



APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE ANIMAL REHABILITATION THERAPIST

Name of Applicant: _____

Address: _____

City: _____

Prov/Terr.: _____

Postal Code: _____

Telephone: _____

Email: _____

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

Note: This coverage is only available to members who 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.

Policy Effective Date

Please confirm the date you would like your policy to start (this should be the expiration date of an existing policy if you have one in place). Please type TODAY if you would like the coverage to start immediately.

Requested effective date (MM/DD/YYYY): _____

Membership Information

Are you a member in good standing with the Canadian Physiotherapy Association? _____

Yes No

Membership Number: _____

Applicant Details

Do you offer treatments to captive animals? Yes No

Definition of captive animals: performance horses –racehorses, training horses and competition horses whose value exceeds \$100,000.

If yes, please call BMS at 1-855-318-6136.

Do you offer acupuncture or manipulation treatments? Yes No

If yes, and the services are lower than 25%, an additional premium will be applied.

If the services exceed 25%, please call BMS at 1-855-318-6136.

Has the applicant ever had similar insurance denied, cancelled, or not renewed by 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? 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 an animal rehabilitation therapist. Your coverage ensures payment of both compensatory damages and legal costs associated with a claim.

Coverage Details:

Per claim / aggregate limit	\$1,000,000 / \$2,000,000
Regulatory Legal Expense	\$25,000
Criminal Defence Costs Reimbursement	\$25,000
Loss of Earnings	\$150 per day

Premium

\$605

Acupuncture services provided

Add \$110

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.

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

Toll Free: 1-855-318-6136
Fax: 613-701-4234
Email: cpa.insurance@bmsgroup.com