

## BMS INSURANCE SOLUTIONS FOR YOU & YOUR BUSINESS

**THIS APPLICATION IS FOR THE JANUARY 15, 2026 – JANUARY 15, 2027 POLICY PERIOD.**

Name of Applicant:

Mailing Address:

City:

Province/Territory:

Postal Code:

Telephone:

Email:

\*Please advise BMS if your contact details have changed so that you can 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 and upon receiving payment. ☐

### Business Details

Only complete this section for or on behalf of your own business. **Do not** complete this section for or on behalf of someone else's business or a business where you are employed or contracted.

Do you operate a business as a denturist for which you require insurance?

☐ Yes ☐ No

Do you work independently or are a sole proprietor with no other health professionals working for you?

☐ Yes ☐ No

If yes, please provide your primary entity / business name (please list all operating names related to the entity):

Entity/Business Name:

Location Address (if different from above):

City:

Province/Territory:

Postal Code:

Do you operate more than one entity for which you require coverage?  
If yes, please provide details.

☐ Yes ☐ No

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## Membership Information

In order to be eligible for this insurance, you must be a member of The Denturist Association of Ontario (DAO). **You must maintain continuous and active membership with the DAO for the full duration of this insurance policy.** If you are not a member of the DAO, this policy is null and void. Please confirm you understand and agree to the eligibility requirements. ☐

Are you a member in good standing with The Denturist Association of Ontario?

☐ Yes ☐ No

Have you renewed your DAO membership for the January 15, 2026 – January 15, 2027 membership year?

☐ Yes ☐ No

Please provide your DAO Membership number:

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## Applicant Details

Has any Professional Liability/Commercial General Liability claim, lawsuit, or complaint been made against you or your business or is any such claim now pending against you anywhere in the world?  
If yes, please provide details.

☐ Yes ☐ No

Do you or your business provide professional services outside the scope of a denturist? [Note, the policies will only provide coverage for services that fall within your scope of practice as a denturist. Other professional services are not covered by this insurance]  
If yes, please provide details.

☐ Yes ☐ No

Have you/your business been the recipient of any allegations of professional negligence in writing or verbally in the past 5 years?  
If yes, please provide details.

☐ Yes ☐ No

Has any Professional Liability/Commercial General Liability policy ever been denied, cancelled or has a renewal of insurance ever been refused?  
If yes, please provide details.

☐ Yes ☐ No

Do you/your business provide services outside of Canada?  
If yes, please provide details.

☐ Yes ☐ No

## Professional Liability Insurance (Errors & Omissions)

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 Denturist. Your policy also responds if a complaint is made against you to your regulatory body.

### Coverage Overview:

Policy Form	Occurrence
Disciplinary Expense (including awarded costs & Human Rights Tribunals)	\$150,000 per claim / policy period
Defence Costs for Alleged Criminal Acts Excluding Abuse Reimbursement	\$150,000 per claim / policy period
Defence Costs for Abuse Reimbursement	\$150,000 per claim / policy period
Loss of Earnings	Up to \$1,000 / day
Subpoenaed to Appear	\$10,000 per claim / policy period
Loss of Documents	\$65,000 per claim / policy period
Therapy & Counselling Fund	\$25,000 per insured / \$50,000 per policy period
Public Relations Expenses	\$25,000 per claim / policy period
Coverage Territory	Canada

Limit	Premium
\$2,000,000 per occurrence / \$5,000,000 aggregate	<input type="checkbox"/> \$320
\$5,000,000 per occurrence / \$5,000,000 aggregate	<input type="checkbox"/> \$490

## Clinic Professional Liability (Legal Entity)

Clinic Professional Liability protects your business assets in the event that your business name is included in a professional liability claim or lawsuit.

Business owners should consider purchasing this coverage if other health professionals (for example, professional staff such as co-owners, employees, independent contractors, associates) are delivering services for or on behalf of your business or billing under your business name.

Please note that this coverage should be purchased by one individual on behalf of all business owners and/or the business entity.

Your DAO individual PLI policy will automatically extend if you work independently or are a sole proprietor with no other health professionals delivering services for or on behalf of your business or billing under your business name.

