



# BMS INSURANCE SOLUTIONS FOR YOU & YOUR BUSINESS

Name of Applicant:

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Address:

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City:

Province/Territory:

Postal Code:

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Telephone:

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Email:

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\*Please advise BMS if your contact details have changed 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

If you are renewing your insurance policy after its expiry date and outside of the renewal period, please confirm that you understand that the effective date of this policy will be the date on which payment is received, and the policy is finalized.

## Business Details

Only complete this section for or on behalf of your own business. **Do not** complete this section for or on behalf of someone else's business or a business where you are employed or contracted to.

Do you operate a business as an SLP/Audiologist for which you require insurance?  Yes  No

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

Entity / Business Name:

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Location Address (if different from above):

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City:

Province/Territory:

Postal Code:

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If you own / operate more than one business or corporation, additional coverage may be recommended.

Do you operate more than one business for which you require coverage?  Yes  No  
If yes, please provide details.

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## Membership Information

In order to be eligible for this insurance policy, you must be a member of Speech Language and Audiology Canada (SAC). If you are not a member, this policy is null and void. Please confirm you understand and agree to the eligibility requirements.

Are you a member or associate in good standing with SAC?

Yes  No

Please provide your 8-digit SAC Membership Number:

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## Applicant Details

**I am a/an** (please select one of the following options that applies to the majority of your practice) :

Speech Language Pathologist  Audiologist  Communication Health Assistant

Communication Disorder Assistant  Speech Language Pathologist Assistant

Other (please provide a description of services):

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The SAC Professional Liability insurance policy applies to telehealth/e-services delivered worldwide and claims defended in the US and Canada. Please confirm you understand the coverage terms.

When delivering telehealth/e-services and in order for your insurance coverage to apply, you must abide by the professional regulations in your jurisdiction (for instance, the province in which you reside) and in the jurisdiction where your patient is located, if applicable. Please confirm you understand the coverage terms.

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Do you provide professional services outside the scope of an SLP, Audiologist, CHA, CDA, or SLPA, for which you require insurance coverage? Note that claims arising from delivery of other professional services, including proceedings conducted by a professional organization and or/ provincial college other than one regulating the practice of an SLP, Audiologist, CHA, CDA, or SLPA are not covered by this insurance.  Yes  No

If yes, please provide details.

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Has any application for Professional Liability, Commercial General Liability and/or Property insurance ever been denied, cancelled, or has a renewal of insurance ever been refused?

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/your business, or is any such claim now pending against you/your business and/or have you made a Property claim?  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?  Yes  No  
If yes, please provide details.

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**I am a/an:**

- Employee  Independent Contractor  Business Owner  
 Other (please provide details):
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**An Employee:** is solely 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.

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

If you are a Business Owner, how many professional staff (employed or contracted) do you have?

- 2-5  6-10  11-15  16-20  21+

## Professional Liability Insurance

Professional Liability Insurance (PLI) protects you against liability or allegations of liability for injury or damages that have resulted from a negligent act, error, omission or malpractice that has arisen out of your professional capacity as a Speech-language Pathologist, Audiologist, or Communication Health Assistant. Your policy also responds if a complaint is made against you to your regulatory body.

Claims-Made form.

**Coverage Highlights:**

Legal Expense Coverage	\$150,000 per claim/aggregate
Criminal Defence Cost Reimbursement	\$125,000 per claim/aggregate
Sexual Abuse Therapy & Counselling Fund	\$25,000
Loss of Earnings	\$750/day
Extended Reporting Period	7 years automatically included

Would you like to purchase Professional Liability Insurance?  Yes  No  
If yes, please select an option below.

