

BMS INSURANCE SOLUTIONS FOR YOU AND YOUR BUSINESS

Name of Applicant (first last):

Address:

City:

Province/Territory:

Postal Code:

Telephone:

Email:

*Please advise BMS if your contact details change in order to continue to receive information pertaining to your insurance.

Note: This coverage is only available to members who are domiciled in Canada. Please confirm you understand and agree to the eligibility requirements. ☐

Are you renewing this insurance policy?

☐ Yes ☐ No

Policy Effective Date

Your policy effective date will be set to today's date. If you would like your policy to start on a different date, please enter it below. If you have an existing policy in place, the start date should be the expiration date of your existing policy. Please note there is a common expiry date on the policy of October 1st.

Requested effective date (leave blank to have your policy be effective starting today) (MM/DD/YYYY):

Business Details

Do not complete this section for or on behalf of someone else's business or a business where you are employed.

Do you have your own business name which you operate under to provide professional services?
(e.g. As an independent contractor or business owner) ☐ Yes ☐ No

If yes, please provide your primary entity / business name (please list all operating names related to the entity).

Entity / Business Name:

Location Address (if different from above):

City:

Province/Territory:

Postal Code:

Do you own more than one corporation providing professional services for which you require coverage?

☐ Yes ☐ No

If yes, please provide details.

Membership Information

In order to be eligible for this insurance, you must be a member of the Canadian Association of Occupational Therapists (CAOT). If you are not a member, coverage is null and void.

Please confirm you understand and agree to the eligibility requirements. ☐

Are you a member in good standing with the Canadian Association of Occupational Therapists?

☐ Yes ☐ No

Membership Number:

Applicant Details

I am a/an:

- ☐ Employee
- ☐ Independent Contractor
- ☐ Occupational Therapy Only Business Owner
- ☐ Multidisciplinary Business Owner
- ☐ Other (Provide Details): _____

An Employee: is employed by a business or organization (public or private sector)

An Independent Contractor: is a sole proprietor (or incorporated) with no other employees or contractors working on your behalf.

An Occupational Therapy Only Business Owner: incorporated or not incorporated, with only Occupational Therapists working for or on behalf of your business and/or billing under your business name and/or non-professional employees/contractors.

A Multidisciplinary Business Owner: incorporated or not incorporated, with other professionals working for or on behalf of your business and/or billing under your business name and/or non-professional employees/contractors.

Please Indicate the total revenue for the last fiscal year:

Clinic Professional Liability Insurance

Recommended for businesses with occupational therapists working for or on behalf of your business and/or billing under your business name.

Please note that coverage should be purchased by one individual on behalf of the business owners, employees, and /or business entity.

If you are incorporated and work independently with no other healthcare professionals billing under your business name, you will not need to purchase this coverage. Your individual professional liability, if purchased through CAOT, will automatically extend to your business name at no additional premium.

Coverage Limits

Per claim / aggregate limit	\$6,000,000 / \$6,000,000
Deductible	Nil

Do you require Clinic Professional Liability Insurance?
If yes, please complete the fields below.

☐ Yes ☐ No

Number of Occupational Therapists (employed or contracted) working on behalf of your business	\$6,000,000 limit
1-5	<input type="checkbox"/> \$90
6-10	<input type="checkbox"/> \$120
11-15	<input type="checkbox"/> \$156
16-20	<input type="checkbox"/> \$210
21 +	<input type="checkbox"/> Referral

Has any application for similar insurance ever been denied, cancelled or not renewed by the insurer? ☐ Yes ☐ No
If yes, please provide details.

-

Has any professional liability claim or lawsuit been made against your business, or is any such claim now pending against your business in Canada or anywhere in the world? Please only select yes if not already reported to BMS/Novex. ☐ 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 your business? Please only select yes if not already reported to BMS/Novex. ☐ Yes ☐ No
If yes, please provide details.

You are purchasing Professional Liability insurance for the Clinic/Business only. **Each occupational therapist providing services for or on behalf of your Clinic/Business must carry their own individual Professional Liability insurance with a minimum of \$5,000,000 limit.**

Do you understand and confirm this? ☐

Multidiscipline Clinic Professional Liability Insurance

Recommended for businesses with other healthcare professionals working for or on behalf of your business and/or billing under your business name.

Please note that coverage should be purchased by one individual on behalf of the business owners, employees, and /or business entity.

If you are incorporated and work independently with no other healthcare professionals billing under your business name, you will not need to purchase this coverage. Your individual professional liability, if purchased through CAOT, will automatically extend to your business name at no additional premium.