Do you require Clinic Professional Liability coverage?  
If yes, please complete fields below.

☐ Yes ☐ No

Number of Professionals	Annual Premium (Shared with \$2M Individual PLI)	Annual Premium (Shared with \$5M Individual PLI)
Sole proprietor	<input type="checkbox"/> NIL	<input type="checkbox"/> NIL
2-5	<input type="checkbox"/> \$298	<input type="checkbox"/> \$404

6-10	<input type="checkbox"/> \$476	<input type="checkbox"/> \$578
11+	<input type="checkbox"/> Referral	<input type="checkbox"/> Referral

Indicate the number of professionals including yourself providing services for or on behalf of the Clinic / Business (do not include administrative staff and/or Dental Assistants who are performing administrative tasks only and who are not delivering patient care):

Each professional providing services for or on behalf of your business must carry their own individual Professional Liability insurance. Please confirm you understand and agree to the coverage terms. ☐

Do you employ / contract any other health care professionals (not including denturists)? ☐ Yes ☐ No  
If yes, please provide details.

### Individual Commercial General Liability

If you operate a business and have CONTENTS / PROPERTY to insure and/or if you have professionals working for, or on behalf of, your business and/or billing under your business name, a Commercial General Liability policy may not be sufficient protection.

In these circumstances, BMS recommends Clinic Package coverage, which includes Business Commercial General Liability, Property/Contents, Business Interruption, and Crime. Please complete the Clinic Package section below.

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 or you may accidentally cause property damage to a client's home during a consultation.

This coverage is recommended for independent contractors with no additional staff.

**Please note, if you purchase the Clinic Package, you do not need this coverage as it is included.**

#### Coverage Overview:

Policy Form	Occurrence
Bodily Injury and Property Damage	To limit selected
Personal & Advertising Liability	To limit selected
Medical Payments	\$25,000 per person
Tenants Legal Liability	\$1,000,000
Non-Owned Automobile	\$2,000,000
Damage to Hired Automobiles	\$100,000

Do you require Individual Commercial Liability coverage? ☐ Yes ☐ No  
If yes, please select an option below.

Limit	Premium
\$2,000,000 per occurrence / \$5,000,000 aggregate	<input type="checkbox"/> \$490

\$5,000,000 per occurrence / \$5,000,000 aggregate

☐ \$725

## Clinic Package

Includes Property/Contents, Crime, Business Interruption & Commercial General Liability.

Occurrence-based.

**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 or you may accidentally cause property damage during a home visit.

**Property/Contents\*** covers items usual to an office, including desks, chairs, filing cabinets and computers, as well as any equipment, stock and leasehold improvements and betterments for which you are responsible. If you anticipate undergoing any renovations in your office space within the policy term, please contact BMS directly at 1-855-318-6558.

**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).

\*To account for inflation, insurers recommend that you increase your contents limit by a minimum of 5%.

### Contents/Property & Crime Deductibles

Earthquake	3% / \$100,000 min except for British Columbia which is 10% / \$250,000 min.
Flood	\$25,000 minimum
Sewer Back-Up	\$5,000 minimum
Water Damage	\$10,000 minimum
Miscellaneous Property	\$2,500 minimum
Crime	\$1,000 minimum
All Other Perils	\$2,500 minimum

Coverage	Limit
Commercial General Liability	\$2,000,000 per occurrence / \$5,000,000 aggregate
Includes:	
Bodily Injury and Property Damage	
Products-Completed Operations	
Personal Injury & Advertising Injury	
Medical Payments	
Tenants' Legal Liability	
Employee Benefits Liability Extension	
Non-Owned Automobile	
Contents on premises including leasehold improvements and betterments (90% co-insurance applies)	\$150,000
Crime	\$10,000

Business Interruption	\$150,000 aggregate
Equipment Breakdown	Matching to contents limit

### Annual premium from \$1,599

Do you require the Clinic Package coverage? ☐ Yes ☐ No  
If yes, please complete the fields below.

Have you ever made a Property/flood claim? ☐ Yes ☐ No  
If yes, please provide details.

