

## BMS INSURANCE SOLUTIONS FOR YOU AND YOUR BUSINESS

THIS APPLICATION IS FOR THE DECEMBER 31, 2025 – DECEMBER 31, 2026 POLICY PERIOD.

Name of Applicant:

Address:

City:

Prov/Terr:

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

Please note, the policies have a common expiry date of December 31. Premium may be pro-rated if coverage is purchased midterm. 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 to.

Do you operate a business as an Athletic Therapist for which you require insurance?

☐ 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:

Prov/Terr:

Postal Code:

Do you operate more than one Athletic Therapy business for which you require coverage?

☐ Yes ☐ No

If yes, please provide details.

## Membership Information

In order to be eligible for this insurance program, you must be a member of the Canadian Athletic Therapists Association (CATA). If you are not a member, this policy is null and void. If you are not a member, this policy is null and void. Please confirm that you understand and agree to the eligibility requirements. ☐

Are you a member or associate in good standing with CATA?

☐ Yes ☐ No

CATA Membership Number:

## Applicant Details

I am a/an:

☐ Employee

☐ Independent Contractor

☐ Business Owner

☐ Other (please provide details):

**An Employee:** is employed by a business or organization (public or private sector).

**An Independent Contractor:** is a sole proprietor (or incorporated) with no other employees or contractors working on your behalf.

**A Business Owner:** incorporated or not incorporated, with other professionals working for or on behalf of your business and/or billing under your business name and/or non-professional employees/contractors.

## Individual Professional Liability / Commercial General Liability

**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 athletic therapist. Your policy also responds if a complaint is made against you to your professional organization.

Claims arising from delivery of other professional services, including proceedings conducted by a professional organization other than one regulating the practice of Athletic Therapy, are not covered by your CATA PLI policy.

### Coverage Details:

Policy Form	Claims Made
Disciplinary Expense (Inclusive of Human Rights Tribunals & Awarded Costs)	\$175,000 per claim / \$175,000 aggregate
Criminal Defence Cost Reimbursement (Excluding Abuse)	\$210,000 per claim / \$210,000 aggregate
Disciplinary Expense Endorsement (including awarded costs)	\$175,000
- Inclusive of Human Rights Tribunals	
Abuse Defence Cost Reimbursement	\$100,000 per claim / \$100,000 aggregate
Therapy & Counselling Fund	\$25,000 per claim / \$50,000 aggregate
Breach of Copyright	Included
Libel and Slander	Included
Loss of Documents	\$50,000 per claim / \$100,000 aggregate
Deductible	Nil

**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.

Coverage Details:

Policy Form	Occurrence Basis
Bodily Injury and Property Damage	To limit selected
Personal & Advertising Liability	To limit selected
Medical Expenses	\$25,000 per person
Tenants Legal Liability	\$2,000,000
Non-Owned Automobile	Included
Damage to Hired Automobiles	\$100,000
Territory	Canada
Employer’s Liability	\$2,000,000
Employee Benefits Liability	\$1,000,000
Good Samaritan Act Extension	Included

Exclusions:

- Communicable Disease
- Data Breach
- Electronic Spam

Athletic Therapist	Premium
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Option 1	<b>Professional Liability</b> \$5,000,000 per claim / \$5,000,000 aggregate <b>Commercial General Liability</b> \$5,000,000 per occurrence / \$5,000,000 aggregate	<input type="checkbox"/> \$168
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Athletic Therapists working with Professional Athletes and/or Professional Sport Teams/Organizations	Premium
*Professional Athletes and/or team comprised of Professional Athletes (i.e. an athlete competing at a professional, national or international level where they receive compensation (wages or other financial remuneration)).	

Option 2	<b>Professional Liability</b> \$1,000,000 per claim / \$3,000,000 aggregate <b>Commercial General Liability</b> \$1,000,000 per occurrence / \$3,000,000 aggregate	<input type="checkbox"/> \$215
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Option 3	<b>Professional Liability</b> \$5,000,000 per claim / aggregate <b>Commercial General Liability</b> \$5,000,000 per occurrence / aggregate	<input type="checkbox"/> \$430
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**Inactive Members****Premium**

Option 4      **Professional Liability**  
\$5,000,000 per claim / \$5,000,000 aggregate  
**Commercial General Liability**  
\$5,000,000 per occurrence / \$5,000,000 aggregate

☐ \$85

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Has any Professional Liability, Commercial General Liability Insurance application and/or policy ever been declined or cancelled or has a renewal of insurance ever been refused in the past 5 years? ☐ Yes ☐ No  
If yes, please provide details.

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Have you been the recipient of any allegations of negligence in writing or verbally in the past five years? ☐ 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 or complaint under this policy? ☐ Yes ☐ No  
If yes, please provide details.

