

## CPA / CPAP LIABILITY INSURANCE PROGRAM

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

Prov./Terr.: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

*Note: This coverage is only available to members who reside in Canada. Please confirm you understand and agree to the eligibility requirements*

### 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 your CPA member number: \_\_\_\_\_

Are you a member in good standing with a designated provincial association/territorial organization? (NOTE: This is not the same as your regulatory body unless you are a member of the College of Psychologists of New Brunswick.)

Yes  No

Name of Organization:

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If applicable, please provide your member number:

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Does your practice extend to the United States?

Yes  No

If yes, what percentage of your practice extends to the United States? %

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Territorial Limits for the CPA/CPAP Professional Liability Insurance policy are extended to include injury which gives rise to a Claim or Action instituted within Canada or the United States, provided those services delivered in the United States do not represent more than 20% of the Insured's practice. You must abide by the professional regulations in your jurisdiction (for instance, the province in which you reside) and in the jurisdiction where your patient is located, if applicable.

Please confirm you understand the coverage terms.

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### **Telepsychology / E-services**

The CPA/CPAP Professional Liability insurance policy has no restrictions for telepsychology services delivered in Canada and worldwide, as long as you are working within your scope of practice and licensed jurisdiction(s). You must also abide by the professional regulations in your jurisdiction (for instance, the province in which you reside) and in the jurisdiction where your patient is located.

Please confirm you understand the coverage terms.

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### **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.

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Has any professional liability and/or commercial general liability claim, lawsuit, or complaint been made against you in the past 5 years or is any such claim now pending against you in Canada or anywhere in the world?  Yes  No

If yes, please provide details.

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Are you aware of any facts, circumstances or situations which may reasonably give rise to a claim under this policy? Please only select "Yes" if you have not already reported the claim (to BMS, the insurance company or the adjuster).  Yes  No

If yes, please provide details.

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- Please select type:**
- Psychologist (including in Supervised Practice or Candidate Register)
  - Psychological Associate (including in Supervised Practice)
  - Provisional Psychologist / Applying to become Provisional
  - Student (*not yet registered with a regulatory body*)
  - Other: \_\_\_\_\_
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## Coverage Options

### Individual Professional Liability / Commercial General Liability

**Professional Liability Insurance:** Claims-made policy, NIL deductible

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 Psychologist. Your policy also responds if a complaint is made against you to your regulatory body (College). PLI protects Psychologists by ensuring that your legal defence is coordinated and paid for if a claim is made against you. Your PLI also covers the cost of client compensation, or damages.

**Commercial General Liability Insurance:** Occurrence-based policy; NIL deductible

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 patient may slip and fall on a wet floor in your clinic or you may accidentally cause property damage during a home visit.

\$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	<b>Sole Membership</b> (For members of <b>only</b> the Canadian Psychological Association <b>OR</b> a designated provincial association)	<input type="checkbox"/> \$527
	<b>Dual Membership</b> (For members of <b>both</b> the Canadian Psychological <b>AND</b> a designated provincial association)	<input type="checkbox"/> \$494

### For Student members not yet registered with your provincial regulator:

\$10,000,000 per claim \$10,000,000 per member aggregate \$300,000 Criminal Defence Reimbursement \$5,000,000 Commercial General Liability <b>Regulatory Legal Expense Coverage is not included.</b>	<input type="checkbox"/> \$238
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Please note the above coverage options are for **individuals only**.

If you:

- operate a practice/business and have professionals (employees or contractors) working for or on behalf of your practice/business, or
- have contents/property for which you require coverage;

We recommend that you consider purchasing additional coverage to address the increased exposure.

Business Professional Liability, Business Cyber Security & Privacy Liability, and/or Employment Practices Liability Insurance can be purchased on this application.

If you require Business Commercial General Liability, Contents/Crime, or Business Package a separate application is required. Please visit the program website or contact a BMS broker today for additional details.

Please confirm you understand.

**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:

Do you require a waiver of subrogation for your landlord?

Yes  No

If yes, please include the name and address of the landlord. **Please note a \$50 charge applies.**

Name:

Address:

City:

Prov/Terr:

Postal Code:

## Additional Coverage Add-Ons

### Animal / Equine Assisted Therapy Services

Do you provide animal assisted therapy services / equine assisted therapy services?  Yes  No

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**Limits are shared with Professional Liability / Commercial General Liability policy limits.**

Less than 50% of total services  \$50      More than 50% of total services  \$150

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#### Subjectivities:

Horse Handler must be present at all times or insured must be a qualified Horse Handler. Services must be in an enclosed area (e.g. arena, pen). Coverage extends to include liability for biting/kicking by horse.