Do you have any laser equipment, diagnostic or radiological equipment valued at over \$100,000? ☐ Yes ☐ No  
If yes, please provide details (name, description, age, quantity, and replacement value).

Has any similar insurance ever been denied, cancelled or has a renewal of insurance ever been refused? ☐ Yes ☐ No  
If yes, please provide details.

Do you want to increase your Commercial General liability limit to \$5,000,000/5,000,000 aggregate for an additional \$200? ☐ Yes ☐ No

### Additional Contents Limits

Would you like to purchase increased contents limits? ☐ Yes ☐ No  
If yes, please select a limit below.

Contents Limit	Additional Premium
\$200,000	<input type="checkbox"/> \$258
\$250,000	<input type="checkbox"/> \$361
\$300,000	<input type="checkbox"/> \$464
\$350,000	<input type="checkbox"/> \$567
\$400,000	<input type="checkbox"/> \$670
\$450,000	<input type="checkbox"/> \$773
\$500,000	<input type="checkbox"/> \$876
\$550,000	<input type="checkbox"/> \$927
Over \$550,000	<input type="checkbox"/> Referral

### Miscellaneous All Risks Property Floater

If you travel with Contents, we recommend that you add a Miscellaneous All Risk Property Floater to your policy to insure this property for losses that may occur while away from your insured premises.

Deductible: \$2,500

Do you require a Miscellaneous All Risks Property Floater?

☐ Yes ☐ No

If yes, please select a limit below.

Contents Limit	Annual Premium
\$10,000	<input type="checkbox"/> \$100
\$20,000	<input type="checkbox"/> \$200
\$30,000	<input type="checkbox"/> \$300
\$40,000	<input type="checkbox"/> \$400
\$50,000	<input type="checkbox"/> \$500
Over \$50,000	<input type="checkbox"/> Referral

### Additional Location

Do you require contents at an additional location?

☐ Yes ☐ No

If yes, please provide the address of the additional locations and contents limit required:

Address:

City:

Province/Territory:

Postal Code:

Contents Limit	Additional Premium
\$150,000	<input type="checkbox"/> \$1,599
\$200,000	<input type="checkbox"/> \$1,849
\$250,000	<input type="checkbox"/> \$1,949
\$300,000	<input type="checkbox"/> \$2,049
Over \$300,000	<input type="checkbox"/> Referral

Do you require Contents at a third location?

☐ Yes ☐ No

### Co-Insurance

Coinurance is a penalty imposed on the insured by the insurance carrier for under reporting/declaring/insuring the value of tangible property or business income. The penalty is based on a percentage stated within the policy and the amount under reported. In this policy you have a co-insurance requirement of 90%. As an example:

If the value of the contents you are insuring is \$150,000 and the policy contains a 90% co-insurance clause; this means you should purchase at least \$135,000 in coverage. If you were only purchasing \$100,000 coverage and had a loss of \$100,000, the insurance company would pay based on the following formula:

Amount of insurance in place % Amount of insurance that should have been in place x Amount of the loss = Amount paid, less any deductible.

For example:  $(\$100,000 \div (\$150,000 \times 90\%)) \times \$100,000 = \$74,074$  Payment for loss (less deductible)

BMS recommends that your insurable values be reviewed and appropriately appraised to ensure you are purchasing the correct content and property limits.

**I understand the co-insurance clause and have selected adequate contents limit.** ☐

### Building / Condominium Unit Coverage

Do you own the building or condominium unit where your business is located for which you require commercial building insurance? (Please note we do not provide coverage for residential properties) ☐ Yes ☐ No

If yes, please select the type of property: ☐ Building ☐ Condominium Unit

If yes, provide the property value (Note: this is not the real estate cost):

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### Office Coverage Requirements

Are the coverages above adequate? ☐ Yes ☐ No  
If no, please provide details of your requirements:

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### Additional Insured(s)

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.

I understand and agree to the terms detailed above. ☐

Name:

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Address:

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City:

Province/Territory:

Postal Code:

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### Loss Payee(s)

Only complete this section if you are contractually required to add a Loss Payee to your Property insurance policy.

