

LIABILITY INSURANCE APPLICATION

Name of Applicant:			
Address:			
City:	Prov/Terr:	Postal Code:	
Telephone:			
Email:			
*Please advise BMS if your contact details change in orde insurance.	er to continue to rec	eive information pertaining to your	
Note: This coverage is only available to members who are agree to the eligibility requirements. \Box	e domiciled in Canad	da. Please confirm you understand an	ıd
Are you renewing this insurance policy?		☐ Yes ☐	No
If you are renewing your insurance policy after its expiry you understand the effective date of this policy will be se			hat
Applicant Details			
In order to be eligible for this insurance policy, you must territorial social worker associations or be an affiliate me and void.			الد
Note for practitioners in Alberta: Registration with ACSV	V no longer provide	s access to the CASW insurance progr	am.
Please confirm you understand the eligibility requiremen	ts. 🗌		
Name of Provincial or Territorial social worker association	ո։		
Membership number:			
Do you or your business provide professional services our require coverage to defend against proceedings conducted one regulating the practice of Social Work? [Note, this pot that fall within your scope of practice as a social worker. It are registered psychologist, are not covered by this insurant If yes, please provide details.	ed by a professional dicy will only provid Other professional	organization other than e coverage for services] No

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? If yes, please provide details.	Yes	□ No
Has any Professional Liability or Commercial General Liability claim or lawsuit 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? If yes, please provide details.	Yes	□ No
Are you aware of any facts, circumstances, or situations, which may reasonably give rise to a claim against you/your business? If yes, please provide details.	☐ Yes	□ No
Animal/Equine Assisted Therapy		
Animal/Equine Assisted Therapy \$100 annual premium		
Equine Assisted Therapy including mounting work \$500 annual premium		
Would you like to add on Animal/Equine Assisted Therapy coverage?	☐ Yes	☐ No
If yes, does your Equine Assisted Therapy include mounting?	☐ Yes	☐ No
When delivering services and in order for your insurance coverage to apply, you must abide by the proregulations in your jurisdiction (for instance, the province in which you reside) and in the jurisdiction we patient is located. The CASW Professional Liability insurance policy applies to services delivered worlds responds to claims brought forward and defended in Canada.	vhere yo	ur
Please confirm you understand the coverage terms.		
Business Details		
Do not complete this section for or on behalf of someone else's business or a business where you are	employe	d.
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):		

Location Address (if different from abo	ve):	
City:	Province/Territory:	Postal Code:
Do you operate more than one entity f If yes, please provide details.	or which you require coverage?	☐ Yes ☐ No

Professional Liability Insurance / Commercial General Liability Insurance / Property Coverage

Professional Liability: Claims-made policy

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 social worker. Your policy also responds if a complaint is made against you to your regulatory body (College).

Coverage Details:

Professional Liability Regulatory Defence Coverage Criminal Defence Cost Reimbursement Abuse & Molestation **Coverage Territory**

To limit selected \$200,000 per claim/aggregate \$150,000 per claim/aggregate \$1,000,000 per claim/aggregate (\$1,000 deductible) Worldwide

Commercial General Liability: Occurrence-based policy

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.

Coverage Details:

Commercial General Liability \$5,000,000 per occurrence/aggregate Bodily Injury and Property Damage \$5,000,000 per occurrence/aggregate \$5,000,000 per occurrence/aggregate Products – Completed Operations Personal Injury and Advertising Injury \$5,000,000 per occurrence/aggregate Tenant's Legal Liability \$500,000 per occurrence/aggregate **Medical Payments** \$50,000 each person

Deductibles:

\$500 **Property Damage** \$500 Tenant's Legal Liability

Contents/Crime/Business Interruption Coverage

Contents includes items usual to an office, including desks, chairs, filing cabinets and computers, as well as any stock and improvements and betterments. If you anticipate undergoing any renovations in your office space within the policy term, please contact BMS directly at 1-844-588-7747.

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).

