



Canadian Federation
of Osteopaths



Fédération Canadienne
des Ostéopathes

PRACTICE RISK SOLUTIONS
HEALTHCARE PROFESSIONALS
INSURANCE ALLIANCE

INDIVIDUAL AND BUSINESS LIABILITY INSURANCE APPLICATION

Applicant's Full Name:

Mailing Address:

City:

Province/Territory:

Postal Code:

Telephone:

Email:

Business Details

Only complete this section if **you operate your own business** (e.g. independent contractor or business owner).

Do not complete this section for or on behalf of someone else's business or a business where you are employed.

Entity / Business Name:

Location Address (if different from above):

City:

Province/Territory:

Postal Code:

Membership Information

In order to be eligible for this insurance, you must be a member of one of the following Canadian Federation of Osteopath's Provincial Associations:

- Alberta Association of Osteopathic Manual Therapists
- Osteopathy BC
- Manitoba Association of Osteopathic Manual Therapists
- Nova Scotia Association of Osteopaths
- Association of Osteopaths of New Brunswick
- Ontario Association of Osteopathic Manual Practitioners
- Osteopathy Québec
- Saskatchewan Association of Osteopaths
- Yukon Osteopathic Association

If you are not a member of one of these associations, this policy is null and void.

Please confirm you understand and agree to the eligibility requirements

Are you a member in good standing with a Canadian Federation of Osteopath's Provincial Association?

Yes No

If yes, please provide name of Association and your membership number:

Applicant Details

Have you ever had a Professional Liability/Commercial General Liability claim made against you or is any such claim now pending against you in Canada or anywhere in the world? Yes No
If yes, please provide details.

Are you aware of any facts, circumstances or situations which may reasonably give rise to a claim under this policy? Yes No
If yes, please provide details.

Has any Professional Liability/Commercial General Liability/Property Insurance application and/or policy ever been denied or cancelled? Yes No
If yes, please provide details.

Have you ever made a Property claim? Yes No
If yes, please provide details.

Do you or your business treat non-Canadian residents? Yes No
If yes, please provide details.

Professional Liability, Commercial General Liability, Property, Crime & Business Income

Occurrence-based policy

Deductible: nil deductible for professional liability and commercial general liability

\$1,000 deductible for contents coverage; \$500 deductible for crime coverage

Professional Liability protects 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 Osteopath.

Commercial General Liability (CGL) protects you against claims arising from injury or property damage that you may cause to another person as a result of your operations and/or premises. For example, a client may slip and fall on a wet floor on your premises.

Property/Contents covers items usual to an office, including desks, chairs, filing cabinets and computers, as well as any equipment, stock and improvements and betterments.

Crime coverage protects against financial loss due to dishonesty, fraud, or theft of money, securities or other property owned by the office/clinic.

Business Income insures against loss of income resulting from direct physical loss or direct physical damage to the premises by an insured peril (e.g. fire).

Professional Liability, Commercial General Liability, Property, Crime & Business Income

Option	Limits	Premium	Option Selected
CFO Member	Professional Liability \$5M per occurrence/\$5M aggregate Commercial General Liability \$5M per occurrence/\$5M aggregate Property/Contents Contents \$10,000 Crime \$10,000 Business Income \$50,000	\$370	<input type="checkbox"/>
Student	Professional Liability \$5M per occurrence/\$5M aggregate Commercial General Liability \$5M per occurrence/\$5M aggregate Property/Contents Contents \$10,000 Crime \$10,000 Business Income \$50,000	\$260	<input type="checkbox"/>

Additional Professional Services (shared limits with Primary Osteopath policy)

