

## APPLICATION FOR CLINIC PACKAGE AND/OR CYBER SECURITY & PRIVACY LIABILITY (FOR YOUR BUSINESS), AND/OR EMPLOYMENT PRACTICES (MANAGEMENT) LIABILITY INSURANCE

Name of Applicant:

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Business/Corporation Name:

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Address:

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City:

Prov/Terr:

Postal Code:

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Business Address (if different from above):

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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. Does the clinic provide professional services outside the scope of occupational therapy?  Yes  No  
If yes, please provide details:
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3. Has any application for similar insurance (i.e. commercial general liability, property insurance, cyber security and privacy liability, and/or employment practices liability) ever been denied or cancelled?  Yes  No  
If yes, please provide details:
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4. Have you/your business ever sustained a commercial general liability and/or property loss or has a claim been made against you/your business?  Yes  No  
If yes, please provide details:
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5. 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/your business?  Yes  No  
If yes, please provide details.
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## Clinic Package Insurance

\$100,000 Contents on premises (equipment, stock, improvements & betterments)

\$5,000,000 Commercial General Liability

\$10,000 Crime (Employee Fidelity)

**Cost: \$483**

### Deductibles:

Sewer Back Up	\$2,500	Tenants Legal Liability	\$1,000
All Other Risks	\$500	Personal Injury/Advertising Injury	\$250

### Please contact BMS Canada Risk Services Ltd:

- If building or condominium unit coverage is required
- If you are interested in Flood and Earthquake coverage
- If higher limits of coverage is required
- If you have more than one location for which you require insurance coverage.
- If you are located in Alberta or British Columbia and require Fire + Explosion as a result of terrorism coverage.

*Note: Contents at your premises include Equipment, Stock and Improvements & Betterments made to your leased premises. Please ensure that you have adequate limits to reflect the full replacement cost value of your contents, subject to 90% Co-insurance Clause.*

## Co-Insurance

Since the concept of co-insurance is fundamental principle of property and business continuation insurance, it is imperative that you understand it before considering the amount of insurance you buy.

Co-insurance is simply an agreement between 'You' and the 'Insurance Company', whereby you agree to maintain coverage up to a stated percentage of the value of the property you wish to insure (90%).

Should a loss occur, consideration is then given to the amount of insurance carried compared to actual values prior to the loss. If the amount of insurance is within the agreed co-insurance percentage requirement, the loss is paid in full, up to the policy limits. If, however, the amount of insurance that you carry is below the agreed percentage, you and the company will then share in the loss.

Please note the following example:

Assume that the replacement cost value of your contents is \$100,000, and the policy contains a 90% co-insurance clause. This means you should be insuring to at least 90% of the replacement cost value of your contents – or \$90,000 in this case. If you are only carrying \$80,000 of coverage, and suffer a partial loss of \$50,000 (replacement cost value), then the Insurer will indemnify you based on the amount that you have insured to required value, according to the following formula:

$(\text{Amount of Coverage Insured} \div \text{Required Amount of Coverage Insured}) \times \text{Amount of Loss} = \text{Claim Payment}$   
 $(\$80,000 \div (\$100,000 \times 90\%)) \times \$50,000 = \$44,444$  Payment for loss (less deductible)

As you can see, in this example the Insurer will only indemnify you for the proportion of the loss that you are insured to the required replacement cost value.

\*All losses are subject to a deductible, which is deducted from the payment amount. BMS recommends that your insurable values be reviewed frequently by a competent, independent appraisal company.

Replacement cost means the cost of replacing, repairing, constructing or re-constructing property of like kind and quality and for like occupancy or use without deduction for depreciation. Replacement cost is the actual cost to replace an item or structure to its pre-loss condition.

## Cyber Security & Privacy Liability (for your business)

Do you require Cyber Security & Privacy Liability (for you business)?  Yes  No  
(If Yes, please complete the fields below)

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  \$1,025 annual premium

Have you/your business ever had a cyber security / privacy breach in the past or has such a claim been made against you/your business?  Yes  No  
If yes, please provide details.

Are your portable storage devices (i.e. USB Stick) encrypted?  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 and for individuals who do not have loss control measures in place.*

**Cyber Security & Privacy Liability coverage is also available for individuals. Please contact BMS Group for more information or to apply for coverage.**

## 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

**\*NOTE: 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. .**

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Has there been or are there now pending, any Claims against the Company, or any past, present directors, officers or employees of the company:

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Involving any employment law?  Yes  No  
If yes, please provide details:

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Involving non-employment related discrimination or sexual harassment?  Yes  No  
If yes, please provide details:

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During the past 12 months, has the Company experienced any change in controlling ownership of the Company?  Yes  No  
If yes, please provide details:

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## Commission Disclosure

Line of Coverage	Limit	Premium	BMS Commission	BMS Administration Fee	Total Cost
Clinic Package	\$5,000,000	\$440	25%	\$43	\$483
Cyber	\$1,000,000	Various - Per above section	30%	\$0	Various - Per above section
Employment Practices Liability	Various - Per above section	Various - Per above section	20%	\$0	Various - Per above section

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

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.

Sub-total	\$
Tax	\$
Total Enclosed	\$

## 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

Ottawa, ON

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Toll Free: 1-855-318-6024

Fax: 613-701-4234

Email: [caot.insurance@bmsgroup.com](mailto:caot.insurance@bmsgroup.com)