Coverage Limits:

Per claim / aggregate limit	\$6,000,000 / \$6,000,00
Deductible	Nil

Do you require Multidiscipline Clinic Professional Liability Insurance? ☐ Yes ☐ No
If yes, please complete the fields below.

Has any application for similar insurance ever been denied, cancelled, or not renewed by the insurer? ☐ Yes ☐ No
If yes, please provide details.

Has any professional liability claim or lawsuit been made against your business, or is any such claim now pending against your business in Canada or anywhere in the world? Please only select yes if not already reported to BMS/Novex. ☐ 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 your business? Please only select yes if not already reported to BMS/Novex. ☐ Yes ☐ No
If yes, please provide details.

The CAOT Multidiscipline Clinic Professional Liability policy applies to in-person and telehealth/e-services delivered Canada-wide.

Please confirm that you understand and agree to the coverage parameters. ☐

You are purchasing Professional Liability insurance for the Clinic/Business only. **Each professional providing services for or on behalf of your Clinic/Business must carry their own individual Professional Liability insurance with a minimum of \$5,000,000 limit.**

Do you understand and confirm this? ☐

Provide breakdown by category below. Rates shown are annual premium for each professional.

Disciplines Excluded: Chiropractors, Physicians, Surgeons, Dentists

Discipline	Rates Per Professional	No. of Professionals	Total Premium
Occupational Therapist			
• Full Time (Insured through CAOT program)	\$142		
• Full Time (Not insured through CAOT program)	\$202		
• Part Time (<800 hours)	\$97		
Acupuncturist (excludes Traditional Chinese Medicine)	\$653		
Aesthetician	\$382		
Audiologists/Speech Language Pathologist	\$201		
Behaviour Consultant	\$409		
Counsellor/Social Worker	\$202		
Dietician	\$239		
Exercise Therapist	\$212		
Kinesiologist	\$202		
Massage Therapist	\$202		
Physiotherapist			
• Full Time	\$202		
• Part Time	\$147		
Personal Trainer	\$182		
Psychologist	\$545		
Relationship Development Intervention Consultants	\$518		
Sonographer/X-ray Technician	\$136		
Yoga/ Pilates Instructor	\$182		
Other (please describe):			
Total Premium from all disciplines: Plus applicable sales Tax:			

Commercial General Liability Insurance

If you operate a business and have CONTENTS / PROPERTY to insure and/or if you have professionals working for, or on behalf of, your business and/or billing under your business name, a Commercial General Liability policy may not be sufficient protection.

In these circumstances, BMS recommends Clinic Package coverage, which includes Commercial General Liability and additional coverage (Property/Contents, Business Interruption, and Crime). Please complete the Clinic Package application on the following page.

Commercial General Liability (CGL) protects you against claims arising from injury or property damage that you may cause to another person as a result of your operations and/or premises. For example, a client may slip and fall on a wet floor or you may accidentally cause property damage during a home visit.

Coverage includes:

General Aggregate	Per limit selected
Bodily Injury & Property Damage	Per limit selected
Products-Completed Operations	Per limit selected
Personal Injury & Advertising Injury	Per limit selected
Tenant's Legal Liability	Per limit selected
Medical Payments	\$50,000 per person
SPF 6 Non-Owned Auto	\$5,000,000

Exclusion Endorsements

Abuse

Deductibles

Property Damage	\$1,000
Tenants Legal Liability	\$1,000

Do you require Commercial General Liability Insurance?

☐ Yes ☐ No

If yes, please complete the fields below.

Option	Limit	Cost
Option 1 [Employee & Independent Contractor Only]	\$2,000,000 per occurrence/ \$5,000,000 per policy period	<input type="checkbox"/> \$229
Option 2 [Employee & Independent Contractor Only]	\$5,000,000 per occurrence/ \$5,000,000 per policy period	<input type="checkbox"/> \$333
Option 3 [Business Owner Only]	\$2,000,000 per occurrence/ \$5,000,000 per policy period \$50,000 Employee Fidelity (bond) \$10,000 Crime	<input type="checkbox"/> \$301
Option 4 [Business Owner Only]	\$5,000,000 per occurrence/ \$5,000,000 per policy period \$50,000 Employee Fidelity (bond) \$10,000 Crime	<input type="checkbox"/> \$404

Do you provide Animal Assisted or Equine Therapy Services? ☐ Yes ☐ No

Has any application for Commercial General Liability insurance ever been denied, cancelled, or not renewed by the insurer? ☐ Yes ☐ No
If yes, please provide details.

Has any Commercial General Liability claim or lawsuit been made against you/your business in the last 5 years, or is any such claim now pending against you/your business? ☐ 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? ☐ 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:

Clinic Package Insurance

Clinic Package Insurance includes Commercial General Liability, Contents, Crime, and Business Interruption.

