

## CPA / CPAP LIABILITY INSURANCE PROGRAM

Name of Applicant:

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Mailing Address:

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City:

Province/Territory:

Postal Code:

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Telephone:

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Email:

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*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:

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Location Address (if different from above):

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City:

Province/Territory:

Postal Code:

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### Membership Information

In order to be eligible for this insurance policy, you must reside in Canada and be a member of the Canadian Psychological Association (CPA) and/or a member of a participating provincial or territorial organization that is a member of the Council of Professional Associations of Psychologists (CPAP).

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

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

If yes, please provide your CPA member number:

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Are you a member of a participating provincial or territorial organization that is a member of the Council of Professional Associations of Psychologists (CPAP)? (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 Professional Liability Insurance policy are extended to include injury which gives rise to a Claim or Action instituted within the United States, provided that 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 or are delivering services) 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 applies to telepsychology services delivered in Canada and worldwide. When delivering telepsychology services and in order for your insurance coverage to apply, you must be working within your scope of practice. You must also abide by the professional regulations in your jurisdiction (for instance, the province in which you reside or are delivering services) and in the jurisdiction where your patient is located.

It's important to consider the increased risks in relation to Cyber Security and Privacy as more professionals utilize technology to connect with their patients.

BMS recommends that CPA/CPAP members delivering telepsychology services purchase additional Cyber Security and Privacy Liability insurance to address the increased risk and exposure.

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 for which you applied or held 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? Please only select 'Yes' if you have not already reported this to BMS and/or Crawford.  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.

- I am a:**
- Registered Psychologist
  - Psychologist in Supervised Practice
  - Candidate Register
  - Psychological Associate/Psychological Associate in supervised practice
  - Provisional Psychologist / Applying to become Provisional
  - I provide psychological services for which registration in Canada is not required (e.g, teaching, organizational consulting).
  - Student (not yet registered with a regulatory body). *Must be working under the supervision of a registered psychologist or psychological associate.*
  - Other: \_\_\_\_\_

- Please select the highest degree obtained:**
- Degree upon which registration by a regulatory body of psychology was granted
  - Masters
  - Doctoral (Ph.D., Psy.D., Ed.D)
  - Bachelor's Degree (if student option was selected)

## 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	<b>Sole Membership</b> (For members of <b>only</b> the Canadian Psychological Association <b>OR</b> a designated provincial association)	<input type="checkbox"/> \$606
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\$300,000 Regulatory Legal Expense \$300,000 Criminal Defence Reimbursement \$5,000,000 Commercial General Liability	<b>Dual Membership</b> (For members of <b>both</b> the Canadian Psychological <b>AND</b> a designated provincial association)	<input type="checkbox"/> \$568
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**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"/> \$274
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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)*

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.

Name:

Address:

City:

Province/Territory:

Postal Code:

Do you require a waiver of subrogation for your landlord? A waiver of subrogation prohibits the insurer's right of recovery against a negligence third party in the event of a loss. This clause is most commonly found in commercial lease agreements.  Yes  No

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

Name:

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Address:

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City:

Province/Territory:

Postal Code:

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## 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

\$75

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.

Please confirm you understand and agree to the eligibility requirements

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### Other Professional Services

The CPA/CPAP policy is intended for members who are delivering services within the scope of practice of a Psychologist/Psychological Associate and encompassing the performance of services customary to the practice of a Psychologist/Psychological Associate.

The CPA/CPAP Professional Liability insurance policy also includes up to \$300,000 per claim and per year to defend against proceedings conducted by a provincial or territorial regulatory body of psychology (e.g.: the College of Psychologists of Ontario).

Note that claims arising from delivery of other professional services, including proceedings conducted by a professional organization other than one regulating the practice of psychology, are not covered by this insurance.

Please confirm that you understand the coverage terms noted above.

If you require Professional Liability and General Liability insurance coverage for additional professional services, and/or if you require coverage to defend against proceedings conducted by a professional organization other than one regulating the practice of psychology, please see below.

Do you provide professional services outside the scope of a Psychologist/Psychological Associate for which you require Professional Liability and/or Commercial General Liability insurance coverage? If Yes, please complete the section below.

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

Less than 50% of total services  \$75 More than 50% of total services  \$150

Modality	% of total services	Selected
Behaviour Analyst		<input type="checkbox"/>
Counsellor		<input type="checkbox"/>
Mediation		<input type="checkbox"/>
Naturopathy/Naturopath		<input type="checkbox"/>
Psychotherapist		<input type="checkbox"/>
Reiki		<input type="checkbox"/>
Social Worker		<input type="checkbox"/>
Yoga/Pilates		<input type="checkbox"/>
Reflexology		<input type="checkbox"/>
Other		<input type="checkbox"/>

### 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"/> \$105 annual premium
Business & Employees – \$0 to \$500,000 gross revenue	<input type="checkbox"/> \$625 annual premium
Business & Employees – \$500,001 to \$1,000,000 gross revenue	<input type="checkbox"/> \$914 annual premium
Business & Employees – \$1,000,001 to \$1,500,000 gross revenue	<input type="checkbox"/> \$1,064 annual premium
Business & Employees – \$1,500,001 to \$2,000,000 gross revenue	<input type="checkbox"/> \$1,328 annual premium
Business & Employees – \$2,000,001 to \$2,500,000 gross revenue	<input type="checkbox"/> \$1,509 annual premium
Business & Employees – \$2,500,001 to \$3,000,000 gross revenue	<input type="checkbox"/> \$1,582 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.