A Loss Payee is a third party entity who is entitled to all or part of the claim settlement for damaged property in which they have an insurable interest. (e.g. a Leasing company). Your contents limit must encompass the value of the leased property.

I understand and agree to the terms detailed above. ☐

Name:

Address:

City:

Province/Territory:

Postal Code:

## Cyber Security and Privacy Liability

Cyber liability continues to be an ever-evolving area of risk. You have access to a comprehensive Cyber Security and Privacy Liability policy to protect against claims arising out of the theft, loss, or unauthorized disclosure of identifiable information, which includes First- and Third-Party coverage and Breach Response Services.

This policy is designed to provide protection against 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.

### Breach Response

Additional Breach Response Costs	\$500,000
Legal, Forensic & Public Relations/Crisis Management	\$250,000
Notified Individuals	5,000 (Individual), 100,000 (Business)

### Policy Aggregate Limit of Liability

\$1,000,000

### First Party Loss

Business Interruption - Resulting from Security Breach	\$100,000
Cyber Extortion Loss	\$500,000
Data Recovery Costs	\$100,000

### Liability

Data & Network Liability	\$1,000,000
Regulatory Defense & Penalties	\$1,000,000
Payment Card Liabilities & Costs	\$1,000,000
Media Liability	\$1,000,000

### eCrime

Fraudulent Instruction*	Available for additional premium
Funds Transfer Fraud	Included with Fraudulent Instruction
Telecommunications Fraud	\$100,000

### Criminal Reward

Criminal Reward	\$50,000
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**Computer Hardware Restoration**

Included

**Deductibles**

Each Incident

\$1,000

Notified Individuals

100

Would you like to purchase Cyber Security & Privacy Liability coverage?  
If yes, please select an option below.

☐ Yes ☐ No

Gross Revenue	Annual Premium
Individual Practitioners / Business (Just Yourself)	<input type="checkbox"/> \$121
Business & Employees - \$0 to \$500,000	<input type="checkbox"/> \$675
Business & Employees - \$500,001 to \$1,000,000	<input type="checkbox"/> \$1,023
Business & Employees - \$1,000,001 to \$1,500,000	<input type="checkbox"/> \$1,284
Business & Employees - \$1,500,001 to \$2,000,000	<input type="checkbox"/> \$1,578
Business & Employees - \$2,000,001 to \$2,500,000	<input type="checkbox"/> \$1,776
Business & Employees - \$2,500,001 to \$3,000,000	<input type="checkbox"/> \$1,873
Business & Employees - \$3,000,001 to \$3,500,000	<input type="checkbox"/> \$2,017
Business & Employees - \$3,500,001 to \$4,000,000	<input type="checkbox"/> \$2,159
Business & Employees - \$4,000,001 to \$4,500,000	<input type="checkbox"/> \$2,298
Business & Employees - \$4,500,001 to \$5,000,000	<input type="checkbox"/> \$2,434
Business & Employees - Above \$5,000,001	<input type="checkbox"/> Referral

Has any Cyber claim or lawsuit been made against you/your business, or is any such claim now pending against you/your business?  
If yes, please provide details.

☐ Yes ☐ No

Are you aware of any facts, circumstances or situations, which may reasonably give rise to a claim against you/your business?  
If yes, please provide details.

☐ Yes ☐ No

Have you/your business ever had a cyber security / privacy breach and/or network security incident ☐ Yes ☐ No  
in the past or has such a claim been made against you/your business?  
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 are required by the insurer for coverage to be secured. Please confirm the following is accurate:

IT IS A CONDITION PRECEDENT FOR COVERAGE UNDER THIS POLICY THAT ALL THE BELOW ITEMS ARE SATISFIED. IF ANY OF THE BELOW STATEMENTS ARE NOT MET 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.

Please confirm the following is accurate:

I/my business implements 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 separate location that would be unaffected by an issue with your live environment.

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 if No, I/my business use Jane, Clinicmaster, owl practice or Practiceperfect.