	< 40% of practice	41 – 60% of practice
Physiotherapy	<input type="checkbox"/> \$100	<input type="checkbox"/> \$175
Athletic Therapy	<input type="checkbox"/> \$100	<input type="checkbox"/> \$175
Massage Therapy	<input type="checkbox"/> \$100	<input type="checkbox"/> \$175
Acupuncture*	<input type="checkbox"/> \$100	<input type="checkbox"/> \$175
Naturopathy	<input type="checkbox"/> \$100	<input type="checkbox"/> \$175
Occupational Therapy	<input type="checkbox"/> \$100	<input type="checkbox"/> \$175
Yoga Teacher	<input type="checkbox"/> \$100	<input type="checkbox"/> \$175
Mat Pilates	<input type="checkbox"/> \$100	<input type="checkbox"/> \$175
Personal Trainer	<input type="checkbox"/> \$100	<input type="checkbox"/> \$175
Kinesiology	<input type="checkbox"/> \$100	<input type="checkbox"/> \$175
First Responder (Teaching Only)	<input type="checkbox"/> \$100	<input type="checkbox"/> \$175
Certified Rolfer	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250

*Applicant must have successfully completed post entry-level needling education program with a passing grade to qualify for coverage.

Clinic Professional Liability

Recommended for businesses with other professionals working for or on behalf of your business and/or billing under your business name. Please note that this coverage should be purchased by one individual on behalf of all business owners and / or the business entity.

If you are a sole proprietor, this coverage is included at no additional cost and your individual Professional Liability policy will automatically extend to cover your business name. You will NOT need to select yes to the question below.

Limit of liability is shared with Individual Professional Liability: \$5,000,000 per occurrence / \$5,000,000 aggregate

Do you require Clinic Professional Liability?

Yes No

If yes, please complete fields below

Total number of employed osteopaths (Do not include yourself):

Total number of employed additional healthcare professionals:

***If you employ Chiropractor(s), please specify how many. Note that your application will need to be referred to the Insurer.**

No. of Professionals	Premium	Option Selected
1 – 5 Additional Professionals	\$150	<input type="checkbox"/>
6 – 10 Additional Professionals	\$195	<input type="checkbox"/>
11+ Additional Professionals	Referral Required	<input type="checkbox"/>

Business Commercial General Liability

Recommended for businesses with other professionals working for or on behalf of your business and/or billing under your business name. Please note that this coverage should be purchased by one individual on behalf of all business owners and / or the business entity.

If you are a sole proprietor, this coverage is included at no additional cost and your individual Professional Liability policy will automatically extend to cover your business name. You will NOT need to select yes to the question below.

Limit of liability is shared with Individual CGL: \$5,000,000 per occurrence / \$5,000,000 aggregate. If you have more than 1 location that you require coverage for, please contact BMS.

No. of Professionals	Premium	Option Selected
1 – 5 Professionals	\$350	<input type="checkbox"/>
6 – 10 Professionals	\$550	<input type="checkbox"/>
11+ Professionals	Referral Required	<input type="checkbox"/>

Do you require Business Commercial General Liability?

Yes No

If yes, please complete fields below

Total number of employed osteopaths (Do not include yourself):

Total number of employed additional healthcare professionals:

Additional Contents Limits

Would you like to purchase increased contents limits? Yes No

If yes, please select limit from the table below:

Contents Limit	Premium	Option Selected
\$50,000	\$225	<input type="checkbox"/>
\$75,000	\$325	<input type="checkbox"/>
\$100,000	\$425	<input type="checkbox"/>
\$125,000	\$525	<input type="checkbox"/>

Equipment Breakdown

This provides coverage for direct physical loss of or damage to Covered Property at the Insured Premises caused by or resulting from Equipment Breakdown.

Equipment includes: Boilers, pressure vessels, vacuum, pressure piping, furnaces, water piping, mechanical, electrical and fiber optic equipment.