Coverage Details:\$50,000 (higher limits available)Contents\$1,000,000Business Interruption\$1,000,000Crime\$10,000				
Deductib All Risks Sewer B Flood Earthqu Crime	ackup	\$500 \$2,500 \$25,000 3% or \$100,000 \$500		
	Limit	А	nnual Cost	
Plan I	Individual Professional Liability \$5,000,000 per claim / \$5,000,000 ar	nnual aggregate	□ \$132	_
	Commercial General Liability \$5,000,000 per occurrence / \$5,000,0	000 annual aggregate		
Plan II	Individual Professional Liability \$5,000,000 per claim / \$5,000,000 ar	nnual aggregate	☐ \$776	
	Commercial General Liability \$5,000,000 per occurrence / \$5,000,0	000 annual aggregate		
	Contents - \$50,000 (higher limits avai 90% co-insurance clause) Crime - \$10,000 Business Interruption – \$1,000,000	ilable - coverage is subject to a		
Increase	d Individual Professional Liability Limit			
Limit		Annual Cost		
\$7,000,0	00 per claim / \$8,000,000 aggregate	\$64		
-	vant to increase your Individual Professio 00 aggregate?	nal Liability limit to \$7,000,000 per claim /	☐ Yes	□ No
Higher Co	ontents Limit – For Plan II Only*			
	is selected, do you require a higher conte ease select an option below.	ents limit?	☐ Yes	☐ No

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

Limit	Annual Cost		
\$100,000	□ \$191	•	
\$150,000	□ \$290		
\$200,000	□ \$381	-	
If Plan II is selected, do you require location?	contents/crime/business interruption at an additional	☐ Yes	□ No
Equipment Breakdown/Boiler and	Machinery		
	Il is selected, and provides coverage for sudden and accidental fail nage which requires the repair or replacement of the equipment or		f the
Insured equipment includes:			
•	oressure vessel normally subject to vacuum or internal pressure oth iping connected thereto or any	er than	static
 other piping and its accessor equipment, 	ory equipment, any heat exchanger that forms part of forced air hea	ting	
 any mechanical or electrica electrical power, 	l equipment used for the generation, transmission or utilization of r	nechani	cal or
	r fibre optic cable, used for research, diagnosis, treatment, commun, duplicating, monitoring or scanning.	nication,	word
Do you require Equipment Breakdo If yes, please complete the fields be	-	☐ Yes	□No
\$500 deductible; 24 hour waiting p	eriod.		
Limit	Annual Cost		
\$50,000			
\$100,000			
\$150,000	□ \$221		
\$200,000	□ \$252	_	
Building / Condominium Unit Cove	rage		
	ninium unit where your business is located for which you do not provide coverage for residential properties.	Yes	□ No

Co-Insurance (Applicable for Plan II)

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 % (\$150,000 x 90%) x \$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. \Box

Additional Insured(s)

City:

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 ten	ms detailed above. □	
· ·	ns detailed above.	
Name:		
Address:		
City:	Province/Territory:	Postal Code:
A Loss Payee is a third party entity	are contractually required to add a Loss Payee to who is entitled to all or part of the claim settle rest. (e.g. a Leasing company). Your contents linus detailed above.	ment for damaged property in
Name:		
Address:		

Postal Code:

Province/Territory:

Legal Entity Professional Liability

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 business name.

	sional Liability to the business entity. Please note business owners, and /or business entity. Shared	
Would you like to purchase Leg	gal Entity Professional Liability Insurance? ds below.	☐ Yes ☐ No
Social Work Only Business		
Employees / Contractors	Limit	Annual Cost
Yourself Only	Shared with Professional Liability	□ \$166
1-3	Shared with Professional Liability	□ \$253
4-6	Shared with Professional Liability	☐ \$427
7-9	Shared with Professional Liability	☐ \$625
Over 9	Shared with Professional Liability	Referral
Multi-discipline Business		
Employees / Contractors	Limit	Annual Cost
1-3	Shared with Professional Liability	□ \$365
4-6	Shared with Professional Liability	□ \$540
7-9	Shared with Professional Liability	□ \$725
Over 9	Shared with Professional Liability	Referral
 Sleep Consultants Child and Developme Psychologists Occupational Therapi Counsellors/ Therapis Do you contract or employ state	Teacher/EarstsLife Coach/F	apists itioners rly Childhood Educators Health Coach