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 true and accurate. ☐

I also confirm the following:

I/my business take and/or provide cyber security awareness training **at least once annually**, including anti-phishing. For businesses, this includes training for all individuals who have access to your organization's network or confidential/personal data. Resources can be found at [www.getcybersafe.gc.ca](http://www.getcybersafe.gc.ca). **You are not required to provide proof to BMS.**

I confirm the above statement is true and accurate. ☐

### \*Additional Coverage Available

If you/your business transfers funds, BMS recommends you consider adding Fraudulent Instruction/Funds Transfer Fraud coverage.

**Fraudulent Instruction** coverage provides a limit of up to \$100,000 for claims resulting directly from you/your insured business having transferred, paid, or delivered any Money or Securities as a direct result of Fraudulent Instructions (i.e.: a fraudulent written instruction, electronic instruction (including email or web-based instruction) or telephone instruction provided by a person purporting to be a Vendor, Client, or an Authorized Employee, that is intended to mislead an Insured through the misrepresentation of a material fact that is relied upon in good faith by such Insured).

**Funds Transfer Fraud** means the loss of Money or Securities contained in a Transfer Account at a Financial Institution resulting from fraudulent instructions by a third party issued to a Financial Institution directing such institution to transfer, pay or deliver Money or Securities from any account maintained by you/your insured business at such institution, without you/your insured business’s knowledge or consent.

\$25,000 limit for **\$230 / year**  
\$100,000 limit starting from **\$335 / year**

Would you like BMS to contact you regarding a quote for Fraudulent instruction coverage? ☐ Yes ☐ No  
If yes, an additional questionnaire is required to be completed and will be sent to you separately.

**Employment Practices Liability**

Do you employ administrative and/or professional staff? Does your practice 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 other employment related allegations.

Recommended for business owners with employees, contractors, volunteers, or students.

Would you like to purchase Employment Practices Liability? ☐ Yes ☐ No  
If yes, please select an option below.

	Limit	Deductible	Annual premium for up to 25 staff
Option 1	\$100,000	\$1,000	<input type="checkbox"/> \$270
Option 2	\$250,000	\$1,000	<input type="checkbox"/> \$373
Option 3	\$500,000	\$1,000	<input type="checkbox"/> \$394
Option 4	\$1,000,000	\$1,000	<input type="checkbox"/> \$514

Total number of employed staff (professionals):

Total number of administrative staff (including students working under supervision):

Total number of contracted staff (professionals):

Has any application for similar insurance ever been denied, cancelled or not renewed? ☐ Yes ☐ No  
If yes, please provide details.

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

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Involving any employment law?  
If yes, please provide details.

☐ Yes ☐ No

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Involving non-employment related discrimination or sexual harassment?  
If yes, please provide details.

☐ Yes ☐ No

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During the past 12 months, has the business experienced any change in controlling ownership of the business?  
If yes, please provide details.

☐ Yes ☐ No

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## Legal Services Package

Members can access a comprehensive Legal Services Package, which includes:

### Unlimited Legal Helpline

Unlimited access to the Legal Helpline. Helpline Lawyers provide general legal information and assistance for any legal question. Please note: the lawyer will not advise on coverage, make a claim decision, or review documents.

### Legal Document Centre

Unlimited access to an online library of legal documents, all of which have been drafted by lawyers, and are in the form of guided, customizable templates. Examples of templates include wills and power of attorney documents, employment contracts, service agreements, and more. Documents are based on Canadian laws and legal best practices. They can be downloaded and saved securely for future reference or reuse.

### Legal Document Review

Access to lawyers to review a simple legal document and provide you with an annotated copy of the document with their notes. This will assist you in understanding the general impacts that the document may have for you.

### Simple Legal Letter Drafting

Access to lawyers who will draft a simple legal letter for you to send. This service is intended to assist you with drafting simple documents, such as a demand letter, a complaint letter, a travel consent letter for a child, a resignation letter, or a warning letter to an employee.

### Emotional Support Assistance

Access to Emotional Support Assistance through which you can confidentially speak with a professional counsellor about any work or personal issues which may be affecting you.

