

APPLICATION FOR PROFESSIONAL LIABILITY AND / OR BUSINESS INSURANCE

Name of Applicant:

Address:

City:

Province/Territory:

Postal Code:

Telephone:

Email:

*Please advise BMS if your contact details have changed in order to continue to receive information pertaining to your insurance.

Note: This coverage is only available to members 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.

Business Details

Do you operate your own business? (e.g. independent contractor or business owner) Yes No

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

If yes, please provide your primary entity / business name (please list all operating names related to the business).

Entity / Business Name:

Location Address (if different from above):

City:

Province/Territory:

Postal Code:

Do you own/operate more than one entity/corporation name? Yes No

If yes, please provide details.

Membership Information

In order to be eligible for this insurance policy, you must be a member of Speech Language and Audiology Canada (SAC). If you are not a member, this policy is null and void.

Please confirm you understand and agree to the eligibility requirements.

Are you a member in good standing with Speech Language and Audiology Canada (SAC)? Yes No

Membership Number: _____

Applicant Details

I am a/an (please select one of the following options that applies to the majority of your practice) :

- Speech Language Pathologist Audiologist
 Communication Health Assistant Other (please describe): _____

I am a/an: Employee Independent Contractor Business Owner
 Other (please provide details): _____

An Employee: is employed by a business or organization (public or private sector)

An Independent Contractor: is a sole proprietor (or incorporated) with no other employees or contractors working on your behalf.

A Business Owner: incorporated or not incorporated, with other professionals working for or on behalf of your business and/or billing under your business name and/or non-professional employees/contractors.

Do you provide services outside of Canada? Yes No

The SAC Professional Liability insurance policy applies to in-person and telehealth/e-services delivered Canada-wide.

When delivering telehealth/e-services and in order for your insurance coverage to apply, you must abide by the professional regulations in your jurisdiction (for instance, the province in which you reside) and in the jurisdiction where your patient is located, if applicable.

Please confirm you understand the coverage terms.

Do you provide professional services outside the scope of a speech language pathologist, audiologist, or communication health assistant, for which you require insurance coverage? [Note, this policy will only provide coverage for services that fall within your scope of practice as an SLP, Audiologist, or CHA. Professional services outside your scope of practice are not covered by this insurance.] Yes No

If yes, please provide details.

Has any application for Professional Liability, Commercial General Liability and/or Property insurance ever been denied, cancelled, or not renewed by the insurer? Yes No

If yes, please provide details.

Has any Professional Liability or Commercial General Liability claim, or lawsuit been made against you/your business, or is any such claim now pending against you/your business and/or have you made a Property claim? Please only select yes if not already reported to BMS and/or the insurer. Yes No

If yes, please provide details.

Are you aware of any facts, circumstances or situations which may reasonably give rise to a claim against you/your business? Please only select 'Yes' if you have not already reported this to BMS. Yes No

If yes, please provide details.

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 a Speech-language Pathologist, Audiologist, or Communication Health Assistant. Your policy also responds if a complaint is made against you to your regulatory body.

Claims-Made form.

Coverage Highlights:

Legal Expense Coverage	\$150,000 per claim/aggregate
Criminal Defence Cost Reimbursement	\$125,000 per claim/aggregate
Sexual Abuse Therapy & Counselling Fund	\$25,000 aggregate limit
Loss of Earnings	\$750/day
Extended Reporting Period	7 years automatically included

	Coverage Limit	Cost
Option 1	\$2,000,000 per claim / \$2,000,000 per year	<input type="checkbox"/> \$50
Option 2	\$5,000,000 per claim / \$6,000,000 per year	<input type="checkbox"/> \$55
Option 3	\$7,000,000 per claim / \$8,000,000 per year	<input type="checkbox"/> \$162
Option 4 – New Grad Only available for new graduates (graduating between July 1, 2023 -July 1, 2024 within their first year of purchasing coverage	\$2,000,000 per claim / \$2,000,000 per year	<input type="checkbox"/> Nil

Do you work **exclusively** in Public Practice (ex: hospitals, long-term care facilities, rehabilitation centres, schools, home care)? Yes No

Note: Services provided must be funded by provincial/territorial health insurance plans and/or through federal programs (e.g.: First Nations, Inuit and Veterans programs).

