

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 for which you require insurance coverage? (Note, this policy will only provide coverage for services that fall within your scope of practice as a social worker. Other professional services, such as work as a registered psychologist, are not covered by this insurance.) If yes, please provide details. Yes No

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.

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5. Have you had a professional liability, commercial general liability claim made against you and/or Yes No have you made a property claim in the last five years?
If yes, please provide details.

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

Coverage Options

Note: All plans include coverage for e-services from Canada, Regulatory Legal Expense coverage for \$200,000, Criminal Defence costs reimbursement for \$150,000, Abuse Therapy Counselling Fund for \$20,000, and loss of earnings for \$750 per day.

	Limit	Deductible	Annual Cost	Option Selected
Plan I	Professional Liability \$5,000,000 per claim / \$5,000,000 annual aggregate	Nil	\$134	<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	\$460	<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 – Actual Loss Sustained	\$500		
Plan III	Professional Liability \$5,000,000 per claim / \$5,000,000 annual aggregate	Nil	\$130	<input type="checkbox"/>

Additional Contents Limit	For Plan II only	\$100,000	\$500	\$125	<input type="checkbox"/>
		\$150,000	\$500	\$190	<input type="checkbox"/>
		\$200,000	\$500	\$250	<input type="checkbox"/>

Limit		Deductible	Annual Cost	Option Selected	
Equipment Breakdown Coverage	For Plan II Only	\$50,000	\$500	\$75	<input type="checkbox"/>
		\$100,000	\$500	\$90	<input type="checkbox"/>
		\$150,000	\$500	\$145	<input type="checkbox"/>
		\$200,000	\$500	\$165	<input type="checkbox"/>

Do you own the building? Yes No

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 recommended if you are a business owner and or employ or contract other social workers and/or other professionals. Please note your limit of liability for the legal coverage will reflect the option selected for the professional liability. Businesses that employ professionals other than social workers must disclose this on the application for review and approval.

Limit		Deductible	Annual Cost	Option Selected
1 to 2 social workers	Shared limit of liability with Professional Liability	Nil	\$125	<input type="checkbox"/>
3 social workers	Shared limit of liability with Professional Liability	Nil	\$190	<input type="checkbox"/>
4 social workers	Shared limit of liability with Professional Liability	Nil	\$255	<input type="checkbox"/>

5 social workers Shared limit of liability with Professional Liability	Nil	\$320	<input type="checkbox"/>
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Business Name:

Business Address:

City:

Pro/Terr:

Postal Code:

Number of social workers working in the clinic:

Does your business provide any services outside of the scope of social work? Yes No

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

Individual Practitioners \$98 annual cost

Business & Employees – \$0 to \$500,000 gross revenue \$575 annual cost

Business & Employees – \$500,001 to \$1,000,000 gross revenue \$795 annual cost

Business & Employees – \$1,000,001 to \$1,500,000 gross revenue \$925 annual cost

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

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.

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

Please note this policy excludes any loss or liability arising from information contained on a non-encrypted device and for individuals who do not have loss control measures in place.

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

	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

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

Involving any employment law? Yes No
If yes, please provide details:

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

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

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 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 \$
	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: _____ CVV: _____

Cardholder Name: _____ Signature: _____