



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"/>	\$55
Ergonomist	<input type="checkbox"/>	\$55
Feldenkrais Method	<input type="checkbox"/>	\$55
Fitness Instruction / Group Fitness Instructor	<input type="checkbox"/>	\$55
Health Coach	<input type="checkbox"/>	\$55
Massage Therapist	<input type="checkbox"/>	\$55
Occupational Therapist	<input type="checkbox"/>	\$55
Manual Osteopathy	<input type="checkbox"/>	\$55
Orthotist	<input type="checkbox"/>	\$55
Pedorthist	<input type="checkbox"/>	\$55
Personal Trainer	<input type="checkbox"/>	\$55
Pilates Instructor	<input type="checkbox"/>	\$55
Yoga Instructor	<input type="checkbox"/>	\$55
Traditional Chinese Medicine	<input type="checkbox"/>	\$193
Other:	<input type="checkbox"/>	

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

Physiotherapy: _____ %

Modality: _____ %

Coverage Details:

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

Includes:

Regulatory Legal Expense
Limit per claim \$160,000/Aggregate Limit \$160,000
Criminal Defence Reimbursement
Limit per claim \$210,000/Aggregate Limit \$210,000

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:

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