How many professionals do you employ and/or contract? Each professional providing services for or on behalf of your business must carry their own individual Professional Liability insurance. Do you understand and confirm this? 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** \$250,000 Legal, Forensic & Public Relations/Crisis Management **Notified Individuals** 5,000 (Individual), 100,000 (Business) **Policy Aggregate Limit** \$1,000,000 **First Party Loss Business Interruption** \$25,000 \$100,000 **Cyber Extortion Loss 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 Included with Fraudulent Instruction Funds Transfer Fraud Telephone 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? ☐ Yes □ No If Yes, please complete the fields below.

Gross Revenue	Annual Premium		
Individual Practitioners	☐ \$121		
Clinics - \$0 to \$500,000	☐ \$675		
Clinics - \$500,001 to \$1,000,000	☐ \$1,023		
Clinics - \$1,000,001 to \$1,500,000	☐ \$1,284		
Clinics - \$1,500,001 to \$2,000,000	☐ \$1,578		
Clinics - \$2,000,001 to \$2,500,000	☐ \$1,776		
Clinics - \$2,500,001 to \$3,000,000	☐ \$1,873		
Clinics - \$3,000,001 to \$3,500,000	☐ \$2,017		
Clinics - \$3,500,001 to \$4,000,000	☐ \$2,159		
Clinics - \$4,000,001 to \$4,500,000	□ \$2,298		
Clinics - \$4,500,001 to \$5,000,000	☐ \$2,434		
Clinics - Above \$5,000,001	☐ Referral		
Has any Cyber claim or lawsuit been made against you/your pending against you/your business? Please only select yes if insurer. If yes, please provide details.		☐ Yes	□ No
Are you aware of any facts, circumstances or situations, which against you/your business? Please only select yes if not alread if yes, please provide details.		☐ Yes	□ No
Have you/your business ever had a cyber security / privacy be incident in the past or has such a claim been made against your lease 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 SATISIFIED. 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 INTERUPTION 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. 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.

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

Would you like BMS to contact you regarding a quote for Fraudulent instruction coverage?

Yes No If yes, an additional questionnaire is required to be completed and will be sent to you separately.

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

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.

related allegations.				
Recommended for b	usiness owners with employe	es, contractors, volunteers or students.		
Do you require Empl If yes, please comple	loyment Practices Liability? ete the fields below.		☐ Yes	□ No
	Limit	Annual Premium		
Option 1	\$100,000	□ \$262		
Option 2	\$250,000	□ \$362		
Option 3	\$500,000	☐ \$383		
Option 4	\$1,000,000	☐ \$499		
Total number of en	nployed staff (professionals):			
Total number of ad	ministrative staff (including st	udents working under supervision):		
Total number of co	ntracted staff (professionals):			
Has any application insurer? If yes, please provide		n denied, cancelled or not renewed by the	☐ Yes	□ No
	siness? Please only select yes	tions, which may reasonably give rise to a claim if not already reported to BMS/the insurer.	☐ Yes	□ No
Has there been or ar employees of the bu		ms against the business, or any past, present dire	ectors, offic	cers or
Involving any em If yes, please pro			☐ Yes	□ No
Involving non-en	nployment related discriminatovide details.	tion or sexual harassment?	☐ Yes	□ No

