



APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE ADDITIONAL MODALITIES

Name of Applicant: _____

Address: _____

City: _____

Prov/Terr.: _____

Postal Code: _____

Telephone: _____

Email: _____

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

Yes No

Membership Number: _____

Do you currently have Professional Liability Insurance through the Canadian Physiotherapy Association? _____

Yes No

Please select a modality from the list below:

Disciplines / Professional Services	Premium (if less than 50% of practice)	Premium (if more than 50% of practice)
Athletic Therapist	<input type="checkbox"/> \$85	<input type="checkbox"/> \$155
Ergonomist	<input type="checkbox"/> \$85	<input type="checkbox"/> \$155
Feldenkrais Method	<input type="checkbox"/> \$85	<input type="checkbox"/> \$155
Fitness Instruction / Group Fitness Instructor	<input type="checkbox"/> \$85	<input type="checkbox"/> \$155
Health Coach	<input type="checkbox"/> \$85	<input type="checkbox"/> \$155
Massage Therapist	<input type="checkbox"/> \$85	<input type="checkbox"/> \$155
Occupational Therapist	<input type="checkbox"/> \$85	<input type="checkbox"/> \$155
Manual Osteopathy	<input type="checkbox"/> \$85	<input type="checkbox"/> \$155
Orthotist	<input type="checkbox"/> \$85	<input type="checkbox"/> \$155
Pedorthist	<input type="checkbox"/> \$85	<input type="checkbox"/> \$155
Personal Trainer	<input type="checkbox"/> \$85	<input type="checkbox"/> \$155
Pilates Instructor	<input type="checkbox"/> \$85	<input type="checkbox"/> \$155
Yoga Instructor	<input type="checkbox"/> \$85	<input type="checkbox"/> \$155
Traditional Chinese Medicine	<input type="checkbox"/> \$193	<input type="checkbox"/> \$193
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

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

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