Commercial General Liability (CGL) protects you against claims arising from injury or property damage that you may cause to another person as a result of your operations and/or premises. For example, a client may slip and fall on a wet floor on your premises or you may accidentally cause property damage during a home visit.

Contents include items usual to a clinic, including professional equipment, desks, chairs, filing cabinets and computers, as well as any stock and improvements and betterments.

Crime coverage protects against financial loss due to dishonesty, fraud, or theft of money, securities or other property owned by the clinic.

Business Interruption insures against loss of income resulting from direct physical loss or direct physical damage to the premises by an insured peril (e.g. fire).

Occurrence-based policy.

Commercial General Liability

General Aggregate	\$5,000,000
Bodily Injury & Property Damage	\$5,000,000
Products-Completed Operations	\$5,000,000
Personal Injury & Advertising Injury	\$5,000,000
Tenant's Legal Liability	\$5,000,000 any one premises
Medical Payments	\$50,000 per person
SPF 6 Non-Owned Auto	\$5,000,000

Exclusion Endorsements

Abuse

Deductibles

Property Damage	\$1,000
Tenants Legal Liability	\$1,000

Property

Contents	\$100,000
Business Interruption (Profits)	Actual Loss Sustained
Sewer Backup	Included

Exclusions

Virus & Bacteria, Cyber Incident

Deductibles

Contents	\$500 per occurrence
Sewer Backup	\$2,500
Flood	\$25,000
Earthquake	3%, subject to \$50,000 minimum

Crime

Employee Dishonesty	\$50,000
Theft, Robbery or Burglary	\$25,000
Fraud	\$25,000
Expenses – Blanket Limit	\$10,000

Deductible \$1,000

Annual Cost: \$680

Do you require the Clinic Package? ☐ Yes ☐ No

If yes, please complete the fields below.

Do you purchase professional liability insurance through the BMS/CAOT Liability Insurance Program? ☐ Yes ☐ No

Do you operate a mobile business? ☐ Yes ☐ No

If yes, we recommend that you add a Miscellaneous All Risk Property Floater to your policy to insure this property for losses that may occur while away from your insured premises.

If yes, what is the value of contents (equipment, stock) that you travel with at any given time?

Do you provide Animal Assisted or Equine Therapy Services? ☐ Yes ☐ No

Please enter the number of clinic locations you wish to purchase coverage for (or if you have more than 3 locations, a BMS representative will contact you upon completion of your application):

Has any application for Commercial General liability and/or Property insurance ever been denied, cancelled, or not renewed by the insurer? ☐ Yes ☐ No
If yes, please provide details.

Have you/your business ever had a Commercial General Liability claim made against you/your business and/or have you made a Property claim in the past 5 years? ☐ 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? ☐ Yes ☐ No
If yes, please provide details.

Do you anticipate undergoing any renovations in your office space within the policy term? ☐ Yes ☐ No

Do you own the building or condominium unit where your business is located in which you require insurance coverage? ☐ Yes ☐ No

If yes, please select the type of property:

☐ Building ☐ Condominium Unit

If yes, provide the property value (Note: this is not the real estate cost) :

Increased Contents – Location 1

If more than \$100,000 of contents coverage for Clinic Package is required, the following increased limits are available.

Do you require additional contents coverage?* ☐ Yes ☐ No

*To account for inflation, insurers require that you increase your contents limit by a minimum of 5%.

If yes, select limit required below. If higher limits are required, please contact BMS.

Limit	Additional Annual Premium
\$125,000	<input type="checkbox"/> \$79
\$150,000	<input type="checkbox"/> \$157
\$175,000	<input type="checkbox"/> \$230
\$200,000	<input type="checkbox"/> \$314
\$300,000	<input type="checkbox"/> \$448
\$400,000	<input type="checkbox"/> \$581
\$450,000	<input type="checkbox"/> \$653

Flood and Earthquake

Flood Deductible	\$25,000
Earthquake Deductible	3%, or \$50,000 minimum

Please note: deductibles may differ for clinics located in B.C. or QC.

Do you require Flood and Earthquake coverage? Limit will match Contents limit. ☐ Yes ☐ No

If higher limits are required, select an additional flood and earthquake limit:

Limit	Additional Annual Premium
\$100,000	<input type="checkbox"/> \$55
\$125,000	<input type="checkbox"/> \$55
\$150,000	<input type="checkbox"/> \$55
\$175,000	<input type="checkbox"/> \$83
\$200,000	<input type="checkbox"/> \$83
\$300,000	<input type="checkbox"/> \$110
\$400,000	<input type="checkbox"/> \$165
\$450,000	<input type="checkbox"/> \$220

Equipment Breakdown

Equipment Breakdown provides coverage for direct physical loss of or damage to Covered Property at the Insured Premises caused by or resulting from Equipment Breakdown (i.e. physical loss or damage originating within boilers, fired or unfired pressure vessels, vacuum vessels, and pressure piping; and mechanical, electrical, electronic or fiber optic equipment).