uring the past 12 months, has the business experienced any change in controlling ownership of Ures UNe business? yes, please provide details.
egal Services Package embers can access a comprehensive Legal Services Package, which includes:
nlimited Legal Helpline nlimited access to the Legal Helpline. Helpline Lawyers provide general legal information and assistance for any gal question. Please note: the lawyer will not advise on coverage, make a claim decision, or review documents.
Instruction of State of State
gal Document Review coess to lawyers to review a simple legal document and provide you with an annotated copy of the document with eir notes. This will assist you in understanding the general impacts that the document may have for you.
mple Legal Letter Drafting cess to lawyers who will draft a simple legal letter for you to send. This service is intended to assist you with afting simple documents, such as a demand letter, a complaint letter, a travel consent letter for a child, a signation letter, or a warning letter to an employee.
notional Support Assistance ccess to Emotional Support Assistance through which you can confidentially speak with a professional counsellor bout any work or personal issues which may be affecting you.
entity Theft Protection Assistance entity theft experts will provide you with general assistance and prevention tips about identity theft and how to otect yourself. If you believe you have been the victim of identity theft, this service can also provide you with direct sistance by an Identity Restoration Expert to help restore your identity.
R Assistance ccess to HR Assistance where you can speak to a Human Resources professional, who can provide you with formation regarding HR issues that are impacting your business.
nnual Cost \$39
ould you like to purchase the Legal Services Package?

Legal Expense Insurance Solutions

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
 - o 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
 - o Pursuit for Bodily Injury
 - Pursuit for Property Protection
 - **Defence for Tax Protection**

Each claim/aggregate limit	Premium		
\$25,000/\$125,000	☐ \$99		
\$50,000/\$250,000	☐ \$115		
Would you like to purchase Personal Leg If yes, please answer the questions below		☐ Yes	□ No
In the last 3 years, have you, your spous	e, or any adult children living in your home:		
Pursued a consumer contract dispute		☐ Yes	☐ No
Pursued a dispute with a neighbour or on your land?	had to take action following a legal nuisance or trespass	☐ Yes	□ No
Pursued legal action against a negliger	nt third party following an injury to yourself?	☐ Yes	☐ No
Pursued legal action against a medical which caused you an injury?	practitioner following an incident of clinical negligence	☐ Yes	□ No
Been audited by the CRA?		☐ Yes	☐ No
Been interviewed by the police or arre	ested 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 except Identity Theft Protection Assistance)
- Insurance to cover for legal costs for resolving a range of disputes, including:
 - Employee's Extra Protection
 - o Auto Legal Defence
 - o Defence of Contract Disputes & Debt Recovery (90 day waiting period applies from the inception of the first policy held)
 - o Defence for Statutory Licence Appeals
 - o Pursuit for Property Protection
 - o Pursuit for Bodily Injury
 - Tax Protection

\$50,000 per claim / \$250,000 aggregate

Estimated Revenue for the next 12 months	Premium		
\$0 to \$150,000	☐ \$160		
\$150,001 to \$250,000	□ \$253		
\$250,001 to \$500,000	☐ \$412		
\$500,001 to \$1,000,000	☐ \$528		
\$1,000,001 to \$2,000,000	☐ \$930		
\$2,000,000 +	Referral Required		
Would you like to purchase Business Legal Solutio If yes, please answer the questions below.	ns?	☐ Yes	☐ No
Total number of employees (full time & part time	e):		
In the last 3 years has your business, you or any e been:	mployee, director or partner of the business		
Subject to a tax audit?		☐ Yes	☐ No
Involved in a dispute regarding compliance with deductions?	GST, Income Tax, PST or HST or payroll tax	☐ Yes	☐ No
Involved in any dispute regarding any damage, you are responsible for?	trespass or nuisance in relation to property that	☐ Yes	☐ No
Prosecuted in a criminal court (excluding vehicle	-related offences)?	☐ Yes	☐ No
Subject to a civil action alleging theft or breach of	f privacy?	☐ Yes	☐ No
The recipient of a notice to alter, suspend, revol	se or refusal to renew any statutory licence?	☐ Yes	☐ No

