



PROFESSIONAL LIABILITY & BUSINESS INSURANCE APPLICATION

Name of Applicant: _____

Address: _____

City: _____

Prov/Terr: _____

Postal Code: _____

Telephone: _____

Email: _____

Membership Information

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

Membership Number: _____

2. Please indicate membership type: (select one from below)

a. Canadian Certified Counsellor (CCC)

b. Member in a Regulated Province:

College of Registered Psychotherapist of Ontario

Ordre des conseillers et conseillères d'orientation du Québec or Ordre des psychologues du Québec

Nova Scotia College of Counselling Therapists

College of Counselling Therapists of New Brunswick

c. Has applied for CCC
(https://www.ccpa-accp.ca/wp-content/uploads/2018/05/CertificationGuide_EN_2017.pdf)

d. Student Member

Professional Liability Insurance Options (claims made basis)

	Option 1	Option 2	Student Option
Limits	\$3,000,000 per claim \$3,000,000 per year	\$5,000,000 per claim \$5,000,000 per year	\$2,000,000 per claim \$2,000,000 per year
a. Canadian Certified Counsellor (CCC)	<input type="checkbox"/> \$104	<input type="checkbox"/> \$164	N/A
b. Member in a Regulated Province ¹	<input type="checkbox"/> \$200	<input type="checkbox"/> \$280	N/A
c. Has applied for CCC ²	<input type="checkbox"/> \$200	<input type="checkbox"/> \$280	N/A
d. Student Member ³	N/A	N/A	<input type="checkbox"/> \$80

1. *A discontinued license will void the insurance coverage.*
2. *If you have applied for your CCC designation you are eligible for this coverage for 1 year only. You must also have a graduate degree (Masters or doctorate) in counselling or counselling-related field.*
3. *Please note the policy provides coverage for your services rendered during your practicum only.*

Applicant Details

1. Do you provide professional services outside the scope of counselling or psychotherapy? Yes No
 [Note, this policy will only provide coverage for services that fall within your scope of practice as a counsellor or psychotherapist]
 If yes, please provide details.

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

3. Has any application for similar insurance ever been denied or cancelled? Yes No
 If yes, please provide details.

4. 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.

5. Have you any knowledge of any negligent act, error or omission or breach of duty that might give rise to a claim against you? Yes No
 If yes, please provide details.

Please indicate your CCPA Membership expiry month: _____

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

Business Details (complete if applicable)

Business/Corporation Name: _____

Business Address (if different from above): _____

City: _____ Prov/Terr: _____ Postal Code: _____

Number professional staff: _____ Number of contractors: _____ Number of administrative staff: _____

Additional Coverage Options

INDIVIDUAL COMMERCIAL GENERAL LIABILITY (occurrence form)

Recommended for independent contractors and/or businesses with no other healthcare providers

	Limit	Deductible	Cost	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"/>

BUSINESS COMMERCIAL GENERAL LIABILITY (occurrence form)

Recommended for business owners with healthcare providers

	Limit	Deductible	Cost*	Option Selected
Option 1	\$1,000,000 per occurrence / per member aggregate	\$500	\$350	<input type="checkbox"/>
Option 2	\$2,000,000 per occurrence / per member aggregate	\$500	\$425	<input type="checkbox"/>
Option 2	\$5,000,000 per occurrence / per member aggregate	\$500	\$550	<input type="checkbox"/>

**Pricing above is for up to 4 additional healthcare providers on staff. Add \$75 for each additional healthcare provider up to 9. Businesses with 10 or more healthcare providers on staff must be referred to the insurer for a quotation.*

Please indicate any additional insured(s) to be listed on your Commercial General Liability insurance certificate:

Name:

Address:

City:

Prov/Terr:

Postal Code:

Name:

Address:

City:

Prov/Terr:

Postal Code:

CYBER SECURITY AND PRIVACY LIABILITY (for Individuals or Business Owners)

Cyber Security and Privacy Liability insurance protects against claims arising out of theft, loss, or unauthorized disclosure of a third party's personally identifiable information.

Please note, the Professional Liability policies above AUTOMATICALLY include \$50,000 of Cyber Security and Privacy Liability Coverage. Members can enhance and increase their coverage to a \$1,000,000 limit.

Do you require Cyber Security and Privacy Liability coverage? (if Yes, please select Option below) Yes No

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

Have you ever had a privacy breach in the past?
If yes, please provide details. Yes No

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.

CONTENTS AND CRIME COVERAGE (for Individuals or Business Owners)

Protects against damage to office contents, including desks, chairs, filing cabinet and computers, and loss of revenues caused by an interruption of business activities arising from an insured loss. Crime coverage protects against financial loss due to dishonesty, fraud; or theft of money, securities or other property owned by the office/clinic.

Recommended for individual practitioners or business owners with contents to insure.

Do you require Contents & Crime Coverage? Yes No

- \$50,000 Contents
\$10,000 Crime
(Subject to \$1,000 Deductible)
\$475 Premium

Do you require more than \$50,000 of contents coverage for the package? Yes No

If Yes, please select one of the additional coverage options below:

- \$100,000 Contents **\$100 Additional Premium** \$150,000 Contents **\$200 Additional Premium** \$200,000 Contents **\$300 Additional Premium**

LEGAL ENTITY COVERAGE (for Business Owners)

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 business and its assets in such circumstances.

This coverage is recommended if you are a business owner and employ other counselors / psychotherapists / healthcare professionals.

Do you require Legal Entity Coverage?

Yes No

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

EMPLOYMENT PRACTICES (MANAGEMENT) LIABILITY (for Business Owners)

Protects you and your business against allegations of employment practice violation, including wrongful termination, discrimination, workplace harassment, and others.

Recommended for business owner with administrative and/or professional staff, independent contractors, volunteers, and/or students.

Do you require Employment Practices Liability?

Yes No

	Limit	Deductible	Cost
Option 1	\$100,000	\$1,000	<input type="checkbox"/> \$220
Option 2	\$250,000	\$1,000	<input type="checkbox"/> \$295
Option 3	\$500,000	\$1,000	<input type="checkbox"/> \$310
Option 4	\$1,000,000	\$1,000	<input type="checkbox"/> \$400

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

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:

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 costs are 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)

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