



## APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE ADDITIONAL MODALITIES

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Prov/Terr.: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

2. Do you currently have Professional Liability Insurance through the Canadian Physiotherapy Association?  Yes  No

3. Please select a modality from the list below:

Disciplines / Professional Services		Premium
Athletic Therapist	<input type="checkbox"/>	\$50
Feldenkrais Method	<input type="checkbox"/>	\$50
Fitness Instruction / Group Fitness Instructor	<input type="checkbox"/>	\$50
Massage Therapist	<input type="checkbox"/>	\$50
Occupational Therapist	<input type="checkbox"/>	\$50
Manual Osteopathy	<input type="checkbox"/>	\$50
Orthotist	<input type="checkbox"/>	\$50
Pedorthist	<input type="checkbox"/>	\$50
Personal Trainer	<input type="checkbox"/>	\$50
Pilates Instructor	<input type="checkbox"/>	\$50
Yoga Instructor	<input type="checkbox"/>	\$50
Traditional Chinese Medicine	<input type="checkbox"/>	\$175
Other:	<input type="checkbox"/>	

4. Please provide a breakdown of your total services by percentage:

Physiotherapy: \_\_\_\_\_ %

Modality: \_\_\_\_\_ %

## 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: \_\_\_\_\_

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)