrs annually)	\$105		
Acupuncturist / Traditional Chinese Medicine	\$702		
Athletic Therapist	\$278		
Audiologists/Speech Language Pathologist	\$216		
Chiropodist	\$118		
Chiropractor	\$401		
Counsellor / Social Worker	\$216		
Complimentary Practitioner	\$216		
Dietician	\$259		
Ergonomist	\$81		
Exercise Therapist	\$216		
Kinesiologist	\$216		
Manual Osteopath	\$401		
Massage Therapist	\$216		
Nutritionist	\$259		
Occupational Therapist	\$81		
Pedorthist	\$216		
Personal Trainer	\$123		
Prosthetics and Orthopedic Appliance Manufacturing	\$216		
Psychologist	\$352		
Registered Nurse	\$431		
Rehabilitation Professional	\$81		
Yoga / Pilates Instructor	\$123		
Therapy Riding Instructor	\$216		
Total Premium from all disciplines: Plus applicable sales Tax:			

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