



## APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE FOR MEMBERS OF THE ANIMAL REHABILITATION ASSOCIATION OF CANADA

THIS APPLICATION IS FOR THE OCTOBER 1, 2025 – OCTOBER 1, 2026 POLICY PERIOD.

Name of Applicant:

Address:

City:

Prov/Terr.:

Postal Code:

Telephone:

Email:

\*Please advise BMS if your contact details have changed so that you can continue to receive information pertaining to your insurance.

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

Are you renewing this insurance policy?

☐ Yes ☐ No

If you are renewing your insurance policy after its expiry date and outside of the renewal period, please confirm that you understand the effective date of this policy will be set to the current date of application and upon receiving payment. ☐

### Policy Effective Date

Your policy effective date will be set to today's date. If you would like your policy to start on a different date, please enter it below.

If you have an existing policy in place, the start date should be the expiration date of your existing policy. **Please note there is a common expiry date on the policy of October 1st.** Premium may be pro-rated if coverage is purchased midterm.

Requested effective date (leave blank to have your policy be effective starting today):

### Membership Information

Are you a member in good standing with the Animal Rehabilitation Association of Canada?

☐ Yes ☐ No

Membership Number:

## Applicant Details

Do you treat racing/performance horses valued over \$100,000? ☐ Yes ☐ No

Has the applicant ever had similar insurance denied, cancelled, or not renewed by the insurer?  
If yes, please provide details. ☐ Yes ☐ No

Are you aware of any facts, circumstances, or situations, which may reasonably give rise to a claim  
against you/your business?  
If yes, please provide details. ☐ Yes ☐ No

## Professional Liability Insurance

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 an animal rehabilitation therapist. Your coverage ensures payment of both compensatory damages and legal costs associated with a claim.

### Coverage Highlights:

Per claim / aggregate limit	\$1,000,000 / \$2,000,000
Regulatory Legal Expense	\$25,000
Criminal Defence Costs Reimbursement	\$25,000
Loss of Earnings	\$150 per day

**Premium: \$605**

Do you perform acupuncture or manipulation treatments in your capacity as an Animal Rehabilitation Therapist?  
☐ No ☐ Yes (under 25%) - **\$110** ☐ (Yes over 25%) - **Referral Required**

## Declarations and Warranty

The undersigned declares:

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.

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.

It is understood and agreed that I/we authorize (BMS) to arrange for the insurance application, communication and policy documentation (immediate and future) to be in the English language at our express consent. This authorization shall not affect the Terms and Conditions set out in the Policy(ies).

Signed by:

Position:

Date:

## Fee Disclosure

Line of Coverage	Premium	Commission (included within premium)	Fee
Professional Liability Insurance	Per application	25%	Nil

For more information on broker compensation please click [here](#).

## Payment Information

Applicable taxes will be added where required. 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:

CVV:

Cardholder Name:

Signature:

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

979 Bank St, Suite 200  
Ottawa, ON K1S 5K5

Toll Free: 1-855-318-6136

Fax: 613-701-4234

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