



BUSINESS CLINIC COVERAGE

Name of Applicant:

Mailing Address:

City:

Prov/Terr:

Postal Code:

Telephone:

Email:

Business Details

Entity / Business Name:

Location Address (if different from above):

City:

Prov/Terr:

Postal Code:

Membership Information

In order to be eligible for this insurance policy, you must be a member of the Canadian Psychological Association (CPA) or a designated provincial or territorial psychological association. If you are not a member, this policy is null and void.

A listing of designated provincial/territorial psychological associations can be found here:

<http://psychology.bmsgroup.com/who-is-eligible.html>

Please confirm you understand and agree to the eligibility requirements

Are you a member in good standing with the Canadian Psychological Association (CPA)? Yes No

If yes, please provide membership number:

Are you a member in good standing with a designated provincial /territorial association? Yes No
(Not your designated college. Unless you are a member of the College of Psychologists of New Brunswick.)

Name of Organization:

If applicable, please provide your membership number.

Does the clinic provide services outside of the discipline of psychology? Yes No
If you answered yes, please provide the name, discipline and confirmation that the individual(s) has/have insurance:

Applicant Details

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

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

Business / Clinic Coverage Options

Option 1: Business Package

Business Package insurance includes Property, Crime, Business Interruption and Commercial General Liability insurance.

This coverage is recommended for those who operate a business and have contents or property to insure.

Do you require both Commercial General Liability and Property/Crime coverage? Yes No

- \$50,000 Contents on premises (equipment, stock, improvements & betterments)
\$2,000,000 Commercial General Liability
\$10,000 Crime (Employee Fidelity)
Subject to \$1,000 Deductible
\$645 Premium

Do you require more than \$50,000 of contents coverage for the package? Yes No

If so, please select one of the additional coverage options below:

- \$100,000 Contents
\$150 Additional Premium
- \$150,000 Contents
\$300 Additional Premium
- \$200,000 Contents
\$450 Additional Premium

Option 2 : Commercial General Liability Only

Your CPA/CPAP individual Professional Liability Insurance policy automatically includes individual Commercial General Liability Insurance (CGL). Individual CGL insurance protects you but does not extend to protect your business. Business CGL will extend to protect your business from financial loss should you be sued due to property damage, injury, or death caused by your services, business operation, or your employees (not specifically related to the delivery of professional services).

Do you require Business Commercial General Liability insurance only? Yes No

- \$5,000,000 Commercial General Liability
Subject to \$1,000 Deductible
\$320 Premium

Option 3 : Property / Crime Only

Members have the option to purchase Property/Crime coverage only to protect the tangible assets in their business, such as computers, equipment, renovations/improvements, patient files, etc.

Do you require Property/Crime coverage only? Yes No

- \$50,000 Contents
\$10,000 Crime
Subject to \$1,000 Deductible
\$445 Premium

Do you require more than \$50,000 of contents coverage? Yes No

If so, please select one of the additional coverage options below:

- \$100,000 Contents
\$595 Additional Premium
- \$150,000 Contents
\$745 Additional Premium
- \$200,000 Contents
\$895 Additional Premium

Additional Locations

If you have more than one location, and require the Business Package, please complete the section below:

Do you require office contents at an additional location? Yes No

Business Name: _____

Location #2 Address: _____

City: _____

Prov/Terr: _____

Postal Code: _____

- \$50,000 Contents
\$400 Additional Premium
- \$150,000 Contents
\$550 Additional Premium
- \$100,000 Contents
\$700 Additional Premium
- \$200,000 Contents
\$850 Additional Premium

Business Name:

Location #3 Address:

City:

Prov/Terr:

Postal Code:

\$50,000 Contents
\$400 Additional Premium

\$150,000 Contents
\$550 Additional Premium

\$100,000 Contents
\$700 Additional Premium

\$200,000 Contents
\$850 Additional Premium

Please indicate any additional insured(s) to be listed on your certificate (ie. Landlord):
(Applicable to the Commercial General Liability portion of this policy only)

Name:

Address:

City:

Prov/Terr:

Postal Code:

Name:

Address:

City:

Prov/Terr:

Postal Code:

Please indicate any loss payee(s) to be listed on your certificate (ie. Leasing Company):
(Applicable to the Contents portion of this policy only)

Name:

Address:

City:

Prov/Terr:

Postal Code:

Name:

Address:

City:

Prov/Terr:

Postal Code:

Declaration

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 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.

I declare that I am a member in good standing with the Canadian Psychological Association and / or eligible provincial / territorial association. If it is determined that I do not hold an active membership, I understand that my insurance policy is null and void.

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:

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

Sub-total	\$
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Tax	\$
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Total Enclosed	\$
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All other provinces are exempt.
GST is not applicable to insurance premiums.

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:

BMS Canada Risk Services Ltd. (BMS Group)
825 Exhibition Way, Suite 209
Ottawa, ON K1S 5J3

Toll Free: 1-855-318-6038
Fax: 613-701-4234
Email: psy.insurance@bmsgroup.com