



PROFESSIONAL LIABILITY / COMMERCIAL GENERAL LIABILITY

Name of Applicant:

Mailing Address:

City:

Prov/Terr:

Postal Code:

Telephone:

Email:

Business Details

Only complete this section if **you operate your own business** (e.g. independent contractor or business owner).

Do not complete this section for or on behalf of someone else's business or a business where you are employed.

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 association/territorial fraternal organization? (Not your designated college. Unless you are a member of the College of Psychologists of New Brunswick.)

Yes No

Name of Organization:

If applicable, please provide your membership number.

Does your practice extend to the United States? Yes No
 If yes, what percentage of your practice extends to the United States?

Applicant Details

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

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

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

Please select type:

Psychologist Student (*not yet registered with a regulatory body*)
 Psychological Associate Other: _____
 Provisional Psychologist

Coverage Options

Individual Professional Liability / Commercial General Liability

Option 1	\$7,000,000 per claim \$10,000,000 per member aggregate \$300,000 Regulatory Legal Expense \$300,000 Criminal Defence Reimbursement \$5,000,000 Commercial General Liability	Sole Membership (For members of only the Canadian Psychological Association OR a designated provincial association) Dual Membership (For members of both the Canadian Psychological AND a designated provincial association)	<input type="checkbox"/> \$371 <input type="checkbox"/> \$330
Option 2	\$10,000,000 per claim \$10,000,000 per member aggregate \$300,000 Regulatory Legal Expense \$300,000 Criminal Defence Reimbursement \$5,000,000 Commercial General Liability	Sole Membership (For members of only the Canadian Psychological Association OR a designated provincial association) Dual Membership (For members of both the Canadian Psychological AND a designated provincial association)	<input type="checkbox"/> \$396 <input type="checkbox"/> \$340
Option 3 Student Coverage	\$7,000,000 per claim \$10,000,000 per member aggregate NO Regulatory Legal Expense \$5,000,000 Commercial General Liability	Sole and Dual Members	<input type="checkbox"/> \$170

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

Animal Assisted Therapy / Equine Assisted Therapy Services

Do you provide animal assisted therapy services / equine assisted therapy services?

Yes No

Coverage: Shared Professional Liability / Commercial General Liability from selected option above.

Less than 50% of total services

\$50

More than 50% of total services

\$150

Additional Cyber Security and Privacy Liability

Your policy AUTOMATICALLY includes \$50,000 of Cyber Security and Privacy Liability Coverage for insured members. To increase your individual cyber security and privacy liability limit to **\$1,000,000**, please select the applicable option below.

Do you require additional Cyber Security and Privacy Liability coverage?

Yes No

Individual Practitioners

\$75 annual premium

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

\$480 annual premium

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

\$595 annual premium

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

\$705 annual premium

Business & Employees – \$1,500,001 to \$2,000,000 gross revenue

\$820 annual premium

Business & Employees – \$2,000,001 to \$2,500,000 gross revenue

\$925 annual premium

Business & Employees – \$2,500,001 to \$3,000,000 gross revenue

\$1,025 annual premium

Business & Employees – Above \$3,000,001 gross revenue

Referral

A deductible of \$1,000 applies to all options above.

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

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

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.

Business Professional Liability

Recommended for incorporated businesses with other psychologists / healthcare providers working for or on behalf of your business and/or billing under your business name.

Provides a separate limit of professional liability coverage for the business entity that is not limited to claims arising from work performed by or on behalf of the business owner. Please note that coverage should be purchased by one individual on behalf of the business owners, employees, and /or business entity.

Coverage: \$5,000,000 per claim / \$5,000,000 aggregate

Do you require additional Business Professional Liability coverage? Yes No

If yes, please select number of professionals below.

(Professionals include employed and contracted individuals. Please do not include administrative staff or students.)

Sole proprietor No charge

1-5 \$300

6-10 \$400

11-20 \$500

21-40 \$600

41-60 \$750

61-99 \$900

100+ Referral

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
(If yes please complete the fields below)

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

**Rates are for Clinics/Groups of Clinics under the same ownership with 25 employees or fewer.
Please contact BMS Group to secure coverage for Clinics/Groups of Clinics with more than 25 employees. .*

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:

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	\$
Tax	\$
Total Enclosed	\$

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