

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

Name of Applicant:

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Address:

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City:

Prov/Terr:

Postal Code:

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Telephone:

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Email:

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

Membership Number:

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

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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:

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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.

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

Name:

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Address:

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City:

Prov/Terr.:

Postal Code:

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## Cyber Security & Privacy Liability (for individual practitioners)

(Claims made basis)

- \$1,000,000 Cyber Security & Privacy Liability  
Deductible \$1,000  
**\$90 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.

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2. 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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## Commercial General Liability Insurance Options (Occurrence Based)

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|--|--|
| <input type="checkbox"/> Option 1<br>\$2,000,000 per occurrence<br>\$2,000,000 per policy period<br><b>\$211 Cost</b>  | <input type="checkbox"/> Option 2<br>\$5,000,000 per occurrence<br>\$5,000,000 per policy period<br><b>\$307 Cost</b>  |
| <input type="checkbox"/> Option 3<br>\$2,000,000 per occurrence<br>\$2,000,000 per policy period<br>\$50,000 Employee Fidelity (bond)<br><b>\$278 Cost</b><br><b>\$249 for Communicare members</b> | <input type="checkbox"/> Option 4<br>\$5,000,000 per occurrence<br>\$5,000,000 per policy period<br>\$50,000 Employee Fidelity (bond)<br><b>\$373 Cost</b><br><b>\$336 for Communicare members</b> |

*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.

## Disclosure

Line of Coverage	Limit	Premium	*BMS Fee	Total Cost
Option 1	\$2,000,000	\$178	\$33	\$211
Option 2	\$5,000,000	\$259	\$48	\$307
Option 3	\$2,000,000	\$233	\$45	\$278
Option 3 with communicare	\$2,000,000	\$220	\$29	\$249
Option 4	\$5,000,000	\$314	\$59	\$373
Option 4 with communicare	\$5,000,000	\$302	\$34	\$336
Cyber	\$1,000,000	\$90	\$0	\$90

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 for each line of coverage.

\*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 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:

Cardholder Name:

Signature:

