

APPLICATION FOR PROFESSIONAL LIABILITY AND / OR BUSINESS INSURANCE

Name of Applicant:

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 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? Yes No

Membership Number:

Are you a New Graduate? Yes No

(Did you graduate, or do you plan on graduating between July 1, 2020 and July 1, 2021)

Please select one of the following options:

Speech Language Pathologist Audiologist

Communication Health Assistant Student

Other (please provide details):

Applicant Details

Do you provide in-person services outside of Canada?
If yes, please provide details.

Yes No

Do you or your business provide e-counselling services outside of Canada?

Yes No

Do you provide professional services outside the scope of Speech Language Pathology, Audiology or Communicative health Assistance for which you require insurance coverage?
If yes, please provide details.

Yes No

Do you work **exclusively** in Public Practice (ex: Hospitals, Long-term care facilities, Rehabilitation centers, 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)]

Has any application for Professional Liability, Commercial General Liability and/or Property insurance ever been denied or cancelled?

Yes No

If yes, please provide details.

Have you ever sustained a Professional Liability, Commercial General Liability and/or Property loss or has such a claim been made against you?

Yes No

If yes, please provide details.

Have you any knowledge of a negligent act, error and omission or breach of duty which might give rise to a claim against you?

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. Policy Form: Claims Made

Includes:

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

	Coverage Limits	Cost
Option 1	\$5,000,000 per claim \$6,000,000 per year	<input type="checkbox"/> \$53
Option 2	\$7,000,000 per claim \$8,000,000 per year	<input type="checkbox"/> \$139
Option 3: New Grad <i>Only available for new graduates within their first year of purchasing coverage</i>	\$5,000,000 per claim \$6,000,000 per year	<input type="checkbox"/> Nil

Clinic Professional Liability

In the event of a claim, both the treating professional (any regulated health professional) and the business are likely to be named in a statement of claim or lawsuit. Clinic Professional Liability Insurance protects the business and its assets in such circumstances. You should purchase this coverage if you have health professionals working for, or on behalf of, your clinic and billing under your clinic name. In addition, if you do not have employees but have an incorporated clinic, you should also purchase this coverage.

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

Does the business provide professional services outside the scope of speech language pathology or audiology? If yes, please list all services provided. Yes No

Number of Staff (Employed or Contracted)	Speech Language and Audiology only Clinics	Multidiscipline Clinics
Individual	\$140 <input type="checkbox"/>	N/A <input type="checkbox"/>
Business with 2-5 staff	\$250 <input type="checkbox"/>	\$350 <input type="checkbox"/>
Business with 6-10 staff	\$400 <input type="checkbox"/>	\$500 <input type="checkbox"/>

Business with 11-15 staff	\$750 <input type="checkbox"/>	\$850 <input type="checkbox"/>
Business with 16-20 staff	\$825 <input type="checkbox"/>	\$925 <input type="checkbox"/>
Business with 20+ staff	Referral <input type="checkbox"/>	Referral <input type="checkbox"/>

Commercial General Liability

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.

Individual CGL is recommended independent contractors or business owners with no other healthcare providers delivering services on your behalf.

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

Occurrence-based policy

Includes:

Bodily Injury and Property Damage	Per Limit Selected (\$1,000 Property Damage Deductible)
Products-Completed Operations	Per Limit Selected
Personal Injury and Advertising Injury	Per Limit Selected
Medical Payments	\$50,000 per person
Tenants' Legal Liability	\$500,000 (\$1,000 Deductible)
Non-Owned Automobile	Included
Damage to Hired Automobiles	\$100,000 (\$1,000 Deductible)

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
Individual	\$195 <input type="checkbox"/>	\$259 <input type="checkbox"/>
Business with 2-5 staff	\$225 <input type="checkbox"/>	\$289 <input type="checkbox"/>
Business with 6-10 staff	\$325 <input type="checkbox"/>	\$389 <input type="checkbox"/>
Business with 11-15 staff	\$450 <input type="checkbox"/>	\$514 <input type="checkbox"/>
Business with 16-20 staff	\$600 <input type="checkbox"/>	\$664 <input type="checkbox"/>
Business with 20+ staff	Referral <input type="checkbox"/>	Referral <input type="checkbox"/>

CONTENTS AND CRIME COVERAGE (for Individuals or Business Owners)

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).

\$125,000 Contents on premises including leasehold improvements and betterments limit

Premium: From \$525

Do you require Contents and Crime Coverage?
If yes, please select:

Yes No

Please contact BMS if you require:

- Building or condominium unit coverage
- Flood and Earthquake coverage
- Higher limits of coverage
- Coverage at an additional location
- Equipment breakdown coverage

Accidental Death and Dismemberment

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: \$25,000 Limit

Premium: \$22

Do you require additional Accidental Death & Disablement coverage?

Yes No

If yes, please indicate your date of birth

Note: Not available to individuals over 70 years of age.

Cyber Security and Privacy Liability

Your Professional Liability Insurance policy **automatically** includes \$50,000 of Privacy Breach Expense Coverage for insured members. To increase your individual cyber security and privacy liability limit to \$1,000,000, please select the applicable option below.

Do you require additional Cyber Security and Privacy Liability coverage?

Yes No

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"/> \$1,100 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 \$3,000,000 gross revenue	Referral

A deductible of \$1,000 applies to all options above.

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: CAD 1,000,000

Sub-limits:

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

- 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: CAD 250,000

Deductible CAD 1,000

Does your business transfer funds? If so, BMS recommends you consider adding Fraudulent Instruction coverage - \$25,000 limit starting from \$175/year. This is only applicable to Members who buy the \$1M Cyber Security & Privacy Liability. Please contact BMS to find out more or purchase this additional cover.

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. Laptop, USB Stick)? Yes No
 Please note 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

New! Legal Services package

Specialized legal advice for personal and/or business matters is just a phone call away.

For \$30/year – SAC members now have access to:

Unlimited Telephone Legal Advice

Unlimited access to a confidential 24/7 helpline to speak with a lawyer about any legal issue. Your legal questions do not have to be related to your professional practice or insurance policies.

150+ Legal Documents and templates online, anytime you need them

Take advantage of an online library of customizable templates and up-to-date legal documents that have been drafted by lawyers.

Legal Document Reviews

Lawyers will review your legal documents e.g. contracts (6 pages or less) and will draft simple legal letters on your behalf.

ID Theft resources and support

Specialized resources to reduce the risk of identity theft as well as expert assistance if an incident is to arise

Would you like to purchase the Legal Services Package?

Yes No

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"/> \$240 annual premium
Option 2	\$250,000	\$1,000	<input type="checkbox"/> \$325 annual premium
Option 3	\$500,000	\$1,000	<input type="checkbox"/> \$345 annual premium
Option 4	\$1,000,000	\$1,000	<input type="checkbox"/> \$450 annual premium

**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:

Declaration

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.

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.

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.

Signed by:

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

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

Sub-total \$

Tax \$

Total Enclosed \$

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
Fax: 613-701-4234
Email: sac.insurance@bmsgroup.com