



APPLICATION FOR CYBER SECURITY & PRIVACY LIABILITY (FOR INDIVIDUAL PRACTITIONERS) AND/OR COMMERCIAL GENERAL LIABILITY INSURANCE

Name of Applicant:

Address:

City:

Prov/Terr:

Postal Code:

Telephone:

Email:

1. Are you a member in good standing with the Canadian Association of Occupational Therapists? Yes No

Membership Number:

2. Have you ever had similar insurance denied or cancelled? Yes No
If yes, please provide details.

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

4. Does the applicant have any knowledge of any act/incident, which might give rise to a claim under this policy, or do you anticipate any claims being brought against you? Yes No
If yes, please provide details.

Please indicate any additional insured(s) to be listed on your certificate of Commercial General Liability insurance (for example, your landlord):

Name:

Address:

City:

Prov/Terr.:

Postal Code:

Cyber Security & Privacy Liability (for individual practitioners)

(Claims made basis)

- \$1,000,000 Cyber Security & Privacy Liability
Deductible \$1,000
\$75 premium for individual practitioners

NOTE: Cyber Security & Privacy Liability coverage is also available for your business. Please contact BMS Group for more information or to apply for coverage.

1. Are your portable data storage devices (i.e. USB stick) encrypted? Yes No

Please note this policy excludes any loss or liability arising from information contained on a non-encrypted device.

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

Commercial General Liability Insurance Options (Occurrence Based)

- | | |
|--|--|
| <input type="checkbox"/> Option 1
\$2,000,000 per occurrence
\$2,000,000 per policy period
\$195 Cost | <input type="checkbox"/> Option 2
\$5,000,000 per occurrence
\$5,000,000 per policy period
\$283 Cost |
| <input type="checkbox"/> Option 3
\$2,000,000 per occurrence
\$2,000,000 per policy period
\$50,000 Employee Fidelity (bond)
\$257 Cost
\$228 for Communicare members | <input type="checkbox"/> Option 4
\$5,000,000 per occurrence
\$5,000,000 per policy period
\$50,000 Employee Fidelity (bond)
\$344 Cost
\$307 for Communicare members |

Note: A \$500 deductible applies to all Commercial General Liability options listed above.

Note:

If you operate a business and have CONTENTS or PROPERTY to insure and/or if you have professionals working for, or on behalf of, your business and/or billing under your business name, a Commercial General Liability policy may not be sufficient protection.

In these circumstances, BMS Group recommends Clinic Package coverage, which includes Commercial General Liability and additional coverage (Property/Contents, Business Interruption, and Crime). Please contact BMS Group for more information or to apply for coverage.

Commission Disclosure

Line of Coverage	Limit	Premium	BMS Commission	BMS Administration Fee	Total Cost
Option 1	\$2,000,000	\$167	25%	\$28	\$195
Option 2	\$5,000,000	\$242	25%	\$41	\$283
Option 3	\$2,000,000	\$227	25%	\$30	\$257
Option 3 with communicare	\$2,000,000	\$199	25%	\$29	\$228
Option 4	\$5,000,000	\$309	25%	\$35	\$344
Option 4 with communicare	\$5,000,000	\$273	25%	\$34	\$307
Cyber	\$1,000,000	\$75	30%	\$0	\$75

BMS is the managing Broker and is responsible for placing your insurance coverage(s) referenced above, as well as providing additional services, including dedicated resources and risk management. The above information provides a breakdown of the total annual cost.

*In addition to the above, BMS also receives a commission from the insurer. Commission may vary depending on a number of factors, including the insurance purchased and the insurer. For more information, contact BMS Group.

Declarations and Warranty

I declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of insurance and that this application discloses the hazards known to exist at the date of this application. I declare that the statements made 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.

If you are unsure of your coverage requirements please contact BMS Group. A licensed insurance broker will be available to answer your questions during regular business hours.

Signed by: _____

Position: _____

Date: _____

Signing of this form does not bind the Applicant or company to complete the insurance but it 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.

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

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Toll Free: 1-855-318-6024

Fax: 613-701-4234

Email: caot.insurance@bmsgroup.com