APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE FOR ANIMAL REHABILITATION THERAPISTS

Name of Applicant:		
Address:		
City:	Prov/Terr.: Postal	Code:
Telephone:		
Email:		
*Please advise BMS if your contact details char insurance.	nge in order to continue to receive information p	ertaining to your
Note: This coverage is only available to member agree to the eligibility requirements.	ers who are domiciled in Canada. Please confirm	you understand and
Are you renewing this insurance policy?		☐ Yes ☐ No
If you are renewing your insurance policy after you understand the effective date of this policy	its expiry date and outside of the renewal period will be set to the current date of application.	d, please confirm that
Policy Effective Date		
	olicy to start (this should be the expiration date on would like the coverage to start immediately.	of an existing policy if
Requested effective date:		
Membership Information		
Are you a member in good standing with the Ca	anadian Physiotherapy Association?	☐ Yes ☐ No
Membership Number:		
Applicant Details		
Do you treat racing/performance horses valued	d over \$100,000?	☐ Yes ☐ No
Has the applicant ever had similar insurance de If yes, please provide details.	enied, cancelled, or not renewed by the insurer?	☐ Yes ☐ No

Are you aware of a against you/your b If yes, please provi	usiness?	situations, which ma	ay reasonably give rise to a claim	☐ Yes ☐ No
Professional L	iability Insurance			
have resulted from	a negligent act, error, omis ation therapist. Your covera	sion, or malpractice	or allegations of liability for injury on that has arisen out of your profess tof both compensatory damages a	sional capacity as
Coverage Overviev Per claim / aggreg Regulatory Legal E Criminal Defence Loss of Earnings	ate limit	\$1,000,000 / \$2 \$25,000 \$25,000 \$150 per day	,000,000	
Premium: \$605				
Do you perform ac	upuncture or manipulation	treatments in your o	capacity as an Animal Rehabilitatio	n Therapist?
□ No	☐ Yes (unde	r 25%) - \$110	(Yes over 25%) - Refer	ral Required
Declarations ar	nd Warranty			
liability insurance a declare that the sta	nd that this application disc	closes the hazards ki y respect true and c	eclined, or refused to issue me/us a nown to exist at the date of this ap orrect and hereby apply for a conti	plication. I
	m does not bind the Applica f the contract should a polic		omplete the insurance but is agree	d that this form
The insurance pren	nium is fully retained and no	ot refundable.		
Signed by:		Position:		
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) Toll Free: 1-855-318-6136

979 Bank St, Suite 200 Fax: 613-701-4234

Ottawa, ON K1S 5K5 Email: cpa.insurance@bmsgroup.com

Fee Disclosure

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