

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.

**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: \_\_\_\_\_

**Please select one of the following options:**

Speech Language Pathologist  Audiologist

Communication Health Assistant

Other (please provide details): \_\_\_\_\_

## Applicant Details

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

Yes  No

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Do you or your business provide telehealth/ e-services 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.

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Do you provide professional services outside the scope of a speech language pathologist, audiologist or communication health assistant, for which you require insurance coverage?  
If yes, please provide details.

Yes  No

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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.

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Has a Professional Liability and/or Commercial General Liability claim ever been made against you in Canada or anywhere in the world or have you ever made a Property claim? Please only select "Yes" if you have not already reported the claim to BMS.

Yes  No

If yes, please provide details.

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Are you aware of any facts, circumstances or situations which may reasonably give rise to a claim under this policy? Please only select 'Yes' if you have not already reported this to BMS.

Yes  No

If yes, please provide details.

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## 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 Insurance	\$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 Limits	Cost
Option 1	<b>\$2,000,000</b> per claim <b>\$2,000,000</b> per year	<input type="checkbox"/> \$48
Option 2	<b>\$5,000,000</b> per claim <b>\$6,000,000</b> per year	<input type="checkbox"/> \$53
Option 3	<b>\$7,000,000</b> per claim <b>\$8,000,000</b> per year	<input type="checkbox"/> \$147
Option 4: New Grad <i>Only available for new graduates (graduating between July 1, 2022-July 1, 2023 within their first year of purchasing coverage)</i>	<b>\$2,000,000</b> per claim <b>\$2,000,000</b> per year	<input type="checkbox"/> Nil

Do you work **exclusively** in Public Practice (ex: Hospitals, Long-term care facilities, Rehabilitation centers, Schools, Home care)? [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.  Yes  No

## 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.

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 Per Person or organization

Medical Payments	\$50,000 per person
Tenants' Legal Liability	\$500,000 (\$1,000 Deductible) any one premise
Non-Owned Automobile	Per limit Selected
Legal Liability for Damage to Hired Automobiles	\$100,000

Do you require Commercial General Liability coverage?  
 If yes, please select from the table below:

Yes  No

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"/>

**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:

Name of Additional Insured:

Address:

City: Province/Territory: Postal Code:

Name of Additional Insured:

Address:

City: Province/Territory: Postal Code:

## 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 below:  Yes  No

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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"/>

## 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 \$593

Do you require Contents and Crime Coverage?  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

## Cyber Security and Privacy Liability

Do you require additional Cyber Security and Privacy Liability coverage?  Yes  No

Individual Practitioners	<input type="checkbox"/> \$105 annual premium
Business & Employees – \$0 to \$500,000 gross revenue	<input type="checkbox"/> \$625 annual premium
Business & Employees – \$500,001 to \$1,000,000 gross revenue	<input type="checkbox"/> \$914 annual premium
Business & Employees – \$1,000,001 to \$1,500,000 gross revenue	<input type="checkbox"/> \$1,064 annual premium
Business & Employees – \$1,500,001 to \$2,000,000 gross revenue	<input type="checkbox"/> \$1,328 annual premium
Business & Employees – \$2,000,001 to \$2,500,000 gross revenue	<input type="checkbox"/> \$1,509 annual premium
Business & Employees – \$2,500,001 to \$3,000,000 gross revenue	<input type="checkbox"/> \$1,582 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

**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.

Please be advised that this policy excludes any loss or liability arising out of or resulting from any theft of, loss of, or parting with, any portable computing device or media containing data in an electronic format, unless the data stored on such device or media are stored in an encrypted format.

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/Beazley. If yes, please provide details  Yes  No

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Are you aware of any facts, circumstances or situations, which may reasonably give rise to a claim against you/your business?  Yes  No  
Please only select yes if not already reported to BMS/Beazley. If yes, please provide details.

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

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#### **Statement of Facts including condition precedent requirements**

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

I/my business implement basic 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 I/my business use Jane, Clinicmaster, Owl Practice or Practiceperfect.

I/my business take and/or provide cyber security awareness training at least annually, including anti-phishing. For businesses, this includes training for all individuals who have access to your organization's network or confidential/personal data. Note, a link to a resource that can be utilized will be included on your Certificate of Insurance.

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 accurate

*\*Renewing members – if you are renewing this insurance policy, you have 30 days to implement any of the above items that are not currently in place. Please note, in the event of a claim, coverage will be contingent on complete implementation.*

**IT IS A CONDITION PRECEDENT FOR COVERAGE UNDER THIS POLICY THAT ALL THE ABOVE ITEMS ARE SATISFIED WITHIN 30 DAYS OF THE DATE OF INCEPTION OF YOUR POLICY. IF ANY OF THE ABOVE ITEMS STATEMENTS ARE NOT MET WITHIN 30 DAYS FROM THE DATE OF INCEPTION 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 your business transfers funds, BMS recommends you consider adding Fraudulent Instruction coverage - \$25,000 limit for \$190/year or \$100,000 limit starting from \$275/year. Would you like BMS to contact you regarding a quote for Fraudulent Instruction coverage?  Yes  No

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## 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

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

## New! Legal Services package

Specialized legal advice for personal and/or business matters.

**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 (up to 8 pages) and will draft simple legal letters on your behalf.

Would you like to purchase the Legal Services Package?  Yes  No

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## 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"/> \$250 annual premium
Option 2	\$250,000	\$1,000	<input type="checkbox"/> \$345 annual premium
Option 3	\$500,000	\$1,000	<input type="checkbox"/> \$365 annual premium
Option 4	\$1,000,000	\$1,000	<input type="checkbox"/> \$475 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

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

Toll Free: 1-855-318-6135  
Fax: 613-701-4234  
Email: [sac.insurance@bmsgroup.com](mailto:sac.insurance@bmsgroup.com)