	Coverage Limit	Cost
Option 1	\$5,000,000 per claim / \$6,000,000 per year	<input type="checkbox"/> \$57
Option 2	\$7,000,000 per claim / \$8,000,000 per year	<input type="checkbox"/> \$167
Option 3 – New Grad Only available for new graduates (graduating between July 1, 2025 -July 1, 2026 within their first year of purchasing coverage)	\$2,000,000 per claim / \$2,000,000 per year	<input type="checkbox"/> Nil

Do you work **exclusively** in Public Practice (ex: hospitals, long-term care facilities, rehabilitation centres, schools, home care)?  Yes  No

**Note: Services provided must be funded by provincial/territorial health insurance plans and/or through federal programs (e.g.: First Nations, Inuit and Veterans programs).**

If yes, a discount applies to the coverage option selected above.

## Commercial General Liability Insurance

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.

**Business CGL** is recommended for business owners with other professionals delivering services on your behalf.

If you have contents or property to insure you should also consider purchasing Contents & Crime coverage.

Occurrence-based policy.

### Includes:

Bodily Injury and Property Damage	Per limit selected
Personal Injury and Advertising Injury	Per limit Selected
Products & Completed Operations	Per limit selected
Tenants' Legal Liability	\$500,000
Medical Payments	\$50,000 each person
Non-Owned Automobile	Per limit selected
Damage to Hired Automobiles	\$100,000
Deductible	\$1,000

Would you like to purchase Commercial General Liability Insurance?  Yes  No  
If yes, please select from the table below.

Number of Professionals (Employed or contracted)	Option 1: \$5,000,000 per occurrence \$6,000,000 per aggregate	Option 2: \$7,000,000 per occurrence \$8,000,000 per aggregate
Individual Rate	<input type="checkbox"/> \$210	<input type="checkbox"/> \$279

Business with 1-5 Professionals	<input type="checkbox"/> \$250	<input type="checkbox"/> \$321
Business with 6-10 Professionals	<input type="checkbox"/> \$361	<input type="checkbox"/> \$431
Business with 11-15 Professionals	<input type="checkbox"/> \$499	<input type="checkbox"/> \$571
Business with 16-20 Professionals	<input type="checkbox"/> \$679	<input type="checkbox"/> \$736
Business with 20+ Professionals	<input type="checkbox"/> Referral	<input type="checkbox"/> Referral

### Additional Insured(s)

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. For each, provide the name and address:

I understand and agree to the terms detailed above.

Name of Additional Insured:

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Address:

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City:

Province/Territory:

Postal Code:

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## Clinic Professional Liability Insurance

In the event of a claim, both the treating professional and the business are likely to be named in a statement of claim or lawsuit. Clinic Professional Liability Insurance extends your Individual Professional Liability coverage to protect your business and its assets in such circumstances.

Recommended for businesses with other professionals working for or on behalf of your business and/or billing under your business name. Also recommended for individuals providing services under their own business name.

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

Coverage limits are shared with your Individual Professional Liability.

Would you like to purchase Clinic Professional Liability coverage?

Yes  No

If yes, please select an option below.

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Number of Professionals (Employed or Contracted)	Speech Language and Audiology only Clinics	Multidiscipline Clinics
Individual Rate	<input type="checkbox"/> \$140	N/A
Business with 1-5 Professionals	<input type="checkbox"/> \$258	<input type="checkbox"/> \$360
Business with 6-10 Professionals	<input type="checkbox"/> \$412	<input type="checkbox"/> \$515
Business with 11-15 Professionals	<input type="checkbox"/> \$773	<input type="checkbox"/> \$875
Business with 16-20 Professionals	<input type="checkbox"/> \$850	<input type="checkbox"/> \$953
Business with 20+ Professionals	<input type="checkbox"/> Referral	<input type="checkbox"/> Referral

If Multidiscipline Clinic, please indicate the number beside each professional:

Discipline	Number of Professionals
Aestheticians	
Audiologists	
Behaviour Consultants	
Counsellors/Social Workers	
Dietitians	
Exercise Therapists	
Kinesiologists	
Massage Therapists	
Occupational Therapists	
Physiotherapists	
Pilates/Yoga Instructors	
Personal Trainers	
Psychologists	
Sonographers/X-Ray Technicians	
Hearing Instrument Specialist	

Other (please do not include SLP assistant & CHAs as they are automatically included. Please provide details):

You are purchasing Professional Liability insurance for the Legal Entity. Each professional providing services for or on behalf of your Legal Entity must carry their own individual Professional Liability insurance. Do you understand and confirm this?