Covers damage to:

1. Generally all Contents usual to the Insured's business, including furniture, furnishings, fittings, fixtures, machinery, tools, utensils and appliances, other than Building(s) or Stock;
2. Similar property belonging to others which the Insured is under obligation to keep insured or for which he/she is legally liable;

Do you want to add Equipment Breakdown coverage? Yes No

If yes, please select the Limit option that matches your Contents Limit

Limit	Premium	Option Selected
\$10,000	\$50	<input type="checkbox"/>
\$50,000	\$75	<input type="checkbox"/>
\$75,000	\$100	<input type="checkbox"/>
\$100,000	\$125	<input type="checkbox"/>
\$125,000	\$150	<input type="checkbox"/>

Cyber Security and Privacy Liability

Policy aggregate limit of liability for Damages, Claims Expenses, Penalties, Cyber Extortion Loss, Data Protection Loss, Business Interruption Loss and PCI Fines, Expenses and Costs: \$1,000,000

But sub-limited to:

- Regulatory Defence and Penalties: \$250,000
- PCI Fines, Expenses and Costs: \$100,000 (if PCI Compliant)
- Cyber Extortion: \$100,000
- Data Protection Loss: \$100,000
- Business Interruption Loss: \$100,000
- (i) Forensic Expenses sublimit: \$25,000
- (ii) Dependent Business sublimit: \$10,000

Notified Individuals: 100,000 Notified Individuals in the Aggregate for Business Cyber Security & Privacy Liability.
5,000 Notified Individuals in the Aggregate for Individual Cyber Security & Privacy Liability.

Aggregate Limit of Coverage for Computer Expert Services, Legal Services and Public Relations and Crisis Management Expenses combined: \$250,000

Deductible \$1,000

Would you like to purchase Cyber Security and Privacy Liability coverage? Yes No
If yes, please complete the fields below.

Individual Practitioners	<input type="checkbox"/> \$98 annual premium
Business & Employees – \$0 to \$500,000 gross revenue	<input type="checkbox"/> \$575 annual premium
Business & Employees – \$500,001 to \$1,000,000 gross revenue	<input type="checkbox"/> \$795 annual premium
Business & Employees – \$1,000,001 to \$1,500,000 gross revenue	<input type="checkbox"/> \$925 annual premium
Business & Employees – \$1,500,001 to \$2,000,000 gross revenue	<input type="checkbox"/> \$1,110 annual premium
Business & Employees – \$2,000,001 to \$2,500,000 gross revenue	<input type="checkbox"/> \$1,250 annual premium
Business & Employees – \$2,500,001 to \$3,000,000 gross revenue	<input type="checkbox"/> \$1,310 annual premium
Business & Employees – Above \$3,000,001 gross revenue	<input type="checkbox"/> Referral

Have you ever had a privacy breach, and/or network security incident in the past? Yes No
If yes, please provide details.

Are your portable data storage devices encrypted (i.e. USB Stick)? Yes No
Please note that this policy excludes any loss or liability arising from information contained on a non-encrypted device.

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

Does your business transfer funds? If so, BMS recommends you consider adding Fraudulent Instruction coverage - \$100,000 limit starting from \$250/year. Please contact BMS to find out more or purchase this additional cover.

Employment Practices Liability

Do you employ administrative and/or professional staff? Does your practice 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
Option 2	\$250,000	\$1,000	<input type="checkbox"/> \$295
Option 3	\$500,000	\$1,000	<input type="checkbox"/> \$310
Option 4	\$1,000,000	\$1,000	<input type="checkbox"/> \$400

**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. .*

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

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

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

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

Declarations and Warranty

The undersigned declares 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.

I declare that I am a member in good standing with a Canadian Federation of Osteopath's Provincial Association. If it is determined that I do not hold an active membership, I understand that my insurance policy is null and void.

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	\$
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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:

CVV:

Cardholder Name:

Signature:

BMS Canada Risk Services Ltd. (BMS Group)

825 Exhibition Way, Suite 209

Ottawa, ON K1S 5J3

Toll Free: 1-844-517-1370

Fax: 613-701-4234

Email: cfo.insurance@bmsgroup.com