Equipment includes:

1. Generally, all Contents usual to the Insured's business, including furniture, furnishings, fittings, fixtures, machinery, tools, utensils and appliances, other than Building(s) or Stock;
2. Similar property belonging to others which the Insured is under obligation to keep insured or for which he/she is legally liable;

Do you require Equipment Breakdown coverage?

☐ Yes ☐ No

If yes, select limit that is equal to the Contents limit selected.

Limit	Additional Annual Premium
\$100,000	<input type="checkbox"/> \$165
\$125,000	<input type="checkbox"/> \$198
\$150,000	<input type="checkbox"/> \$198
\$175,000	<input type="checkbox"/> \$198
\$200,000	<input type="checkbox"/> \$198
\$300,000	<input type="checkbox"/> \$275
\$400,000	<input type="checkbox"/> Referral
\$450,000	<input type="checkbox"/> Referral

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:

Loss payee(s)

Only complete this section if you are contractually required to add a Loss Payee to your Property insurance policy.

A Loss Payee is a third party entity who is entitled to all or part of the claim settlement for damaged property in which they have an insurable interest. (e.g. a Leasing company). Your contents limit must encompass the value of the leased property.

I understand and agree to the coverage terms detailed above. ☐

Name:

Address:

City:

Province/Territory:

Postal Code:

Increased Contents – Location 2

Do you require additional contents coverage for a second location?*

☐ Yes ☐ No

*To account for inflation, insurers require that you increase your contents limit by a minimum of 5%.

If yes, select limit required below. If higher limits are required, please contact BMS.

Limit	Additional Annual Premium
\$25,000	<input type="checkbox"/> \$180
\$50,000	<input type="checkbox"/> \$214
\$75,000	<input type="checkbox"/> \$272
\$100,000	<input type="checkbox"/> \$300
\$150,000	<input type="checkbox"/> \$381
\$250,000	<input type="checkbox"/> \$508
\$350,000	<input type="checkbox"/> \$572
\$450,000	<input type="checkbox"/> \$635

Location #2 Business name:

Location #2 address:

Location #2 city:

Location #2 province/territory:

Location #2 postal code:

Flood and Earthquake for Location #2

Flood Deductible \$25,000
Earthquake Deductible 3%, or \$50,000 minimum

Please note: deductibles may differ for clinics located in B.C. or QC.

Do you require Flood and Earthquake coverage for the second location? Limit will match Contents limit. ☐ Yes ☐ No

If higher limits are required, select an additional flood and earthquake limit:

Limit	Additional Annual Premium
\$25,000	<input type="checkbox"/> \$55
\$50,000	<input type="checkbox"/> \$55
\$75,000	<input type="checkbox"/> \$55
\$100,000	<input type="checkbox"/> \$55
\$150,000	<input type="checkbox"/> \$83
\$250,000	<input type="checkbox"/> \$110
\$350,000	<input type="checkbox"/> \$165
\$450,000	<input type="checkbox"/> \$220

Equipment Breakdown for Location #2

Equipment Breakdown provides coverage for direct physical loss of or damage to Covered Property at the Insured Premises caused by or resulting from Equipment Breakdown (i.e. physical loss or damage originating within boilers, fired or unfired pressure vessels, vacuum vessels, and pressure piping; and mechanical, electrical, electronic or fiber optic equipment).

Equipment includes:

1. Generally, all Contents usual to the Insured's business, including furniture, furnishings, fittings, fixtures, machinery, tools, utensils and appliances, other than Building(s) or Stock;
2. Similar property belonging to others which the Insured is under obligation to keep insured or for which he/she is legally liable;

Do you require Equipment Breakdown coverage for the second location? ☐ Yes ☐ No
If yes, select limit that is equal to the Contents limit selected.

Limit	Additional Annual Premium
\$25,000	<input type="checkbox"/> \$165
\$50,000	<input type="checkbox"/> \$165
\$75,000	<input type="checkbox"/> \$165
\$100,000	<input type="checkbox"/> \$165
\$125,000	<input type="checkbox"/> \$198
\$150,000	<input type="checkbox"/> \$198
\$175,000	<input type="checkbox"/> \$198
\$200,000	<input type="checkbox"/> \$198
\$300,000	<input type="checkbox"/> \$275
\$400,000	<input type="checkbox"/> Referral
\$450,000	<input type="checkbox"/> Referral

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:

Loss payee(s)

Only complete this section if you are contractually required to add a Loss Payee to your Property insurance policy.