Involved in any contractual dispute?		☐ Yes	☐ No
If yes, please provide details.			
Have you pursued an undisputed debt in the last 12 aged receivable procedures? If yes, please provide details.	months, after you had exhausted your norma	I □ Yes	□ No
24 Hour Accident Coverage (not available for	or QC members)		
This coverage is designed to provide you and your lo that results in injury or death.	ved ones with financial assistance in the even	t of an accid	lent
 24 Hour Accident Insurance provides a lump sum be A loss or death occurs due to an Accident, ar Where, as the result of accidental injury, the 		ability.	
The policy also provides coverage for:			
 Repatriation costs, and Rehabilitation (training) costs should you red different occupation following an insured acceptance 	quire special training in order to be qualified to	o engage in	a
Coverage Overview:			
Accidental Death and Dismemberment (AD&D)	\$25,000		
Permanent Total Disability (PTD)	\$25,000		
Repatriation	\$5,000		
Rehabilitation Fracture Benefit	\$5,000 \$2,000		
Annual Cost: \$42 (\$32 premium, \$10 fee)	¥-/		
Would you like to purchase the 24 Hour Accident Insurance?		☐ Yes	☐ No
In order to purchase the 24 Hour Accident Insurance	coverage you must be under the age of sever	nty (70).	
Please confirm your Date of Birth:			
Coverage Overview FOR SPOUSES:			
Accidental Death and Dismemberment (AD&D)	\$12,500		
Permanent Total Disability (PTD)	\$12,500		
Repatriation	\$2,500		
Rehabilitation	\$2,500		
Fracture Benefit	\$1,000		

Would you like to purchase the 24 Hour Accider \$5 fee)?	nt Insurance <u>for your Spouse</u> for \$21 (\$16 premium,	☐ Yes	s 🗆 N
Please include the name of your spouse:			
In order to purchase the Accidental Death and [70).	Disablement coverage your Spouse must be under th	e age of se	venty
Please confirm your spouse's date of birth:			
"Spouse" shall mean either one and one only of	f:		
 a. a person under age seventy (70) who is Person in Canada, or 	legally married to the Insured Person, and living with	n the Insur	ed
b. a person under age seventy (70), who, i	mmediately prior to his or her loss,		
 has been residing with the Insured has no legal spouse 	Person for a period of not less than one (1) year if the	e Insured	Person
Would you like to increase the principal sum for \$28 additional premium for 1 individual or \$42		☐ Yes	□ No
Declarations and Warranty			
The undersigned declares:			
liability insurance and that this application discl	er has cancelled, declined, or refused to issue me/us oses the hazards known to exist at the date of this agrespect true and correct and hereby apply for a contots.	plication.	I
Submitting this form does not bind the Applicar shall be the basis of the contract should a policy	at or company to complete the insurance but is agree be issued.	ed that this	form
The insurance premium is fully retained and not	refundable.		
	(BMS) to arrange for the insurance application, comobe in the English language at our express consent. In the Policy(ies).		
Signed by:	Position:		
Date:			
Psychology Today Offer!			
CASW Members who purchase insurance throughout month listing in Psychology Today's Therapy Dir	gh the BMS Insurance Program can now access a free ectory – worth \$210.	e first-time	6
Would you like a broker to contact you with mo	re information?	☐ Yes	☐ No

Fee Disclosure

Line of Coverage	Premium	Commission (included within premium)	Fee
Professional Liability	Per application	25%	Nil
Commercial General Liability	Per application	20%	Nil
Clinic Package	Per application	20%	Nil
Cyber Security & Privacy Liability	Per application	25%	Nil
Employment Practices Liability	Per application	25%	Nil
Legal Services Package	Per application	N/A	\$15
Personal Legal Expense	Per application	20%	Nil
Business Legal Expense	Per application	20%	Nil
24 Hour Accident Insurance	Per application	15%	\$10

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, Nova Scotia and Prince Edward Island add 15%

Ontario add 13%

Alberta, British Columbia, Manitoba, Northwest Territories, Nunavut, Quebec, Saskatchewan and Yukon add 5%

Sub-total	\$
Service Fee	\$20.00
Tax	\$
Total Enclosed	\$

^{*}Please note: The Service Fee does not apply if you ONLY purchase the PLI/CGL/Property Package.

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 5J3

Toll Free: 1-844-583-7747 Fax: 613-701-4234

Email: casw.insurance@bmsgroup.com