If yes, a discount applies to the coverage option selected above.

Commercial General Liability Insurance

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 or you may accidentally cause property damage during a home visit.

Business CGL is recommended for business owners with other healthcare providers delivering services on your behalf.

If you have contents or property to insure you should also consider purchasing Contents & Crime coverage.

Occurrence-based policy.

Includes:

Bodily Injury and Property Damage	Per limit selected (\$1,000 Property Damage Deductible)
Personal Injury and Advertising Injury	Per Limit Selected per person or organization
Products / Completed Operations	Per limit selected
Tenants' Legal Liability	\$500,000 any one premise (\$1,000 Deductible)
Medical Payments	\$50,000 per person
S.P.F no. 6 Non-Owned Automobile	Per Limit Selected
Legal Liability for Damage to Hired Automobiles	\$100,000
Abuse Exclusion Endorsement	Included

Do you require Commercial General Liability coverage? Yes No

If yes, please select from the table below:

Number of Staff (Employed or contracted)	Option 1: \$5,000,000 per claim \$6,000,000 per aggregate	Option 2: \$7,000,000 per claim \$8,000,000 per aggregate
Just Yourself	\$195 <input type="checkbox"/>	\$259 <input type="checkbox"/>
Business with 2-5 staff	\$232 <input type="checkbox"/>	\$298 <input type="checkbox"/>
Business with 6-10 staff	\$335 <input type="checkbox"/>	\$400 <input type="checkbox"/>
Business with 11-15 staff	\$464 <input type="checkbox"/>	\$530 <input type="checkbox"/>
Business with 16-20 staff	\$630 <input type="checkbox"/>	\$684 <input type="checkbox"/>
Business with 20+ staff	Referral <input type="checkbox"/>	Referral <input type="checkbox"/>

Additional Insured

Only complete this section if you are contractually required to add an additional insured to your Commercial General Liability insurance policy.

Adding an Additional Insured provides limited liability insurance coverage to the third-party Additional Insured but only as it relates to General Liability resulting from your operations / occupancy. Note that any Additional Insured is required to carry their own Commercial General Liability insurance. For each, provide the name and address:

I understand and agree to the coverage terms detailed above.

Name of Additional Insured: _____

Address: _____

City: _____

Province/Territory: _____

Postal Code: _____

Clinic Professional Liability

In the event of a claim, both the treating professional and the business are likely to be named in a statement of claim or lawsuit. Clinic Professional Liability Insurance extends your Individual Professional Liability coverage to protect your business and its assets in such circumstances.

Recommended for businesses with other professionals working for or on behalf of your business and/or billing under your business name. Also recommended for individuals providing services under their own business name.

Please note that coverage should be purchased by one individual on behalf of the business owners, employees, and /or business entity.

Coverage limits are shared with your Individual Professional Liability.

Do you require Clinic Professional Liability coverage?

Yes No

If yes, please complete the fields below.

Number of Staff (Employed or Contracted)	Speech Language and Audiology only Clinics	Multidiscipline Clinics
Just Yourself	\$140 <input type="checkbox"/>	\$140 <input type="checkbox"/>
Business with 2-5 staff	\$258 <input type="checkbox"/>	\$360 <input type="checkbox"/>
Business with 6-10 staff	\$412 <input type="checkbox"/>	\$515 <input type="checkbox"/>
Business with 11-15 staff	\$773 <input type="checkbox"/>	\$875 <input type="checkbox"/>
Business with 16-20 staff	\$850 <input type="checkbox"/>	\$953 <input type="checkbox"/>
Business with 20+ staff	Referral <input type="checkbox"/>	Referral <input type="checkbox"/>

If Multidiscipline Clinic, please indicate the number beside each professional:

Discipline	Number of Professionals
Aestheticians	
Audiologists	
Behaviour Consultants	
Counsellors/Social Workers	
Dietitians	
Exercise Therapists	
Kinesiologists	
Massage Therapists	
Occupational Therapists	
Psychotherapists	
Pilates/Yoga Instructors	
Personal Trainers	
Psychologists	
Sonographers/X-Ray Technicians	
Speech Language Pathologists	
Other (please do not include SLP assistant & CHAs as they are automatically included. Please provide details):	

You are purchasing Professional Liability insurance for the Legal Entity. Each professional providing services for or on behalf of your Legal Entity must carry their own individual Professional Liability insurance. Do you understand and confirm this?