## Contents / Crime / Business Interruption / Equipment Breakdown

**Contents** includes items usual to an office, including desks, chairs, filing cabinets, computers, as well as any equipment, stock, improvements and betterments for which you are responsible. If you anticipate undergoing any renovations in your office space within the policy term, please contact BMS directly at 1-844-517-1371.

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

### Contents/Property & Crime Deductibles:

Sewer Back-Up	\$5,000
Flood	\$25,000 except BC & QC (if coverage selected)
Earthquake	3% or \$100,000 min., except BC & QC (if coverage selected)
Crime	\$1,000
All Other Risks	\$1,000

### Exclusion Endorsements:

Virus and Bacteria Exclusion  
Cyber Incident Exclusion

Would you like to purchase Contents / Crime / Business Interruption coverage?

Yes  No

If yes, please complete the fields below.

Contents Limit	Cost
\$125,000	<input type="checkbox"/> \$720
\$150,000	<input type="checkbox"/> \$857
\$200,000	<input type="checkbox"/> \$982
\$250,000	<input type="checkbox"/> \$1,134
\$250,000 +	<input type="checkbox"/> Referral

Would you like to purchase Flood & Earthquake Coverage?

Yes  No

If yes, an additional premium of \$65 applies to each location.

Note that clinics located in BC or QC must be referred to the Insurer to confirm premium prior to purchase.

### Equipment Breakdown

Equipment Breakdown provides coverage for direct physical loss of or damage to 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;

Would you like to purchase Equipment Breakdown Coverage?

Yes  No

If yes, please complete the fields below.

Equipment Breakdown Limit	Cost
\$125,000	<input type="checkbox"/> \$224
\$150,000	<input type="checkbox"/> \$274
\$200,000	<input type="checkbox"/> \$330
\$250,000	<input type="checkbox"/> \$380
\$250,000 +	<input type="checkbox"/> Referral

### 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. For each, provide the name and address.

I understand and agree to the terms detailed above.

Name:

Address:

City:

Province/Territory:

Postal Code:

## Location 2 Details

Would you like to purchase Contents/Crime/Business Interruption Coverage for a second location?

Yes  No

If yes, please complete the fields below.

Contents Limit for Second Location	Cost
\$125,000	<input type="checkbox"/> \$333
\$150,000	<input type="checkbox"/> \$380
\$200,000	<input type="checkbox"/> \$423
\$250,000	<input type="checkbox"/> \$478
\$250,000 +	<input type="checkbox"/> Referral

Location 2 business name:

Location 2 address:

City:

Province/Territory:

Postal Code:

Would you like to purchase Flood & Earthquake Coverage at this location?

Yes  No

**If yes, an additional premium of \$65 applies to each location.**

**Note that clinics located in BC or QC must be referred to the Insurer to confirm premium prior to purchase.**

Would you like to purchase Equipment Breakdown Coverage at this location?

Yes  No

If yes, please select an option below.

Equipment Breakdown Limit	Cost
\$125,000	<input type="checkbox"/> \$224
\$150,000	<input type="checkbox"/> \$274
\$200,000	<input type="checkbox"/> \$330
\$250,000	<input type="checkbox"/> \$380
\$250,000 +	<input type="checkbox"/> Referral

## 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. For each, provide the name and address.

I understand and agree to the terms detailed above.

Name:

Address:

City:

Province/Territory:

Postal Code:

### **Location 3 Details**

Would you like to purchase Contents/Crime/Business Interruption Coverage for a third location?  Yes  No  
If yes, please complete the fields below.

