



APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE ADDITIONAL MODALITIES

Name of Applicant: _____

Address: _____

City: _____

Prov/Terr.: _____

Postal Code: _____

Telephone: _____

Email: _____

1. I confirm that I have renewed my Professional Liability Insurance through the CPA/CPAP Insurance Program. *(Please note you must hold an active policy through the program before being eligible for this coverage).*

2. Please select a modality from the list below:

Disciplines		Premium
Athletic Therapist	<input type="checkbox"/>	\$50
Feldenkrais Method	<input type="checkbox"/>	\$50
Fitness Instruction / Group Fitness Instructor	<input type="checkbox"/>	\$50
Massage Therapist	<input type="checkbox"/>	\$50
Occupational Therapist	<input type="checkbox"/>	\$50
Osteopath	<input type="checkbox"/>	\$50
Orthotist	<input type="checkbox"/>	\$50
Pedorthist	<input type="checkbox"/>	\$50
Personal Trainer	<input type="checkbox"/>	\$50
Pilates Instructor	<input type="checkbox"/>	\$50
Yoga Instructor	<input type="checkbox"/>	\$50
Traditional Chinese Medicine	<input type="checkbox"/>	\$175
Animal Assisted Therapy / Equine Assisted Therapy	<input type="checkbox"/>	\$50 / \$150
Other:	<input type="checkbox"/>	Referral

2. Please provide a breakdown of your total services by percentage:

Psychology: _____ %
Modality: _____ %

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 7% 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