



## APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE FOR FOREIGN STUDENTS

Name of Applicant:

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Address:

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City:

Prov./Terr.:

Postal Code:

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Telephone:

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Email:

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### Placement Information

Name of Placement (Clinic, hospital, etc.):

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Placement Mailing Address:

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City:

Prov./Terr.:

Postal Code:

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Telephone:

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Email:

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Name of Licensed Supervisor

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Duration of stay in Canada:

Start Date:

Completion Date:

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1. Will you be providing services at more than one placement location? If yes, please provide location address and placement dates below:

Yes  No

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2. Will the duration of your placement have a maximum duration of 33 weeks?

Yes  No

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3. Will your work be performed under supervision?

Yes  No

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4. Are you authorized to study in Canada for the duration of the course by immigration Canada and the Canadian Physiotherapy Association?

Yes  No

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## Requirements for Professional Liability Insurance

In order to obtain professional liability insurance while on placement in Canada, the following requirements must be sent to our office:

1. A letter from the university or education facility stating that you are a student in good standing and are prepared to complete this placement.
2. A letter from the placement confirming your employment and stating the length of time you will be working there.
3. Maximum duration is 33 weeks.
4. Work must be performed under supervision.
5. Must be authorized to work in Canada for the duration of the course by Immigration Canada.
6. Please indicate the limit of liability required:

\$1,000,000 per claim  
\$1,000,000 aggregate  
**\$347 Premium**

\$2,000,000 per claim  
\$2,000,000 aggregate  
**\$402 Premium**

\$3,000,000 per claim  
\$3,000,000 aggregate  
**\$462 Premium**

\$5,000,000 per claim  
\$5,000,000 aggregate  
**\$517 Premium**

## 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

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.

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

## 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](mailto:cpa.insurance@bmsgroup.com)