<b>Contents Limit for Third Location</b>	<b>Cost</b>
\$125,000	<input type="checkbox"/> \$333
\$150,000	<input type="checkbox"/> \$380
\$200,000	<input type="checkbox"/> \$423
\$250,000	<input type="checkbox"/> \$478
\$250,000 +	<input type="checkbox"/> Referral

Location 3 business name:

Location 3 address:

City:

Province/Territory:

Postal Code:

Would you like to purchase Flood & Earthquake Coverage at this location?  Yes  No  
**If yes, an additional premium of \$65 applies to each location.**

**Note that clinics located in BC or QC must be referred to the Insurer to confirm premium prior to purchase.**

Would you like to purchase Equipment Breakdown Coverage for the third location?  Yes  No  
If yes, please select the limit that matches your contents limit.

<b>Equipment Breakdown Limit for Third Location</b>	<b>Cost</b>
\$125,000	<input type="checkbox"/> \$224
\$150,000	<input type="checkbox"/> \$274
\$200,000	<input type="checkbox"/> \$330
\$250,000	<input type="checkbox"/> \$380
\$250,000 +	<input type="checkbox"/> Referral

### 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. For each, provide the name and address.

I understand and agree to the terms detailed above.

Name:

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Address:

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City:

Province/Territory:

Postal Code:

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### Other Locations

Do you have additional locations that require coverage?  Yes  No

### Building/Condominium Unit Coverage

Do you own the building or condominium unit where your business is located for which you require building insurance? (Please note we do not provide coverage for residential properties)  Yes  No

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### Co-Insurance (Applicable to those purchasing Contents Coverage)

Coinsurance 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:

Amount of insurance in place / Amount of insurance that should have been in place x Amount of the loss = Amount paid, less any deductible

For example,  $\$100,000 \div (\$150,000 \times 90\%) \times \$100,000 = \$74,074$  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 and Privacy Liability – ENHANCED

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 the theft, loss, or unauthorized disclosure of identifiable information, which includes First- and Third-Party coverage and Breach Response Services.

This policy is designed to provide protection against 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**

Additional Breach Response Costs \$500,000 (NEW)  
 Legal, Forensic & Public Relations/Crisis Management \$250,000  
 Notified Individuals 5,000 (Individual), 100,000 (Business)

**Policy Aggregate Limit of Liability** \$1,000,000

**First Party Loss**

Business Interruption - Resulting from Security Breach \$100,000 (NEW – HIGHER LIMIT)  
 Cyber Extortion Loss \$500,000 (NEW – HIGHER LIMIT)  
 Data Recovery Costs \$100,000

**Liability**

Data & Network Liability \$1,000,000  
 Regulatory Defense & Penalties \$1,000,000 (NEW – HIGHER LIMIT)  
 Payment Card Liabilities & Costs \$1,000,000  
 Media Liability \$1,000,000

**eCrime**

Fraudulent Instruction\* Available for additional premium  
 Funds Transfer Fraud Included with Fraudulent Instruction  
 Telecommunications Fraud \$100,000

**Criminal Reward**

Criminal Reward \$50,000 (NEW – HIGHER LIMIT)

**Computer Hardware Restoration** Included (NEW)

**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

Gross Revenue	Annual Premium
Individual Practitioners / Business (yourself only)	<input type="checkbox"/> \$121
Business & Employees - \$0 to \$500,000	<input type="checkbox"/> \$675
Business & Employees - \$500,001 to \$1,000,000	<input type="checkbox"/> \$1,023
Business & Employees - \$1,000,001 to \$1,500,000	<input type="checkbox"/> \$1,284
Business & Employees - \$1,500,001 to \$2,000,000	<input type="checkbox"/> \$1,578
Business & Employees - \$2,000,001 to \$2,500,000	<input type="checkbox"/> \$1,776
Business & Employees - \$2,500,001 to \$3,000,000	<input type="checkbox"/> \$1,873
Business & Employees - \$3,000,001 to \$3,500,000	<input type="checkbox"/> \$2,017

Business & Employees - \$3,500,001 to \$4,000,000	<input type="checkbox"/> \$2,159
Business & Employees - \$4,000,001 to \$4,500,000	<input type="checkbox"/> \$2,298
Business & Employees - \$4,500,001 to \$5,000,000	<input type="checkbox"/> \$2,434
Business & Employees - Above \$5,000,001	<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?  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.