### Identity Theft Protection Assistance

Identity theft experts will provide you with general assistance and prevention tips about identity theft and how to protect yourself. If you believe you have been the victim of identity theft, this service can also provide you with direct assistance by an Identity Restoration Expert to help restore your identity.

### HR Assistance

Access to HR Assistance where you can speak to a Human Resources professional, who can provide you with information regarding HR issues that are impacting your business.

## Annual Cost \$39

Would you like to purchase the Legal Services Package?

☐ Yes

☐ No

**Note, if you are purchasing Legal Expense insurance, some elements of the Legal Services Package are automatically included in the Personal and Business Legal Solutions.**

## Legal Expense Insurance Solutions

Personal and/or business-related legal matters can arise at any time and can be costly.

**Personal Legal Solutions** provides:

- Legal Services Package (as detailed above, however HR Assistance not included)
- Insurance to cover the legal costs and expenses for resolving a range of disputes, including:
  - Pursuing or defending legal action relating to the selling or buying of goods or obtaining services. Plus, coverage for disputes with a leasing company for the amount due if a leased motor vehicle is declared a total loss by the auto insurer;
  - Pursuing or defending a dispute relating to a residential tenancy agreement you entered into to rent their principal residence (90 day waiting period applies from the inception of the first policy held);
  - Defending against the revocation or suspension of your motor vehicle driver's licence;
  - Defending against a criminal investigation or prosecution arising from your work as an employee, or prosecution for a highway traffic or motor vehicle offence;
  - Pursuing legal action relating to a trespass, legal nuisance or if a third party causes physical damage to personal property;
  - Pursuing legal action due to an accident that causes death, illness, or a serious injury;
  - Responding to a tax audit or appealing a Canada Revenue Agency (CRA) decision.

Would you like to purchase Personal Legal Solutions?

☐ Yes

☐ No

If yes, please select an option and complete the fields below.

Each claim/aggregate limit	Premium
\$25,000/\$125,000	<input type="checkbox"/> \$109
\$50,000/\$250,000	<input type="checkbox"/> \$132

In the last 3 years, have you, your spouse, or any adult children living in your home:

Pursued a consumer contract dispute?

☐ Yes

☐ No

Pursued a dispute with a neighbour or had to take action following a legal nuisance or trespass on your land?

☐ Yes

☐ No

Pursued legal action against a negligent third party following an injury to yourself?

☐ Yes

☐ No

Pursued legal action against a medical practitioner following an incident of clinical negligence which caused you an injury?

☐ Yes

☐ No

- Been audited by the CRA? ☐ Yes ☐ No
- Been interviewed by the police or arrested in connection with an alleged criminal offence? ☐ Yes ☐ No
- Been sued for alleged discrimination? ☐ Yes ☐ No
- Been the victim of identity theft? ☐ Yes ☐ No

If yes, please provide details.

**Business Legal Solutions** provides:

- Legal Services Package (as detailed above, however Identity Theft Protection Assistance not included)
- Insurance to cover legal costs for resolving a range of disputes, including:
  - Defending against a criminal or occupational health and safety investigation or prosecution;
  - Defending against proceedings brought against an employee for unlawful discrimination;
  - Defending against a prosecution for a highway traffic or motor vehicle offence;
  - Pursuing or defending legal action for disputes relating to the selling or buying of goods and providing or obtaining services. Plus, recovery of money owed in the delivery of goods or services and disputes for premises rented by a business to conduct their operations within (90 day waiting period applies from the inception of the first policy held);
  - Defending against the revocation, suspension, or non-renewal of an operating or business licence;
  - Pursuing legal action relating to a trespass, legal nuisance or if a third party causes physical damage to business property;
  - Pursuing legal action due to a work-related injury while away from the business premises;
  - Responding to a tax audit or appealing a Canada Revenue Agency (CRA) decision.

**\$50,000 per claim / \$250,000 aggregate**

Would you like to purchase Business Legal Solutions? ☐ Yes ☐ No

If yes, please select an option and complete the fields below.