Contents, Crime, and Business Interruption Coverage

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

Occurrence-based policy.

Contents/Property & Crime Deductibles:

Sewer Back-Up	\$5,000
Flood	\$25,000 except BC & QC (if coverage selected)
Earthquake	3% or \$100,000, except BC & QC (if coverage selected)
Crime	\$1,000
All Other Risks	\$1,000

Exclusions:

Virus and Bacteria Exclusion
Cyber Incident Exclusion

Do you require Contents / Crime / Business Interruption coverage?
If yes, please complete the fields below.

Yes No

Contents Limit	Cost
\$125,000	<input type="checkbox"/> \$635
\$150,000	<input type="checkbox"/> \$756
\$200,000	<input type="checkbox"/> \$866
\$250,000	<input type="checkbox"/> \$1,001
\$250,000 +	<input type="checkbox"/> Referral

Do you require Flood & Earthquake Coverage?

Yes No

If yes, an additional fee of \$60 applies to each location.

Note that clinics located in BC or QC must be referred to the Insurer to confirm premium prior to purchase.

Equipment Breakdown

Equipment Breakdown provides coverage for direct physical loss of or damage to property at the Insured Premises caused by or resulting from Equipment Breakdown (i.e. physical loss or damage originating within boilers, fired or unfired pressure vessels, vacuum vessels, and pressure piping; and mechanical, electrical, electronic or fiber optic equipment).

Equipment includes:

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 require Equipment Breakdown Coverage?

Yes No

If yes, please complete the fields below.

Equipment Breakdown Limit	Cost
\$125,000	<input type="checkbox"/> \$217
\$150,000	<input type="checkbox"/> \$266
\$200,000	<input type="checkbox"/> \$320
\$250,000	<input type="checkbox"/> \$369

Loss payee(s)

Only complete this section if you are contractually required to add a Loss Payee to your Property insurance policy.

A Loss Payee is a third party entity who is entitled to all or part of the claim settlement for damaged property in which they have an insurable interest. (e.g. a Leasing company). Your contents limit must encompass the value of the leased property. For each, provide the name and address.

I understand and agree to the coverage terms detailed above.

Name:

Address:

City:

Province/Territory:

Postal Code:

Location 2 Details

Do you require Contents/Crime/Business Interruption Coverage for a second location?
If yes, please complete the fields below.

Yes No

Contents Limit for Second Location	Cost
\$125,000	<input type="checkbox"/> \$288
\$150,000	<input type="checkbox"/> \$330
\$200,000	<input type="checkbox"/> \$368
\$250,000	<input type="checkbox"/> \$415
\$250,000 +	<input type="checkbox"/> Referral

Location 2 business name:

Location 2 address:

City:

Province/Territory:

Postal Code:

Do you require Flood & Earthquake Coverage at this location?

Yes No

If yes, an additional premium of \$60 applies to each location.

Note that clinics located in BC or QC must be referred to the Insurer to confirm premium prior to purchase.

Do you require Equipment Breakdown Coverage at this location?

Yes No

If yes, please select an option below.

Equipment Breakdown Limit	Cost
\$125,000	<input type="checkbox"/> \$217
\$150,000	<input type="checkbox"/> \$266
\$200,000	<input type="checkbox"/> \$320
\$250,000	<input type="checkbox"/> \$369
\$250,000 +	<input type="checkbox"/> Referral

Loss payee(s)

Only complete this section if you are contractually required to add a Loss Payee to your Property insurance policy.

A Loss Payee is a third party entity who is entitled to all or part of the claim settlement for damaged property in which they have an insurable interest. (e.g. a Leasing company). Your contents limit must encompass the value of the leased property. For each, provide the name and address.