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?  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. 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 separate location that would be unaffected by an issue with your live environment.

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. Resources can be found at [www.getcybersafe.gc.ca](http://www.getcybersafe.gc.ca). **You are not required to provide proof to BMS.**

I confirm the above statement is true and accurate.

#### \*Additional Coverage Available

If you/your business transfers funds, BMS recommends you consider adding Fraudulent Instruction/Funds Transfer Fraud coverage.

**Fraudulent Instruction** coverage provides a limit of up to \$100,000 for claims resulting directly from you/your insured business having transferred, paid, or delivered any Money or Securities as a direct result of Fraudulent Instructions (i.e.: a fraudulent written instruction, electronic instruction (including email or web-based instruction) or telephone instruction provided by a person purporting to be a Vendor, Client, or an Authorized Employee, that is intended to mislead an Insured through the misrepresentation of a material fact that is relied upon in good faith by such Insured).

**Funds Transfer Fraud** means the loss of Money or Securities contained in a Transfer Account at a Financial Institution resulting from fraudulent 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 you/your insured business at such institution, without you/your insured business's knowledge or consent.

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

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

Would you like BMS to contact you regarding a quote for Fraudulent instruction coverage?  
If yes, an additional questionnaire is required to be completed and will be sent to you separately.

Yes  No

### Personal & Family Cyber Protection (not available for QC members)

Safeguarding your personal information online is more important than ever before!

- ✓ Access to Cybersecurity professionals
- ✓ Cyber Bullying & Extortion Expense coverage
- ✓ Online Fraud Protection
- ✓ Identity Theft Recovery
- ✓ Credit Monitoring
- ✓ Lost Wallet
- ✓ Social Media & Dark Web Monitoring
- ✓ Restoration Costs

Note that all related documents, including policy wording, are in the English language only.

Would you like to purchase Personal & Family Cyber Protection?  
If yes, please select an option below.

Yes  No

Each Claim / Aggregate Limit	Cost
\$10,000	<input type="checkbox"/> \$60
\$25,000	<input type="checkbox"/> \$75

**Terms & Conditions**

This information is intended to provide a brief overview of some of the terms and conditions of the Family Cyber insurance policy. Please read your Policy carefully. Coverage provided by the insurer is subject to actual terms, conditions, exclusions, endorsements, applicable law and/or other terms of the Policy.

This insurance provides cyber coverage on a personal lines basis and excludes any work, professional engagement, or business activities.

This insurance is provided only to the Named Insured (individual) listed on the certificate of insurance and their Family as defined in the policy. Coverage is not afforded for the business, employees or employees’ family members of the insured.

This insurance contains a System Maintenance condition that requires:

- Providing and maintaining a license for anti-virus software and ensuring that this software is active and in use on the Insureds Home Computer.
- Performing and installing all available software updates and patches as soon as practicable, either (a) in the instance of a new Home Computer, as soon as possible but in no event more than 48 hours of the Home Computer first being connected to the internet, and (b) in all other instances, in no event more than fifteen days after the updates or patches are made available.
- Providing and running a data backup system at appropriate intervals, including without limitation performing a full backup of the Home Computer at least once per month.
- The Named Insured is required to notify the insurer of any event within 30 days. In the event of a loss or claim, coverage determination will be dependent on the facts and circumstances of the event, the specific language, terms and conditions of the Policy issued and applicable law.
- The Insurer may retain a third party service provider to perform one or more of the services it is obligated to provide under the policies.

**Employment Practices Liability** (not available for QC members)

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.

Note that all related documents, including policy wording, are in the English language only.

Would you like to purchase Employment Practices Liability?  
If yes, please complete the fields below.