Estimated Revenue for the next 12 months	Premium
\$0 to \$150,000	<input type="checkbox"/> \$168
\$150,001 to \$250,000	<input type="checkbox"/> \$266
\$250,001 to \$500,000	<input type="checkbox"/> \$433
\$500,001 to \$1,000,000	<input type="checkbox"/> \$554
\$1,000,001 to \$2,000,000	<input type="checkbox"/> \$977
\$2,000,001 to \$3,000,000	<input type="checkbox"/> \$1,388
\$3,000,001+	<input type="checkbox"/> Referral Required

Total number of employees (full time & part time):

In the last 3 years has your business, you or any employee, director or partner of the business been:

Subject to a tax audit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Involved in a dispute regarding compliance with GST, Income Tax, PST or HST or payroll tax deductions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Involved in any dispute regarding any damage, trespass or nuisance in relation to property that you are responsible for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prosecuted in a criminal court (excluding vehicle-related offences)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Subject to a civil action alleging theft or breach of privacy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The recipient of a notice to alter, suspend, revoke or refusal to renew any statutory licence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Involved in any contractual dispute?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please provide details.

Have you pursued an undisputed debt in the last 12 months, after you had exhausted your normal aged receivable procedures? ☐ Yes ☐ No

If yes, please provide details.

## 24 Hour Accident Coverage (not available for QC members)

This coverage is designed to provide you and your loved ones with financial assistance in the event of an accident that results in injury or death.

### 24 Hour Accident Insurance provides a lump sum benefit where:

- A loss or death occurs due to an Accident, and
- Where, as the result of accidental injury, the disablement results in a permanent total disability.

### The policy also provides coverage for:

- Repatriation costs, and
- Rehabilitation (training) costs should you require special training in order to be qualified to engage in a different occupation following an insured accident.

Would you like to purchase the 24 Hour Accident Insurance?

☐ Yes ☐ No

If yes, please select an option below.



Coverage	Option 1	Option 2
Accidental Death and Disablement (AD&D)	\$25,000	\$50,000
Permanent Total Disability (PTD)	\$25,000	\$50,000
Repatriation	\$5,000	\$5,000
Rehabilitation	\$5,000	\$5,000
Fracture Benefit	\$2,000	\$2,000
<b>Cost</b>	<input type="checkbox"/> \$42	<input type="checkbox"/> \$70

In order to purchase the 24 Hour Accident Insurance coverage you must be under the age of seventy (70).

Please confirm your date of birth:

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Note that all related documents, including policy wording, are in the English language only.

## Declarations and Warranty

The undersigned declares:

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 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. 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.

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.

It is understood and agreed that I/we authorize (BMS) to arrange for the insurance application, communication and policy documentation (immediate and future) to be in the English language at our express consent. This authorization shall not affect the Terms and Conditions set out in the Policy(ies).

Signed by:

Position:

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Date:

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## Product Disclosure (All available products are listed below regardless of selection)

Line of Coverage	Premium	Commission (included within premium)	Fee
Professional Liability Insurance	Per application	25%	Nil
Commercial General Liability	Per application	20%	Nil

Clinic Package	Per application	20%	Nil
Cyber Security and Privacy Liability	Per application	25%	Nil
Employment Practices Liability	Per application	25%	Nil
Personal Legal Expense	Per application	20%	Nil
Business Legal Expense	Per application	20%	Nil
24 Hour Accident Insurance	Per application	15%	\$10

For more information on broker compensation please click [here](#).

## Payment Information

Applicable taxes will be added where required. All cheques payable to BMS Canada Risk Services Ltd, or complete credit card authorization below.

Sub-total	\$
Service Fee*	\$25.00
Tax	\$
Total Enclosed	\$

**\*Please note:** The Service Fee does not apply if you ONLY purchase PLI.

## Authorization for Credit Card Charge

VISA, AMEX or M/C Account No:	Expiry Date:	CVV:
Cardholder Name:	Signature:	
<b>BMS Canada Risk Services Ltd. (BMS)</b> 979 Bank St, Suite 200 Ottawa, ON K1S 5K5		Toll Free: 1-855-318-6558 Fax: 613-701-4234 Email: <a href="mailto:dao.insurance@bmsgroup.com">dao.insurance@bmsgroup.com</a>