I understand and agree to the coverage terms detailed above.

Name:

Address:

City:

Province/Territory:

Postal Code:

Location 3 Details

Do you require Contents/Crime/Business Interruption Coverage for a third location?
If yes, please complete the fields below.

Yes No

Contents Limit for Third Location	Cost
\$125,000	<input type="checkbox"/> \$288
\$150,000	<input type="checkbox"/> \$330
\$200,000	<input type="checkbox"/> \$368
\$250,000	<input type="checkbox"/> \$415
\$250,000 +	<input type="checkbox"/> Referral

Location 3 business name:

Location 3 address:

City:

Province/Territory:

Postal Code:

Do you require Flood & Earthquake Coverage at this location?
If yes, an additional premium \$60 applies to each location.

Yes No

Note that clinics located in BC or QC must be referred to the Insurer to confirm premium prior to purchase.

Do you require Equipment Breakdown Coverage for the third location?
If yes, please select the limit that matches your contents limit.

Yes No

Equipment Breakdown Limit for Third Location	Cost
\$125,000	<input type="checkbox"/> \$217
\$150,000	<input type="checkbox"/> \$266
\$200,000	<input type="checkbox"/> \$320
\$250,000	<input type="checkbox"/> \$369
\$250,000 +	<input type="checkbox"/> Referral

Loss payee(s)

Only complete this section if you are contractually required to add a Loss Payee to your Property insurance policy.

A Loss Payee is a third party entity who is entitled to all or part of the claim settlement for damaged property in which they have an insurable interest. (e.g. a Leasing company). Your contents limit must encompass the value of the leased property. For each, provide the name and address.

I understand and agree to the coverage terms detailed above.

Name:

Address:

City:

Province/Territory:

Postal Code:

Other Locations

Do you have additional locations that require coverage? Yes No

Crime

A \$10,000 crime limit is included if contents is selected. Do you require a higher crime limit? Yes No

Building/Condominium Unit Coverage

Do you require building coverage for a commercial building or condominium unit that you own? Yes No
(Please note we do not provide coverage for residential properties).

Co-Insurance (Applicable to those purchasing Contents Coverage)

Coinsurance is a penalty imposed on the insured by the insurance carrier for under reporting/declaring/insuring the value of tangible property or business income. The penalty is based on a percentage stated within the policy and the amount under reported. In this policy you have a co-insurance requirement of 90%. As an example:

If the value of the contents you are insuring is \$50,000 and the policy contains a 90% co-insurance clause; this means you should purchase at least \$45,000 in coverage. If you were only purchasing \$10,000 coverage and had a loss of \$10,000, the insurance company would pay based on the following formula:

If the value of the contents you are insuring is \$150,000 and the policy contains a 90% co-insurance clause; this means you should purchase at least \$135,000 in coverage. If you were only purchasing \$100,000 coverage and had a loss of \$100,000, the insurance company would pay based on the following formula:

$(\text{Amount of Coverage} \div \text{Required Amount of Coverage}) \times \text{Amount of Loss} = \text{Claim Payment}$

$(\$10,000 \div (\$50,000 \times 90\%)) \times \$10,000 = \$2,222$ Payment for loss (less deductible)

BMS recommends that your insurable values be reviewed and appropriately appraised to ensure you are purchasing the correct content and property limits.

I understand the co-insurance clause and have selected an adequate contents limit.

Cyber Security and Privacy Liability

Cyber liability continues to be an ever-evolving area of risk. You have access to a comprehensive Cyber Security and Privacy Liability policy to protect against claims arising out of theft, loss, or unauthorized disclosure of a third party's personally identifiable information.

Coverage is designed to manage the risk of holding increasingly large quantities of personally identifiable data of clients, employees, and others, and to mitigate the reputational damage resulting from a data security breach.