Please be advised that this policy excludes any loss or liability arising out of or resulting from any theft of, loss of, or parting with, any portable computing device or media containing data in an electronic format, unless the data stored on such device or media are stored in an encrypted format.

Has any Cyber claim or lawsuit been made against you/your business, or is any such claim now pending against you/your business? Please only select yes if not already reported to BMS/Beazley  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 against you/your business?  Yes  No  
Please only select yes if not already reported to BMS/Beazley. If yes, please provide details.

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

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### Statement of Facts including condition precedent requirements

**The following items are important risk mitigation strategies and required by the insurer for coverage to be secured. Please confirm the following is accurate:**

I/my business implement basic 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 “offline” location (e.g., a USB or hard drive) that would be unaffected by an issue with your live environment, and you test to ensure that back-ups are recoverable.

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 I/my business use Jane, Clinicmaster or Practiceperfect.

I/my business take and/or provide cyber security awareness training at least annually, including anti-phishing. For businesses, this includes training for all individuals who have access to your organization’s network or confidential/personal data. Note, a link to a resource that can be utilized will be included on your Certificate of Insurance.

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 accurate

*\*Renewing members – if you are renewing this insurance policy, you have 30 days to implement any of the above items that are not currently in place. Please note, in the event of a claim, coverage will be contingent on complete implementation.*

**IT IS A CONDITION PRECEDENT FOR COVERAGE UNDER THIS POLICY THAT ALL THE ABOVE ITEMS ARE SATISFIED WITHIN 30 DAYS OF THE DATE OF INCEPTION OF YOUR POLICY. IF ANY OF THE ABOVE ITEMS STATEMENTS ARE NOT MET WITHIN 30 DAYS FROM THE DATE OF INCEPTION 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.**

If your business transfers funds, BMS recommends you consider adding Fraudulent Instruction coverage - \$25,000 limit for \$190/year or \$100,000 limit starting from \$275/year. Would you like BMS to contact you regarding a quote for Fraudulent instruction coverage?



## 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.)

Sole proprietor	<input type="checkbox"/> No charge
1-5	<input type="checkbox"/> \$300
6-10	<input type="checkbox"/> \$400
11-20	<input type="checkbox"/> \$500
21-40	<input type="checkbox"/> \$600
41-60	<input type="checkbox"/> \$750
61-99	<input type="checkbox"/> \$900
100+	<input type="checkbox"/> Referral

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"/> \$250 annual premium

Option 2	\$250,000	\$1,000	<input type="checkbox"/> \$345 annual premium
Option 3	\$500,000	\$1,000	<input type="checkbox"/> \$365 annual premium
Option 4	\$1,000,000	\$1,000	<input type="checkbox"/> \$475 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:

### Legal Services Package

Specialized legal advice for personal and/or business matters.  
For \$30/year – CPA/CPAP members now have access to:

#### Unlimited Telephone Legal Advice

Unlimited access to a confidential 24/7 helpline to speak with a lawyer about any legal issue. Your legal questions do not have to be related to your professional practice or insurance policies.

#### 150+ Legal Documents and templates online, anytime you need them

Take advantage of an online library of customizable templates and up-to-date legal documents that have been drafted by lawyers

#### Legal Document Reviews

Lawyers will review your legal documents (e.g. contracts) and will draft simple legal letters on your behalf

Do you require the Legal Services Package?  Yes  No

## NEW! 24 Hour Accident Insurance

### AD&D

Provides a lump sum benefit should a loss occur due to an Accident and pays according to a schedule of benefits.

### PTD

Lump sum benefit when as the result of accidental injury disablement entirely prevents the Insured Person from attending to all aspects of any business or occupation for which they are practically suited by training, education, industry knowledge or experience and which lasts twelve (12) months and at the end of that period is beyond hope of improvement.

### Repatriation

In the event of Accidental Death not less than 50 kilometres from normal place of residence the Insurer will pay the expense incurred for transportation of body to the first resting place up to the sum insured.

### Rehabilitation

When Accidental Injury results in a loss payable under AD&D and the injury requires to undergo special training in order to be qualified to engage in a special occupation in which the insured would not have engaged except for such injury, the insurer will pay reasonable and necessary expenses for such training not to exceed the sum insured.

### Fracture Benefit

When injury results in any of the listed fractures, dislocations, severances or miscellaneous conditions due to an Accident the insurer will pay up to the sum insured in accordance with the percentages listed.

Coverage Overview	Coverage	Limit	Limit
	Accidental Death and Dismemberment (AD&D)	\$25,000	\$50,000
	Permanent Total Disability (PTD)	\$25,000	\$50,000
	Repatriation	\$5,000	\$5,000
	Rehabilitation	\$5,000	\$5,000
	Fracture Benefit	\$2,000	\$2,000
	<b>Annual Cost</b>	<b>\$35.00</b>	<b>\$60.00</b>

**\$35.00** annually per member for the above coverages including BMS fee. Option to purchase an additional \$25,000 principal sum for AD&D + PTD at **\$25.00**

In order to purchase the Accidental Death and Disablement coverage you must be under the age of sixty-five (65).

Please confirm you understand and agree to the eligibility requirements.

Do you require the 24 Accident Insurance coverage?

Yes  No

If yes, please select the limit required:

\$25,000  \$50,000

In order to purchase the Accidental Death and Disablement coverage you must be under the age of seventy (70).

Please confirm you understand and agree to the eligibility requirements

## 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	\$
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:

CVV:

Cardholder Name:

Signature:

**BMS Canada Risk Services Ltd. (BMS)**  
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)