Yes  No

	Limit	Annual Premium
Option 1	\$100,000	<input type="checkbox"/> \$270
Option 2	\$250,000	<input type="checkbox"/> \$373
Option 3	\$500,000	<input type="checkbox"/> \$394
Option 4	\$1,000,000	<input type="checkbox"/> \$514

Total number of employed staff (professionals):

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

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Total number of contracted staff (professionals):

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

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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?  Yes  No  
 If yes, please provide details.

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Involving non-employment related discrimination or sexual harassment?  Yes  No  
 If yes, please provide details.

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During the past 12 months, has the business experienced any change in controlling ownership of the business?  Yes  No  
 If yes, please provide details.

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## 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 \$39

Would you like to purchase the Legal Services Package?

Yes  No

**Note, if you are purchasing Legal Expense insurance, some elements of the Legal Services Package are 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, however HR Assistance not included)
- Insurance to cover the legal costs and expenses for resolving a range of disputes, including:
  - Pursuing or defending legal action relating to the selling or buying of goods or obtaining services.  
Plus, coverage for disputes with a leasing company for the amount due if a leased motor vehicle is

- declared a total loss by the auto insurer;
- Pursuing or defending a dispute relating to a residential tenancy agreement you entered into to rent their principal residence (90 day waiting period applies from the inception of the first policy held);
- Defending against the revocation or suspension of your motor vehicle driver's licence;
- Defending against a criminal investigation or prosecution arising from your work as an employee, or prosecution for a highway traffic or motor vehicle offence;
- Pursuing legal action relating to a trespass, legal nuisance or if a third party causes physical damage to personal property;
- Pursuing legal action due to an accident that causes death, illness, or a serious injury;
- Responding to a tax audit or appealing a Canada Revenue Agency (CRA) decision.

Each claim/aggregate limit	Premium
\$25,000/\$125,000	<input type="checkbox"/> \$99
\$50,000/\$250,000	<input type="checkbox"/> \$115

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?  Yes  No
- Been interviewed by the police or arrested in connection with an alleged criminal offence?  Yes  No
- Been sued for alleged discrimination?  Yes  No
- Been the victim of identity theft?  Yes  No

If yes, please provide details:

**Business Legal Solutions** provides:

- Legal Services Package (as detailed above, however Identity Theft Protection Assistance not included)
- Insurance to cover the legal costs and expenses for resolving a range of disputes, including:
  - Defending against a criminal or occupational health and safety investigation or prosecution;
  - Defending against proceedings brought against an employee for unlawful discrimination;
  - Defending against a prosecution for a highway traffic or motor vehicle offence;
  - Pursuing or defending legal action for disputes relating to the selling or buying of goods and providing or obtaining services. Plus, recovery of money owed in the delivery of goods or services and disputes

for premises rented by a business to conduct their operations within (90 day waiting period applies from the inception of the first policy held);

- Defending against the revocation, suspension, or non-renewal of an operating or business licence;
- Pursuing legal action relating to a trespass, legal nuisance or if a third party causes physical damage to business property;
- Pursuing legal action due to a work-related injury while away from the business premises;
- Responding to a tax audit or appealing a Canada Revenue Agency (CRA) decision.

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

Estimated Revenue Band for the next 12 months	Premium
\$0 to \$150,000	<input type="checkbox"/> \$160
\$150,001 to \$250,000	<input type="checkbox"/> \$253
\$250,001 to \$500,000	<input type="checkbox"/> \$412
\$500,001 to \$1,000,000	<input type="checkbox"/> \$528
\$1,000,001 to \$2,000,000	<input type="checkbox"/> \$930
\$2,000,001 to \$3,000,000	<input type="checkbox"/> \$1,348
\$3,000,001 +	<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?  Yes  No
- Involved in a dispute regarding compliance with GST, Income Tax, PST or HST or payroll tax deductions?  Yes  No
- Involved in any dispute regarding any damage, trespass or nuisance in relation to property that you are responsible for?  Yes  No
- Prosecuted in a criminal court (excluding vehicle-related offences)?  Yes  No
- Subject to a civil action alleging theft or breach of privacy?  Yes  No
- The recipient of a notice to alter, suspend, revoke or refusal to renew any statutory licence?  Yes  No
- Involved in any contractual dispute?  Yes  No

If yes, please provide details:

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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.