Breach Response

Legal, Forensic & Public Relations/Crisis Management	\$250,000
Notified Individuals	5,000 (Individual), 100,000 (Business)

Policy Aggregate Limit

\$1,000,000

First Party Loss

Business Interruption	\$25,000
Cyber Extortion Loss	\$100,000
Data Recovery Costs	\$100,000

Liability

Data & Network Liability	\$1,000,000
Regulatory Defense & Penalties	\$250,000
Payment Card Liabilities & Costs	\$1,000,000
Media Liability	\$1,000,000

eCrime*

Fraudulent Instruction*

Available for additional premium

Deductibles

Each Incident

\$1,000

Notified Individuals

100

Would you like to purchase Cyber Security & Privacy Liability coverage?

Yes

No

If Yes, please complete the fields below.

Business & Employees – \$0 to \$500,000 gross revenue

\$655 annual premium

Business & Employees – \$500,001 to \$1,000,000 gross revenue

\$975 annual premium

Business & Employees – \$1,000,001 to \$1,500,000 gross revenue

\$1,200 annual premium

Business & Employees – \$1,500,001 to \$2,000,000 gross revenue

\$1,475 annual premium

Business & Employees – \$2,000,001 to \$2,500,000 gross revenue

\$1,660 annual premium

Business & Employees – \$2,500,001 to \$3,000,000 gross revenue

\$1,750 annual premium

Business & Employees – Above \$3,000,000 gross revenue

Referral

Has any Cyber claim or lawsuit been made against you/your business, or is any such claim now pending against you/your business? Please only select yes if not already reported to BMS/the insurer.

Yes

No

If yes, please provide details.

Are you aware of any facts, circumstances or situations, which may reasonably give rise to a claim against you/your business? Please only select yes if not already reported to BMS/the insurer.

Yes

No

If yes, please provide details.

Have you/your business ever had a cyber security / privacy breach and/or network security incident in the past or has such a claim been made against you/your business?

Yes

No

If yes, please provide details.

Statement of Facts including condition precedent requirements

The following items are important risk mitigation strategies and are required by the insurer for coverage to be secured. Please confirm the following is accurate:

IT IS A CONDITION PRECEDENT FOR COVERAGE UNDER THIS POLICY THAT ALL THE BELOW ITEMS ARE SATISFIED. IF ANY OF THE BELOW STATEMENTS ARE NOT MET THEN NO COVERAGE SHALL BE PROVIDED UNDER THIS POLICY FOR ANY DAMAGES, CLAIMS EXPENSES, PENALTIES, PRIVACY BREACH RESPONSE SERVICES, PCI FINES EXPENSES AND COSTS, CYBER EXTORTION LOSS, DATA PROTECTION LOSS, BUSINESS INTERRUPTION LOSS.

If you are RENEWING this insurance policy: You have 30 days from the inception of the policy to implement any of the below items that are not currently in place. Please note, in the event of a claim, coverage will be contingent on complete implementation within 30 days of the policy inception.

Please confirm the following is accurate:

I/my business implements loss control measures such as: Antivirus software, a firewall, and/or regular software patch installations.

I/my business regularly back-up critical data to a "offline" location (e.g., a USB or hard drive) that would be unaffected by an issue with your live environment, and you test to ensure that back-ups are recoverable.

I/my business use multi-factor authentication (MFA) for cloud based services (Such as cloud based email account access) and for all remote access to your network; or if No, I/my business use Jane, Clinicmaster, owl practice or Practiceperfect.

For those systems which have an on-premises network only: I/my business only allow(s) remote access into our environment with a virtual private network (VPN). Note: This does not apply if your systems are entirely cloud based.

I confirm the above statements are true and accurate.

I also confirm the following:

I/my business take and/or provide cyber security awareness training **at least once annually, including anti-phishing. For businesses, this includes training for all individuals who have access to your organization's network or confidential/personal data.**

A link to free resources is: www.getcybersafe.gc.ca. Once completed, please keep a personal record. You are not required to provide proof to BMS.

I confirm the above statement is true and accurate.

If your business transfers funds, BMS recommends you consider adding Fraudulent Instruction coverage - \$25,000 limit for \$210/year or \$100,000 limit starting from \$305/year or 10% additional premium. Would you like BMS to contact you regarding a quote for Fraudulent instruction coverage?

