



APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE FOR PHYSIOTHERAPIST ASSISTANTS

Name of Applicant: _____

Address: _____

City: _____

Prov./Terr.: _____

Postal Code: _____

Telephone: _____

Email: _____

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

Yes No

CPA Membership Number:
-

Has any application for professional liability and/or commercial general liability insurance ever been denied, cancelled, or not renewed?

Yes No

If yes, please provide details.
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Has any professional liability or Commercial General Liability claim, lawsuit, or complaint been made against you in the past 5 years 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.

Yes No

If yes, please provide details.
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Are you aware of any facts, circumstances or situations which may reasonably give rise to a claim under this policy? Please only select 'Yes' if you have not already reported this to BMS and/or Crawford.

Yes No

If yes, please provide details.

Additional Insureds

Only complete this section if you are contractually required to add an Additional Insured to your Commercial General Liability insurance policy.

Adding an Additional Insured provides limited liability insurance coverage to the third party Additional Insured but only as it relates to General Liability resulting from your operations / occupancy. Note that any Additional Insured is required to carry their own Commercial General Liability insurance.

I understand and agree to the coverage terms detailed above.

Name:

Address:

City:

Province/Territory:

Postal Code:

Name:

Address:

City:

Province/Territory:

Postal Code:

Coverage Limits

Professional Liability & Commercial General Liability	\$3,000,000 (shared limit)
Limit per policy period	\$3,000,000
Criminal Defence Costs Reimbursement	\$25,000 per claim / \$50,000 aggregate
Deductible: Nil	

Premium: \$182

Increase Professional Liability & Commercial General Liability limit to \$5,000,000 (shared limit):

Premium: \$91

Cyber Security & Privacy Liability (for individual practitioners)

Breach Response

Legal, Forensic & Public Relations/Crisis Management	250,000
Notified Individuals	5,000 (Individual), 100,000 (Business)
Policy Aggregate Limit	1,000,000

First Party Loss

Business Interruption	25,000
Cyber Extortion Loss	100,000
Data Recovery Costs	100,000

Liability

Data & Network Liability	1,000,000
Regulatory Defense & Penalties	250,000
Payment Card Liabilities & Costs	1,000,000
Media Liability	1,000,000

eCrime

Fraudulent Instruction*	Available for additional premium
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Deductibles

Each Incident	1,000
Notified Individuals	100

Would you like to purchase Cyber Security & Privacy Liability coverage? Yes No
If Yes, please complete the fields below.

Have you ever had a cyber security / privacy breach, and/or network security incident in the past or has such claim been made against you? Yes No
If yes, please provide details.

Has any Cyber claim or lawsuit been made against you/your business, or is any such claim now pending against you/your business? Please only select yes if not already reported to BMS/Beazley. Yes No
If yes, please provide details.

Are you aware of any facts, circumstances, or situations, which may reasonably give rise to a claim against you/ your business? Please only select yes if not already reported to BMS/Beazley. Yes No
If yes, please provide details.

Statement of Facts including condition precedent requirements

The following items are important risk mitigation strategies and are required by the insurer for coverage to be secured.

IT IS A CONDITION PRECEDENT FOR COVERAGE UNDER THIS POLICY THAT ALL THE BELOW ITEMS ARE SATISFIED. IF ANY OF THE BELOW STATEMENTS ARE NOT MET THEN NO COVERAGE SHALL BE PROVIDED UNDER THIS POLICY FOR ANY DAMAGES, CLAIMS EXPENSES, PENALTIES, PRIVACY BREACH RESPONSE SERVICES, PCI FINES EXPENSES AND COSTS, CYBER EXTORTION LOSS, DATA PROTECTION LOSS, BUSINESS INTERRUPTION LOSS.

If you are RENEWING this insurance policy: You have 30 days from the inception of the policy to implement any of the below items that are not currently in place. Please note, in the event of a claim, coverage will be contingent on complete implementation within 30 days of the policy inception.

Please confirm the following is accurate:

I/my business implements loss control measures such as: Antivirus software, a firewall, and/or regular software patch installations.

I/my business regularly back-up critical data to a "offline" location (e.g., a USB or hard drive) that would be unaffected by an issue with your live environment, and you test to ensure that back-ups are recoverable.

I/my business use multi-factor authentication (MFA) for cloud based services (Such as cloud based email account access) and for all remote access to your network; or if No, I/my business use Jane, Clinicmaster, owl practice or Practiceperfect.

For those systems which have an on-premises network only: I/my business only allow(s) remote access into our environment with a virtual private network (VPN). Note: This does not apply if your systems are entirely cloud based.

I confirm the above statements are true and accurate.

I also confirm the following:

I/my business take and/or provide cyber security awareness training **at least once annually**, including anti-phishing.

For businesses, this includes training for all individuals who have access to your organization's network or confidential/personal data.

*Please note, a link to a free resource that can be utilized to satisfy this requirement will be included on your email with your Certificate of Insurance. Once completed, please keep a personal record. You are not required to provide proof of cyber security awareness training to BMS.

I confirm the above statement is true and accurate.

*If your business transfers funds, BMS recommends you consider adding Fraudulent Instruction coverage - \$25,000 limit for \$205/year or \$100,000 limit starting from \$305/year.

Would you like BMS to contact you regarding a quote for Fraudulent instruction coverage?

Yes No

Legal Services Package

Specialized legal helpline for personal and/or business matters is just a phone call away.

For \$30/year - CPA members have access to:

Unlimited Telephone Legal Helpline

Unlimited access to a confidential 24/7 toll-free line to speak with a lawyer about any legal issue, both personal and professional. Upon calling, you will be connected with a lawyer who is geographically close to you and who is an expert in the area of law you are calling about.

150+ Legal Documents and templates online, anytime you need them

Take advantage of an online library of customizable templates and up-to-date legal documents that have been drafted by lawyers. The document library includes employment contracts, partnership agreements, loan agreements, promissory notes, and more.

Legal Document Reviews

Lawyers will review your short legal documents (e.g. contracts) or legal letters and can draft simple legal letters on your behalf.

Would you like to purchase the Legal Services Package?

Yes No

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	\$
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Tax	\$
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Total Enclosed	\$
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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