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## 24 Hour Accident Coverage (not available for QC members)

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	Limits
Accidental Death and Dismemberment (AD&D)	\$25,000
Permanent Total Disability (PTD)	\$25,000
Repatriation	\$5,000
Rehabilitation	\$5,000
Fracture Benefit	\$2,000
<b>Cost</b>	<input type="checkbox"/> \$28

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:

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## Critical Illness Insurance (not available for QC members)

This insurance helps to cover costs associated with a critical illness such as cancer, a heart attack or stroke. If you are diagnosed with one of 30 covered conditions, the policy provides a tax-free lump-sum payment of up to \$50,000 that you can use for anything you need. This gives you the flexibility to focus on your health and well-being without worrying about financial burdens.

Covered Conditions include:

- Alzheimer's disease / pre-senile dementia
- Benign brain tumour
- Cancer
- Heart attack
- Kidney failure
- Motor neuron disease
- Multiple sclerosis
- Open-heart surgery
- Parkinson's disease
- Stroke
- Third degree burns
- Blindness
- Deafness

Would you like BMS to contact you about additional information on this product?

Yes  No

## NEW! Legal Expense for Insurance Audits

Do you work with clients who access coverage for your professional services under their extended health benefits plan? If yes, you may want to consider securing Legal Expense for Insurance Audits.

Even the most diligent professional can be faced with an investigation, inquiry, or audit from an insurance company or benefit provider.

Access up to \$25,000 per claim and \$125,000 annual aggregate to cover the legal costs associated with having to respond to an investigation, inquiry or audit from an insurance company or benefit provider in relation to your professional services.

**Annual Cost: \$45**

Would you like to purchase Legal Expense for Insurance Audits?

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.

Signed by:

Date:

## Fee Disclosure

Line of Coverage	Premium	Commission (included within premium)	Fee
Professional Liability	Per application	25%	Nil
Commercial General Liability	Per application	25%	Nil
Clinic Professional Liability	Per application	25%	Nil
Contents, Crime, and Business Interruption	Per application	20%	Nil
Cyber Security & Privacy Liability	Per application	25%	Nil
Personal & Family Cyber Protection \$10,000	Per application	22.5%	\$10.08 / \$9.45
\$25,000			\$10.86 / \$9.45
Employment Practices Liability	Per application	25%	Nil
Personal Legal Expense	Per application	20%	Nil
Business Legal Expense	Per application	20%	Nil
24 Hour Accident Insurance	Per application	15%	\$3
Legal Expense for Insurance Audits	Per application	20%	\$15

For more information on broker compensation please click [here](#).

## 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.

### Legal Service Package Tax:

Note: Cost includes broker fee and is subject to the applicable HST Tax: New Brunswick, Newfoundland, and Prince Edward Island add 15%  
 Nova Scotia add 14%  
 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.

Sub-total	\$
Service Fee*	\$25.00
Tax	\$
<b>Total Enclosed</b>	<b>\$</b>

**\*Please note:** The Service Fee does not apply if you ONLY purchase PLI.

# Authorization for Credit Card Charge

VISA, AMEX or M/C Account No:

Expiry Date:

CVV:

Cardholder Name:

Signature:

**BMS Canada Risk Services Ltd.**  
979 Bank St, Suite 200  
Ottawa, ON K1S 5K5

Toll Free: 1-855-318-6135  
Email: [sac.insurance@bmsgroup.com](mailto:sac.insurance@bmsgroup.com)  
Website: [www.sac.bmsgroup.com](http://www.sac.bmsgroup.com)