Yes No

Employment Practices Liability

Do you employ administrative and/or professional staff? Does your business 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 other employment related allegations.

Recommended for business owners with employees, contractors, volunteers, or students.

Claims made policy, \$1,000 deductible.

Do you require Employment Practices Liability?
If yes, please complete the fields below.

Yes No

	Limit	Annual Premium
Option 1	\$100,000	<input type="checkbox"/> \$250
Option 2	\$250,000	<input type="checkbox"/> \$345
Option 3	\$500,000	<input type="checkbox"/> \$365
Option 4	\$1,000,000	<input type="checkbox"/> \$475

Total number of employed staff (professionals): _____

Total number of administrative staff (including students working under supervision): _____

Total number of contracted staff (professionals): _____

Has any application for similar insurance ever been 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? Please only select yes if not already reported to BMS/the insurer?
If yes, please provide details.

Yes No

Has there been or are there now pending, any claims against the business or any past, present directors, officers or employees of the business:

Involving any employment law?
If yes, please provide details:

Yes No

Involving non-employment related discrimination or sexual harassment?
If yes, please provide details:

Yes No

During the past 12 months, has the business experienced any change in controlling ownership of the business?

Yes No

If yes, please provide details:

Legal Services Package

Members can access a comprehensive Legal Services Package, which includes:

Unlimited Legal Helpline

Unlimited access to the Legal Helpline. Helpline Lawyers provide general legal information and assistance for any legal question. Please note: the lawyer will not advise on coverage, make a claim decision, or review documents.

Legal Document Centre

Unlimited access to an online library of legal documents, all of which have been drafted by lawyers, and are in the form of guided, customizable templates. Examples of templates include wills and power of attorney documents, employment contracts, service agreements, and more. Documents are based on Canadian laws and legal best practices. They can be downloaded and saved securely for future reference or reuse.

Legal Document Review

Access to lawyers to review a simple legal document and provide you with an annotated copy of the document with their notes. This will assist you in understanding the general impacts that the document may have for you.

Simple Legal Letter Drafting

Access to lawyers who will draft a simple legal letter for you to send. This service is intended to assist you with drafting simple documents, such as a demand letter, a complaint letter, a travel consent letter for a child, a resignation letter, or a warning letter to an employee.

Identity Theft Protection Assistance

Identity theft experts will provide you with general assistance and prevention tips about identity theft and how to protect yourself. If you believe you have been the victim of identity theft, this service can also provide you with direct assistance by an Identity Restoration Expert to help restore your identity.

HR Assistance

Access to HR Assistance where you can speak to a Human Resources professional, who can provide you with information regarding HR issues that are impacting your business.

Annual Cost \$35 (including BMS fee)

Would you like to purchase the Legal Services Package?

Yes No

Note, if you are purchasing Legal Expense insurance (below), the Legal Services Package is automatically included in the Personal and Business Legal Solutions.

NEW! Legal Expense Insurance

Personal and/or business-related legal matters can arise at any time, and fees can be costly.

Personal Legal Solutions provides:

- Legal Services Package (as detailed above except HR Assistance)
- Insurance to coverage the legal costs for resolving a range of disputes, including:
 - Pursuit or defence of Contract Disputes
 - Pursuit or defence of Tenancy Disputes
 - Total Loss Valuation Disputes (motor vehicle)
 - Defence of Driver's Licence Protection
 - Pursuit for Bodily Injury
 - Pursuit for Property Protection
 - Defence for Tax Protection

Each claim/aggregate limit	Premium
\$25,000/\$125,000	<input type="checkbox"/> \$80
\$50,000/\$250,000	<input type="checkbox"/> \$93

Would you like to purchase Personal Legal Solutions? Yes No
If yes, please answer the questions below:

In the last 3 years, have you, your spouse, or any adult children living in your home:

- Pursued a consumer contract dispute? Yes No
- Pursued a dispute with a neighbour or had to take action following a legal nuisance or trespass on your land? Yes No
- Pursued legal action against a negligent third party following an injury to yourself? Yes No
- Pursued legal action against a medical practitioner following an incident of clinical negligence which caused you an injury? Yes No
- Been audited by the CRA? Yes No
- Been interviewed by the police or arrested in connection with an alleged criminal offence? Yes No
- Been sued for alleged discrimination? Yes No
- Been the victim of identity theft? Yes No

