

## PROFESSIONAL AND COMMERCIAL GENERAL LIABILITY APPLICATION

Name of Applicant:

Address:

City:

Prov/Terr:

Postal Code:

Telephone:

Email:

1. In order to be eligible for this insurance policy, you must be a member of one of the designated provincial or territorial social worker associations or be an affiliate member of CASW. If you are not a member, this policy is null and void.

**Select the provincial/territorial association of which you are a member of:**

- British Columbia Association of Social Workers
- Alberta College of Social Workers
- Saskatchewan Association of Social Workers
- Manitoba College of Social Workers
- Ontario Association of Social Workers
- New Brunswick Association of Social Workers
- Nova Scotia College of Social Workers
- Prince Edward Island Association of Social Workers
- Newfoundland & Labrador Association of Social Workers
- Association of Social Workers of Northern Canada
- CASW – Affiliate Individual Member

Membership Number:

2. Do you provide professional services outside the scope of Social Work?  Yes  No  
If yes, please provide details.

3. Do you provide services outside of Canada?  Yes  No  
If yes, please provide details.

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

5. Have you ever sustained a professional liability, commercial general liability, and/or property loss or has such a claim been made against you in the last five years?  Yes  No  
If yes, please provide details.

6. Have you any knowledge of any negligent act, error or omission or breach of duty which might give rise to a claim against you?  Yes  No  
If yes, please provide details.

## Coverage Options

Note: All plans include coverage for e-services

	Limit	Deductible	Annual Cost	Option Selected	
Plan I	Professional Liability \$5,000,000 per claim / \$5,000,000 annual aggregate	Nil	\$131	<input type="checkbox"/>	
	Commercial General Liability \$5,000,000 per occurrence / \$5,000,000 annual aggregate	\$500			
Plan II	Professional Liability \$5,000,000 per claim / \$5,000,000 annual aggregate	Nil	\$252	<input type="checkbox"/>	
	Commercial General Liability \$5,000,000 per occurrence / \$5,000,000 annual aggregate	\$500			
	Office Contents - \$50,000 Crime - \$10,000 Business Interruption – Included	\$500			
Plan III	Professional Liability \$5,000,000 per claim / \$5,000,000 annual aggregate	Nil	\$105	<input type="checkbox"/>	
Additional Contents Limit	For Option II only	\$100,000	\$500	\$100	<input type="checkbox"/>
		\$150,000	\$500	\$150	<input type="checkbox"/>
		\$200,000	\$500	\$200	<input type="checkbox"/>

If you have selected Plan 2 please indicate your business address below (unless it is as per your mailing address):

Address:

City:

Prov/Terr:

Postal Code:

Please indicate any additional insured(s) to be listed on your certificate:

Name:

Address:

City:

Prov/Terr:

Postal Code:

### Legal Entity Coverage

In the event of a claim, both the treating social worker and the business name are likely to be named in a statement of claim or lawsuit. Legal Entity Coverage protects the clinic and its assets in such circumstances. This coverage is applicable if you are a business owner and have social workers working for or on behalf of your business and/or billing under your business name.

Note that you are not eligible for this insurance if you employ professionals other than social workers.

	Limit	Deductible	Annual Cost	Option Selected
1 to 2 social workers	Shared limit of liability with Professional Liability	Nil	\$100	<input type="checkbox"/>
3+ social workers	Shared limit of liability with Professional Liability	Nil	Referral	<input type="checkbox"/>

Business Name:

Business Address:

City:

Pro/Terr:

Postal Code:

Number of social workers working in the clinic:

## Cyber Security and Privacy Liability – Limit of \$1,000,000

Individual Practitioners  \$75 annual cost

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Business & Employees – \$0 to \$500,000 gross revenue  \$480 annual cost

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Business & Employees – \$500,001 to \$1,000,000 gross revenue  \$595 annual cost

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Business & Employees – \$1,000,001 to \$1,500,000 gross revenue  \$705 annual cost

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Have you ever had a privacy breach in the past?  Yes  No  
If yes, please provide details.

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Are your portable storage devices encrypted (ie. USB Stick)?  Yes  No  
Please note this policy excludes any loss or liability arising from information contained on a non-encrypted device.

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Do you implement basic loss control measures such as: Antivirus software, a firewall and/or regular software patch installations?  Yes  No

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## Employment Practices (Management) Liability

Do you employ administrative and/or professional staff? Does your clinic 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 others.

Do you require Employment Practices Liability?  Yes  No

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	Limit	Deductible	Premium*
Option 1	\$100,000	\$1,000	<input type="checkbox"/> \$220 annual cost
Option 2	\$250,000	\$1,000	<input type="checkbox"/> \$295 annual cost
Option 3	\$500,000	\$1,000	<input type="checkbox"/> \$310 annual cost
Option 4	\$1,000,000	\$1,000	<input type="checkbox"/> \$400 annual cost

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Has there been or are there now pending, any Claims against the Company, or any past, present directors, officers or employees of the company:

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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 Company experienced any change in controlling ownership of the Company?  Yes  No  
If yes, please provide details:

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## Disclosure

Line of Coverage	Limit	Premium	BMS Commission	*BMS Fee	Total Cost
Plan 1	\$5M PLI/ \$5M CGL	\$105	Nil	\$26	\$131
Plan 2	\$5M PLI/ \$5M CGL /Contents	\$208	Nil	\$44	\$252
Plan 3	\$5,000,000	\$84	Nil	\$21	\$105
Increased Contents Limit	\$100,000	\$90	Nil	\$10	\$100
	\$150,000	\$130	Nil	\$20	\$150
	\$200,000	\$170	Nil	\$30	\$200
Student Coverage	Included in PLI Limit	\$17	Nil	\$8	\$25
Legal Entity Coverage	Shared with PLI Limit	\$80	Nil	\$20	\$100
Cyber	\$1M	\$75	25%	Nil	\$75
	\$1M	Various	25%	Nil	Various
Employment Practices Liability (EPL)					
Option 1	\$100,000	\$220	20%	Nil	\$220
Option 2	\$250,000	\$295	20%	Nil	\$295
Option 3	\$500,000	\$310	20%	Nil	\$310
Option 4	\$1M	\$400	20%	Nil	\$400

BMS is the managing Broker and is responsible for placing your insurance coverage(s) referenced above, as well as providing additional services, including dedicated resources and risk management. The above information provides a breakdown of the total annual cost for each line of coverage.

\*The fees above are in lieu of commission. Fees and commissions may vary depending on a number of factors, including the insurance purchased and the insurer. For more information, contact BMS Group at 1-844-583-7747 or casw.insurance@bmsgroup.com.

## Declarations and Warranty

I declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of insurance and that this application discloses the hazards known to exist at the date of this application. I declare that the statements made herein are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.

If you are unsure of your coverage requirements please contact BMS. Licensed insurance broker will be available to answer your questions during regular business hours.

Signed by: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Signing of this form does not bind the Applicant or company to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued. The insurance premium is fully retained and not refundable.

## Payment Information

### The following provinces are subject to provincial sales tax:

Ontario residents add 8% sales tax

Québec residents add 9% sales tax

Manitoba residents add 8% 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 \$

Tax \$

Total Enclosed \$

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: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_