A Loss Payee is a third party entity who is entitled to all or part of the claim settlement for damaged property in which they have an insurable interest. (e.g. a Leasing company). Your contents limit must encompass the value of the leased property.

I understand and agree to the coverage terms detailed above. ☐

Name:

Address:

City:

Province/Territory:

Postal Code:

Office Contents – Location 3

Do you require additional contents coverage for a third location?*

☐ Yes ☐ No

*To account for inflation, insurers require that you increase your contents limit by a minimum of 5%.

If yes, select limit required below. If higher limits are required, please contact BMS.

Limit	Additional Annual Premium
\$25,000	<input type="checkbox"/> \$180
\$50,000	<input type="checkbox"/> \$214
\$75,000	<input type="checkbox"/> \$272
\$100,000	<input type="checkbox"/> \$300
\$150,000	<input type="checkbox"/> \$381
\$250,000	<input type="checkbox"/> \$508
\$350,000	<input type="checkbox"/> \$572
\$450,000	<input type="checkbox"/> \$635

Location #3 Business name:

Location #3 address:

Location #3 city:

Location #3 province/territory:

Location #3 postal code:

Flood and Earthquake for Location #3

Flood Deductible \$25,000

Earthquake Deductible 3%, or \$50,000 minimum

Please note: deductibles may differ for clinics located in B.C. or QC.

Do you require Flood and Earthquake coverage for the third location? Limit will match Contents limit. ☐ Yes ☐ No

If higher limits are required, select an additional flood and earthquake limit:

Limit	Additional Annual Premium
\$25,000	<input type="checkbox"/> \$55
\$50,000	<input type="checkbox"/> \$55
\$75,000	<input type="checkbox"/> \$55
\$100,000	<input type="checkbox"/> \$55
\$150,000	<input type="checkbox"/> \$83
\$250,000	<input type="checkbox"/> \$110
\$350,000	<input type="checkbox"/> \$165
\$450,000	<input type="checkbox"/> \$220

Equipment Breakdown for Location #3

Equipment Breakdown provides coverage for direct physical loss of or damage to Covered Property at the Insured Premises caused by or resulting from Equipment Breakdown (i.e. physical loss or damage originating within boilers, fired or unfired pressure vessels, vacuum vessels, and pressure piping; and mechanical, electrical, electronic or fiber optic equipment).

Equipment includes:

1. Generally, all Contents usual to the Insured's business, including furniture, furnishings, fittings, fixtures, machinery, tools, utensils and appliances, other than Building(s) or Stock;
2. Similar property belonging to others which the Insured is under obligation to keep insured or for which he/she is legally liable;

Do you require Equipment Breakdown coverage for the third location?

☐ Yes ☐ No

If yes, select limit that is equal to the Contents limit selected.

Limit	Additional Annual Premium
\$25,000	<input type="checkbox"/> \$165
\$50,000	<input type="checkbox"/> \$165
\$75,000	<input type="checkbox"/> \$165
\$100,000	<input type="checkbox"/> \$165
\$125,000	<input type="checkbox"/> \$198
\$150,000	<input type="checkbox"/> \$198
\$175,000	<input type="checkbox"/> \$198
\$200,000	<input type="checkbox"/> \$198

\$300,000	<input type="checkbox"/> \$275
\$400,000	<input type="checkbox"/> Referral
\$450,000	<input type="checkbox"/> Referral

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:

Loss payee(s)

Only complete this section if you are contractually required to add a Loss Payee to your Property insurance policy.

A Loss Payee is a third party entity who is entitled to all or part of the claim settlement for damaged property in which they have an insurable interest. (e.g. a Leasing company). Your contents limit must encompass the value of the leased property.

I understand and agree to the coverage terms detailed above. ☐

Name:

Address:

City:

Province/Territory:

Postal Code:

Vicarious Liability

As a business owner you may be held liable for the unlawful actions of an employee, such as bodily injury resulting from or relating to abuse. If you are interested in limited abuse liability (vicarious liability) coverage to address such a circumstance, please contact BMS upon finalizing your renewal to obtain a quote.