If yes, please provide details:

Business Legal Solutions provides:

- Legal Services Package (as detailed above)
- Insurance to cover for legal costs for resolving a range of disputes, including:
 - Employee's Extra Protection
 - Auto Legal Defence
 - Defence of Contract Disputes & Debt Recovery
 - Defence for Statutory Licence Appeals
 - Pursuit for Property Protection
 - Pursuit for Bodily Injury
 - Tax Protection

**\$50,000 per claim / \$250,000 aggregate
NIL deductible**

Revenue band	Premium
\$0 to \$150,000	<input type="checkbox"/> \$145
\$150,001 to \$250,000	<input type="checkbox"/> \$230
\$250,001 to \$500,000	<input type="checkbox"/> \$375
\$500,001 to \$1,000,000	<input type="checkbox"/> \$480
\$1,000,001 to \$2,000,000	<input type="checkbox"/> \$845
\$2,000,000 +	<input type="checkbox"/> Referral Required

Would you like to purchase Business Legal Solutions? Yes No

If yes, please answer the questions below:

Total number of employees (full time & part time): _____

What is your estimated revenues for the next 12 months? : _____

In the last 3 years has your business, you or any employee, director or partner of the business been:

Subject to a tax audit? Yes No

Involved in a dispute regarding compliance with GST, Income Tax, PST or HST or payroll tax deductions? Yes No

Involved in any dispute regarding any damage, trespass or nuisance in relation to property that you are responsible for? Yes No

Prosecuted in a criminal court (excluding vehicle-related offences)? Yes No

Subject to a civil action alleging theft or breach of privacy? Yes No

The recipient of a notice to alter, suspend, revoke or refusal to renew any statutory licence? Yes No

Involved in any contractual dispute?

Yes No

If yes, please provide details:

Have you pursued an undisputed debt in the last 12 months, after you had exhausted your normal aged receivable procedures? Yes No

If yes, please provide details.

24 Hour Accident Coverage (not available for members in Quebec)

This coverage provides a lump-sum benefit in the event of Accidental Death or Disablement including loss or loss of use of limbs, sight, speech or hearing. Other ancillary benefits, such as Rehabilitation Benefit, Occupational Training benefit, Child Care Benefit, Disability Fitness Equipment Benefit may be added to provide a tailored and comprehensive package.

Coverage	Cost
\$25,000 limit	\$25

Would you like to purchase the 24 Hour Accident Insurance?

Yes No

In order to purchase the 24 Hour Accident Insurance coverage you must be under the age of seventy (70). Please confirm you understand and agree to the eligibility requirements.

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 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 Speech Language and Audiology Canada. If it is determined that I do not hold an active membership, I understand that my insurance policy is null and void.

Signed by:

Date:

Fee Disclosure

Line of Coverage	Premium	Commission (included within premium)	Fee
Professional Liability	Per application	25%	\$2
Commercial General Liability	Per application	25%	Nil
Clinic Professional Liability	Per application	25%	Nil
Contents, Crime, and Business Interruption	Per application	20%	Nil
Cyber Security & Privacy Liability	Per application	25%	Nil
Employment Practices Liability	Per application	25%	Nil
24 Hour Accident	Per application	15%	\$3
Legal Service Package	Per application	N/A	\$13
Personal Legal Expense	Per application	20%	Nil
Business Legal Expense	Per application	20%	Nil

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

All other provinces are exempt.
 GST is not applicable to insurance premiums.

Sub-total	\$
Service Fee*	\$10.00
Tax	\$
Total Enclosed	\$

***Please note:** The Service Fee does not apply if you ONLY purchase PLI.

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.
825 Exhibition Way, Suite 209
Ottawa, ON K1S 5J3

Toll Free: 1-855-318-6135
Email: sac.insurance@bmsgroup.com
Website: www.sac.bmsgroup.com