



## APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE FOR PHYSIOTHERAPIST ASSISTANTS

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

CPA Membership Number:

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2. Has any application for professional liability and/or commercial general liability insurance ever been denied or cancelled?  Yes  No  
If yes, please provide details.

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3. Have you ever sustained a professional liability and/ or commercial general liability claim been made against you?  Yes  No  
If yes, please provide details.

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4. Does the applicant have any knowledge of any act/incident, which might give rise to a claim under this policy, or do you anticipate any claims being brought against you?  Yes  No  
If yes, please provide details.

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### Coverage Details

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	
<input type="checkbox"/> Premium: \$165	

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

□ Premium: \$83

## 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

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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 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)