Co-Insurance

Coinurance is a penalty imposed on the insured by the insurance carrier for under reporting/declaring/insuring the value of tangible property or business income. The penalty is based on a percentage stated within the policy and the amount under reported. In this policy you have a co-insurance requirement of 90%. As an example:

If the value of the contents you are insuring is \$150,000 and the policy contains a 90% co-insurance clause; this means you should purchase at least \$135,000 in coverage. If you were only purchasing \$100,000 coverage and had a loss of \$100,000, the insurance company would pay based on the following formula:

$(\text{Amount of Coverage Insured} \div \text{Required Amount of Coverage Insured}) \times \text{Amount of Loss} = \text{Claim Payment}$

$(\$100,000 \div (\$150,000 \times 90\%)) \times \$100,000 = \$74,074$ Payment for loss (less deductible)

BMS recommends that your insurable values be reviewed and appropriately appraised to ensure you are purchasing the correct content and property limits.

I understand the co-insurance clause and have selected an adequate contents limit. ☐

Cyber Security & Privacy Liability

Cyber liability continues to be an ever-evolving area of risk. You have access to a comprehensive Cyber Security and Privacy Liability policy to protect against claims arising out of theft, loss, or unauthorized disclosure of a third party's personally identifiable information.

Coverage is designed to manage the risk of holding increasingly large quantities of personally identifiable data of clients, employees, and others, and to mitigate the reputational damage resulting from a data security breach.

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
Funds Transfer Fraud	Available for additional premium
Telecommunications Fraud	\$100,000

Criminal Reward Cover

Criminal Reward Cover \$25,000

Deductibles

Each Incident \$1,000
Notified Individuals 100

Would you like to purchase Cyber Security & Privacy Liability coverage?
If Yes, please complete the fields below.

☐ Yes ☐ No

Individual Practitioners	<input type="checkbox"/> \$121 annual premium
Business & Employees – \$0 to \$500,000 gross revenue	<input type="checkbox"/> \$675 annual premium
Business & Employees – \$500,001 to \$1,000,000 gross revenue	<input type="checkbox"/> \$1,023 annual premium
Business & Employees – \$1,000,001 to \$1,500,000 gross revenue	<input type="checkbox"/> \$1,284 annual premium
Business & Employees – \$1,500,001 to \$2,000,000 gross revenue	<input type="checkbox"/> \$1,578 annual premium
Business & Employees – \$2,000,001 to \$2,500,000 gross revenue	<input type="checkbox"/> \$1,776 annual premium
Business & Employees – \$2,500,001 to \$3,000,000 gross revenue	<input type="checkbox"/> \$1,873 annual premium
Business & Employees - \$3,000,001 to 3,500,000 gross revenue	<input type="checkbox"/> \$2,017 annual premium
Business & Employees - \$3,500,001 to \$4,000,000 gross revenue	<input type="checkbox"/> \$2,159 annual premium
Business & Employees - \$4,000,001 to \$4,500,000 gross revenue	<input type="checkbox"/> \$2,298 annual premium
Business & Employees - \$4,500,001 to \$5,000,000 gross revenue	<input type="checkbox"/> \$2,434 annual premium
Business & Employees – Above \$5,000,001 gross revenue	<input type="checkbox"/> Referral

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/the insurer.

☐ 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/the insurer.

☐ Yes ☐ No

If yes, please provide details.

Have you/your business ever had a cyber security / privacy breach and/or network security incident in the past or has such a claim been made against you/your business?
If yes, please provide details.

☐ Yes ☐ No

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. Please confirm the following is accurate:

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.

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.

A link to free resources is: www.getcybersafe.gc.ca. Once completed, please keep a personal record. You are not required to provide proof to BMS.

I confirm the above statement is true and accurate. ☐

***Additional Coverage Available**

If your business transfers funds, BMS recommends you consider adding Fraudulent Instruction coverage.

Funds Transfer Fraud means the loss of **Money** or **Securities** contained in a **Transfer Account** at a **Financial Institution** resulting from fraudulent written, electronic, telegraphic, cable, teletype or telephone instructions by a third party issued to a **Financial Institution** directing such institution to transfer, pay or deliver **Money** or **Securities** from any

account maintained by the **Insured Organization** at such institution, without the **Insured Organization's** knowledge or consent.

\$25,000 limit for **\$230 / year**

\$100,000 limit starting from **\$335 / year**

Would you like BMS to contact you to provide an application for Fraudulent instruction coverage? ☐ Yes ☐ No

Employment Practices Liability (not available to members in Quebec)

Do you employ administrative and/or professional staff? Does your business engage independent contractors, volunteers, or students? This insurance is designed for business owners to protect against allegations of employment practice violation, including wrongful termination, discrimination, workplace harassment, and other employment related allegations.

Recommended for business owners with employees, contractors, volunteers, or students.

Claims made policy, \$1,000 deductible

Do you require Employment Practices Liability? ☐ Yes ☐ No
If yes please complete the fields below.

