



PROFESSIONAL LIABILITY & BUSINESS INSURANCE APPLICATION

Name of Applicant: _____

Business/Corporation Name: _____

Address: _____

City: _____

Prov/Terr: _____

Postal Code: _____

Telephone: _____

Email: _____

1. Are you a Canadian Certified Counsellor (CCC) and a member in good standing with the Canadian Counselling and Psychotherapy Association (CCPA)? Yes No

Membership Number: _____

2. Are you a student member with the Canadian Counselling and Psychotherapy Association (CCPA) and currently completing a supervised practicum? Yes No

Membership Number: _____

Please note, if you answered "No" to Question 1 and 2, you are not eligible for coverage through the CCPA insurance program. Please contact CCPA at 1-877-765-5565 to secure membership.

Please indicate your CCPA Membership expiry month: _____

Please indicate your requested coverage start date (MM/DD/YYYY): _____

3. Do you provide professional services outside the scope of counselling or psychotherapy? Yes No
If yes, please provide details. _____

4. Do you provide services outside of Canada? Yes No
If yes, please provide details. _____

5. Has any application for professional liability and/or commercial general liability insurance ever been denied or cancelled? Yes No
If yes, please provide details. _____

6. Have you ever sustained a professional liability and/or commercial general liability loss or has such a claim been made against you? Yes No
If yes, please provide details.
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7. Have you any knowledge of any negligent act, error or omission or breach of duty which might give rise to a claim against you? Yes No
If yes, please provide details.
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Coverage Options

Professional Liability (claims made basis)

	Limit	Deductible	Annual Premium	Option Selected
Option 1	\$3,000,000 per claim / per member aggregate	Nil	\$104	<input type="checkbox"/>
Option 2	\$5,000,000 per claim / per member aggregate	Nil	\$164	<input type="checkbox"/>
Option 3 – Student*	\$2,000,000 per claim / per member aggregate	Nil	\$80	<input type="checkbox"/>

*Only available to students completing supervised practicum.

Commercial General Liability (occurrence form)

	Limit	Deductible	Annual Premium	Option Selected
Option 1	\$2,000,000 per occurrence / per member aggregate	\$500	\$80	<input type="checkbox"/>
Option 2	\$5,000,000 per occurrence / per member aggregate	\$500	\$106	<input type="checkbox"/>

Please indicate any additional insured(s) to be listed on your certificate:

Name:

Address:

City:

Prov/Terr:

Postal Code:

Name:

Address:

City:

Prov/Terr:

Postal Code:

Business Name:

Business Address (if different from above):

City:

Prov/Terr:

Postal Code:

Number professional staff:

Number of contractors:

Number of administrative staff:

Legal Entity Coverage

In the event of a claim, both the treating professional and the business name are likely to be named in a statement of claim or lawsuit. Legal Entity Coverage protects the clinic and its assets in such circumstances. This coverage is applicable if you are a business owner and employ other counselors / psychotherapists / healthcare professionals.

Do you require Legal Entity Coverage?

Yes No

	Limit	Deductible	Annual Premium	Option Selected
Option 1	Limit as selected above for Professional Liability	Nil	\$108	<input type="checkbox"/>

Cyber Security and Privacy Liability

Cyber Security and Privacy Liability coverage protects 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.

Do you require Cyber Security and Privacy Liability coverage?

Yes No

Individual Practitioners	<input type="checkbox"/> \$75 annual premium (\$1,000 deductible)
Business & Employees – \$0 to \$500,000 gross revenue	<input type="checkbox"/> \$480 annual premium (\$1,000 deductible)
Business & Employees – \$500,001 to \$1,000,000 gross revenue	<input type="checkbox"/> \$595 annual premium (\$1,000 deductible)
Business & Employees – \$1,000,001 to \$1,500,000 gross revenue	<input type="checkbox"/> \$705 annual premium (\$1,000 deductible)
Business & Employees – \$1,500,001 to \$2,000,000 gross revenue	<input type="checkbox"/> \$820 annual premium (\$1,000 deductible)
Business & Employees – \$2,000,001 to \$2,500,000 gross revenue	<input type="checkbox"/> \$1,025 annual premium (\$1,000 deductible)

Have you ever had a privacy breach in the past?

Yes No

If yes, please provide details.

Do you implement basic loss control measures such as: Antivirus software, a firewall and/or regular software patch installations?

Yes No

Are your portable storage devices encrypted (ie. USB Stick)?

Yes No

Please note this policy excludes any loss or liability arising from information contained on a non-encrypted device.

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 insurance and that this application discloses the hazards known to exist at the date of this application. I declare that the statements made 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.

If you are unsure of your coverage requirements please contact BMS, a licensed insurance broker will be available to answer your questions during regular business hours.

Signed by: _____

Position: _____

Date: _____

Signing of this form does not bind the Applicant or company to complete the insurance but it 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.

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 8% 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: _____

Cardholder Name: _____

Signature: _____

BMS Canada Risk Services Ltd. (BMS Group)

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

Toll Free: 1-844-506-3981

Fax: 613-701-4234

Email: ccpa.insurance@bmsgroup.com

Web: www.ccpa.bmsgroup.com