If your regulatory body has identified qualifications or standards of practice for provision of animal assisted therapy, you must abide by these. Coverage extends to biting/kicking & other injuries sustained by the animal.

Please confirm you understand and agree to the eligibility requirements

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#### Other Modalities

If you provide services outside the scope of psychology, coverage for the following modalities is available to add as an endorsement. If you require coverage for a modality that is not listed, please contact BMS.

Available modalities:

- Naturopathy
- Occupational Therapy
- Pilates Instructor
- Yoga

#### Coverage details:

**Limits are shared with Professional Liability / Commercial General Liability policy limits.**

Less than 50% of total services  \$50      More than 50% of total services  \$150

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## Additional Cyber Security and Privacy Liability

Please note, the CPA/CPAP Professional Liability policy **AUTOMATICALLY** includes \$50,000 each of Cyber Liability and Privacy Event Coverage. Members can enhance and increase their coverage to a \$1,000,000 limit.

Would you like to enhance and increase your Cyber Liability and Privacy Event coverage by purchasing the \$1M Cyber Security & Privacy Liability?  Yes  No

**If yes, please complete the fields below.**

Individual Practitioners	<input type="checkbox"/> \$98 annual premium
Business & Employees – \$0 to \$500,000 gross revenue	<input type="checkbox"/> \$575 annual premium
Business & Employees – \$500,001 to \$1,000,000 gross revenue	<input type="checkbox"/> \$795 annual premium
Business & Employees – \$1,000,001 to \$1,500,000 gross revenue	<input type="checkbox"/> \$925 annual premium
Business & Employees – \$1,500,001 to \$2,000,000 gross revenue	<input type="checkbox"/> \$1,100 annual premium
Business & Employees – \$2,000,001 to \$2,500,000 gross revenue	<input type="checkbox"/> \$1,250 annual premium
Business & Employees – \$2,500,001 to \$3,000,000 gross revenue	<input type="checkbox"/> \$1,310 annual premium
Business & Employees – Above \$3,000,001 gross revenue	<input type="checkbox"/> Referral

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

Policy aggregate limit of liability for Damages, Claims Expenses, Penalties, Cyber Extortion Loss, Data Protection Loss, Business Interruption Loss and PCI Fines, Expenses and Costs: CAD 1,000,000

But sub-limited to:

- Regulatory Defence and Penalties: CAD 250,000
- PCI Fines, Expenses and Costs: CAD 100,000 (if PCI Compliant)
- Cyber Extortion: CAD 100,000
- Data Protection Loss: CAD 100,000
- Business Interruption Loss: CAD 100,000
- (i) Forensic Expenses sublimit: CAD 25,000
- (ii) Dependent Business sublimit: CAD 10,000

Notified Individuals: 100,000 Notified Individuals in the Aggregate for Business Cyber Security & Privacy Liability.  
5,000 Notified Individuals in the Aggregate for Individual Cyber Security & Privacy Liability.

Aggregate Limit of Coverage for Computer Expert Services, Legal Services and Public Relations and Crisis Management Expenses combined: CAD 250,000

Deductible CAD 1,000

**Does your business transfer funds?** If so, BMS recommends that you consider adding Fraudulent Instruction coverage - \$25,000 limit starting from \$175/year. This is only applicable to Members who buy the \$1M Cyber Security & Privacy Liability. Please contact BMS to find out more or to purchase this additional cover.

Have you ever had a privacy breach, and/or network security incident in the past?  
If yes, please provide details.  Yes  No

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

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

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### Business Professional Liability

Recommended for 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.

Business Professional Liability Insurance: Claims-made policy, NIL deductible

**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.)

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Sole proprietor  No charge

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1-5  \$300

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6-10  \$400

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11-20  \$500

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21-40  \$600

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41-60  \$750

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61-99  \$900

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100+  Referral

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Do you employ or contract professionals outside the scope of psychology?

Yes  No

If yes, please list other disciplines:

### Employment Practices (Management) Liability

Do you employ administrative and/or professional staff? Does your practice 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"/> \$240 annual premium
Option 2	\$250,000	\$1,000	<input type="checkbox"/> \$325 annual premium
Option 3	\$500,000	\$1,000	<input type="checkbox"/> \$345 annual premium
Option 4	\$1,000,000	\$1,000	<input type="checkbox"/> \$450 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. .*

Total number of employed staff (professionals):

Total number of contracted staff (professionals):

Total number of administrative staff (including students working under supervision):

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 7% sales tax  
Newfoundland residents add 15% sales tax  
Saskatchewan residents add 6% sales tax

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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:

CVV:

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](mailto:psy.insurance@bmsgroup.com)