	Limit	Annual Premium
Option 1	\$100,000	<input type="checkbox"/> \$262
Option 2	\$250,000	<input type="checkbox"/> \$362
Option 3	\$500,000	<input type="checkbox"/> \$383
Option 4	\$1,000,000	<input type="checkbox"/> \$499

Total number of employed staff (professionals): _____

Total number of administrative staff (including students working under supervision): _____

Total number of contracted staff (professionals): _____

Has any application for similar insurance ever been denied or cancelled? ☐ 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/the insurer. ☐ Yes ☐ No
If yes, please provide details.

Has there been or are there now pending, any claims against the business, or any past, present directors, officers or employees of the business:

Involving any employment law?
If yes, please provide details.

☐ Yes ☐ No

Involving non-employment related discrimination or sexual harassment?
If yes, please provide details.

☐ Yes ☐ No

During the past 12 months, has the business experienced any change in controlling ownership of the company?

☐ Yes ☐ No

If yes, please provide details.

Legal Services Package

Members can access a comprehensive Legal Services Package, which includes:

Unlimited Legal Helpline

Unlimited access to the Legal Helpline. Helpline Lawyers provide general legal information and assistance for any legal question. Please note: the lawyer will not advise on coverage, make a claim decision, or review documents.

Legal Document Centre

Unlimited access to an online library of legal documents, all of which have been drafted by lawyers, and are in the form of guided, customizable templates. Examples of templates include wills and power of attorney documents, employment contracts, service agreements, and more. Documents are based on Canadian laws and legal best practices. They can be downloaded and saved securely for future reference or reuse.

Legal Document Review

Access to lawyers to review a simple legal document and provide you with an annotated copy of the document with their notes. This will assist you in understanding the general impacts that the document may have for you.

Simple Legal Letter Drafting

Access to lawyers who will draft a simple legal letter for you to send. This service is intended to assist you with drafting simple documents, such as a demand letter, a complaint letter, a travel consent letter for a child, a resignation letter, or a warning letter to an employee.

Emotional Support Assistance

Access to Emotional Support Assistance through which you can confidentially speak with a professional counsellor about any work or personal issues which may be affecting you.

Identity Theft Protection Assistance

Identity theft experts will provide you with general assistance and prevention tips about identity theft and how to protect yourself. If you believe you have been the victim of identity theft, this service can also provide you with direct assistance by an Identity Restoration Expert to help restore your identity.

HR Assistance

Access to HR Assistance where you can speak to a Human Resources professional, who can provide you with information regarding HR issues that are impacting your business.

Annual Cost \$35 (including BMS fee)

Would you like to purchase the Legal Services Package?

☐ Yes

☐ No

Note, if you are purchasing Legal Expense insurance (below), the Legal Services Package is automatically included in the Personal and Business Legal Solutions.

Legal Expense Insurance

Personal and/or business-related legal matters can arise at any time and can be costly.

Personal Legal Solutions provides:

- Legal Services Package (as detailed above except HR Assistance)
- Insurance to coverage the legal costs for resolving a range of disputes, including:
 - Pursuit or defence of Contract Disputes (90 day waiting period applies from the inception of the first policy held)
 - Pursuit or defence of Tenancy Disputes (90 day waiting period applies from the inception of the first policy held)
 - Total Loss Valuation Disputes (motor vehicle)
 - Defence of Driver's Licence Protection
 - Pursuit for Bodily Injury
 - Pursuit for Property Protection
 - Defence for Tax Protection

Each claim/aggregate limit	Premium
\$25,000/\$125,000	<input type="checkbox"/> \$80
\$50,000/\$250,000	<input type="checkbox"/> \$93

Would you like to purchase Personal Legal Solutions?

☐ Yes

☐ No

If yes, please answer the questions below:

In the last 3 years, have you, your spouse, or any adult children living in your home:

Pursued a consumer contract dispute?

☐ Yes

☐ No

Pursued a dispute with a neighbour or had to take action following a legal nuisance or trespass on your land?

☐ Yes

☐ No

Pursued legal action against a negligent third party following an injury to yourself?

☐ Yes

☐ No

Pursued legal action against a medical practitioner following an incident of clinical negligence which caused you an injury?

☐ Yes

☐ No

Been audited by the CRA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been interviewed by the police or arrested in connection with an alleged criminal offence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been sued for alleged discrimination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been the victim of identity theft?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please provide details.

-
- Business Legal Solutions** provides:
- Legal Services Package (as detailed above except Identity Theft Protection)
 - Insurance to cover for legal costs for resolving a range of disputes, including:
 - Employee’s Extra Protection
 - Auto Legal Defence
 - Defence of Contract Disputes & Debt Recovery (90 day waiting period applies from the inception of the first policy held)
 - Defence for Statutory Licence Appeals
 - Pursuit for Property Protection
 - Pursuit for Bodily Injury
 - Tax Protection

**\$50,000 per claim / \$250,000 aggregate
NIL deductible**

Estimated Revenue for the next 12 months	Premium
\$0 to \$150,000	<input type="checkbox"/> \$145
\$150,001 to \$250,000	<input type="checkbox"/> \$230
\$250,001 to \$500,000	<input type="checkbox"/> \$375
\$500,001 to \$1,000,000	<input type="checkbox"/> \$480
\$1,000,001 to \$2,000,000	<input type="checkbox"/> \$845
\$2,000,000 +	<input type="checkbox"/> Referral Required

Would you like to purchase Business Legal Solutions? ☐ Yes ☐ No

If yes, please answer the questions below:

Total number of employees (full time & part time): _____

In the last 3 years has your business, you or any employee, director or partner of the business been:

- | | | |
|--|------------------------------|-----------------------------|
| Subject to a tax audit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Involved in a dispute regarding compliance with GST, Income Tax, PST or HST or payroll tax deductions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Involved in any dispute regarding any damage, trespass or nuisance in relation to property that you are responsible for? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Prosecuted in a criminal court (excluding vehicle-related offences)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Subject to a civil action alleging theft or breach of privacy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The recipient of a notice to alter, suspend, revoke or refusal to renew any statutory licence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Involved in any contractual dispute? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please provide details.

Have you pursued an undisputed debt in the last 12 months, after you had exhausted your normal aged receivable procedures? ☐ Yes ☐ No

If yes, please provide details.

24 Hour Accident Coverage (not available for members in Quebec)

Although we don't like to think about it, accidents can happen. If the accident is serious enough to limit your ability to work, you may be faced with financial stressors in addition to physical ones. This coverage is designed to provide you and your loved ones with financial assistance in the event of an accident that results in injury or death.

24 Hour Accident Insurance provides a lump sum benefit where:

- A loss or death occurs due to an Accident, and
- Where, as the result of accidental injury, the disablement results in a permanent total disability.

The policy also provides coverage for:

- Repatriation costs, and
- Rehabilitation (training) costs should you require special training in order to be qualified to engage in a different occupation following an insured accident.

Would you like to purchase the 24 Hour Accident Insurance? ☐ Yes ☐ No

If yes, please complete the fields below.

Coverage Overview

Accidental Death and Dismemberment (AD&D)	\$25,000
Permanent Total Disability (PTD)	\$25,000
Repatriation	\$5,000
Rehabilitation	\$5,000
Fracture Benefit	\$2,000

Annual Cost: \$35 (Includes BMS fee)

Would you like to purchase 24 Hour Accident Coverage? ☐ Yes ☐ No

In order to purchase the 24 Hour Accident Insurance coverage you must be under the age of seventy (70).

Please confirm your Date of Birth (MM/DD/YYYY):

Would you like to increase the principal sum for AD&D and PTD to \$50,000 for an additional \$25? ☐ Yes ☐ No

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 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 Association of Occupational Therapists. If it is determined that I do not hold an active membership, I understand that my insurance policies are null and void.

Signed by:

Position:

Date:

Fee Disclosure

Line of Coverage	Premium	Commission (included within premium)	Fee
Clinic Professional Liability	Per application	25 %	\$5
Multidiscipline Clinic Professional Liability	Per application	25 %	\$5
Individual Commercial General Liability \$2M/\$5M \$5M/\$5M	Per application	25 %	\$33 \$48
Business Commercial General Liability \$2M/\$5M \$5M/\$5M	Per application	25 %	\$45 \$59
Clinic Package Insurance	Per application	25 %	\$43
Cyber Security and Privacy Liability	Per application	25%	Nil
Employment Practices Liability	Per application	25%	Nil
Legal Services Package	Per application	N/A	\$13
Personal Legal Expense	Per application	20%	Nil
Business Legal Expense	Per application	20%	Nil
24 Hour Accident Insurance	Per application	15%	\$6

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

All other provinces are exempt.
 GST is not applicable to insurance premiums.

Sub-total	\$
Service Fee	\$10.00
Tax	\$
Total Enclosed	\$

Legal Service Package Tax:

Note: Cost includes broker fee and is subject to the applicable HST Tax.

New Brunswick, Newfoundland, Nova Scotia and Prince Edward Island add 15%

Ontario add 13%

Alberta, British Columbia, Manitoba, Northwest Territories, Nunavut, Quebec,

Saskatchewan and Yukon add 5%

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 5T5

Toll Free: 1-855-318-6024

Fax: 613-701-4234

Email: caot.insurance@bmsgroup.com