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Do you travel internationally and treat non-Canadian residents? ☐ Yes ☐ No  
If yes, please provide details.

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The CATA Professional Liability insurance policy applies to in-person services delivered in Canada and worldwide, and responds to claims brought forward and defended in Canada.

When delivering in-person services outside of Canada, you must hold the required professional licensing in the jurisdiction where you are delivering your services, if there are specific requirements in place regulating or governing your profession in that area. BMS also recommends that you determine if there are any local insurance requirements where you are delivering your services. Your professional liability insurance policy under the CATA program may not meet these and it may be advisable to purchase local insurance coverage.

Note that the CATA Professional Liability insurance policy will also extend to provide coverage for claims which are first brought and continuously maintained against you in the United States of America, but only in circumstances where the claim is based upon or arises from you providing your professional services while travelling outside of Canada for up to ninety days for the purpose of:

- a) Accompanying patients on trips;
- b) Attending academic courses; or
- c) Participating in professional exchange programs.

Please confirm you understand the coverage terms. ☐

The CATA Professional Liability insurance policy applies to professional telepractice delivered in Canada and worldwide and responds to claims brought forward and defended in Canada. When delivering telepractice services and in order for your insurance coverage to apply, you must be working within your scope of practice. You must also 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.

BMS recommends that CATA members delivering telepractice services purchase additional Cyber Security and Privacy Liability insurance to address the increased risk and exposure.

Please confirm you understand the coverage terms. ☐

### Professional Liability for Additional Modalities

Claims arising from delivery of other professional services, including proceedings conducted by a professional organization other than one regulating the practice of Athletic Therapy, are not covered by your CATA PLI policy.

Do you provide professional services outside the scope of Athletic Therapy for which you require PLI and/or CGL insurance coverage? ☐ Yes ☐ No  
If yes, please complete the section below.

Professional Services to include: All professional activities of eligible athletic therapist, that are within the usual and customary duties and under scope of practice as defined by their College including incidental instruction for CPR, First Aid and/or First Responder Course.

#### Additional Modalities - Shared limit with Professional Liability:

Less than 40% of practice	\$92 or \$138 for dance instructors
41-75% of practice	\$149
76% +	Referral Required

Modality	Less than 40% of Services	40% - 75% of Services	More than 76% of Services
Acupuncture/ Dry Needling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kinesiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Massage Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pedorthist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pilates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strength & Conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cupping/Gua Sha/Block Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reiki	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holistic Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Clinical Thermography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition Counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naturopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance Instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mindset Coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fascial Stretch Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Performance Consultant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radial Shockwave Therapy (ESWT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somatic Experiencing Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowen Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please provide details):

Do the non-athletic therapy professional services selected above represent more than 75% of your total practice?

☐ Yes ☐ No

Please note, you need to be at least 25% practicing as an AT to be eligible for the additional modality(ies) rating through the program. In the event that you are not practicing at least 25% AT please contact BMS at 1-855-318-6556 or [cata.insurance@bmsgroup.com](mailto:cata.insurance@bmsgroup.com).

### Osteopathy Modality Extension

Do you require Professional Liability/Commercial General Liability for Osteopathy?  
If yes, please complete the fields below.

☐ Yes ☐ No

Osteopathy	Cost
Shared limit with individual Professional Liability/ Commercial General Liability <25% of practice	<input type="checkbox"/> \$152
Separate Limits (>25% of practice)	
\$1,000,000 per claim / \$2,000,000 aggregate	<input type="checkbox"/> \$356
\$3,000,000 per claim / \$3,000,000 aggregate	<input type="checkbox"/> \$503
\$5,000,000 per claim / \$5,000,000 aggregate	<input type="checkbox"/> \$582

## Clinic Professional Liability

Recommended for businesses with other healthcare professionals working for or on behalf of your business and/or billing under your business name.

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

If you are incorporated and work independently with no other healthcare professionals billing under your business name, you will not need to purchase this coverage. Your individual professional liability, if purchased through CATA, will automatically extend to your business name at no additional premium.

### Coverage Limits:

\$5,000,000 per claim

\$5,000,000 per policy year

Nil Deductible

Do you require Clinic Professional Liability?

☐ Yes ☐ No

If yes, please complete the fields below.

Discipline	Rates Per Professional	No. of Professionals	Total Premium
Athletic Therapist	<b>\$85 per therapist</b> (capped at <b>\$175</b> if you operate a Multidisciplinary Clinic)		
Please note, if you employ/contract Athletic Therapists only, the rates will be the following:			
2-5 Athletic Therapists	<b>\$175</b>		
6-10 Athletic Therapists	<b>\$275</b>		
11+ Athletic Therapists	<b>Referral</b>		
Acupuncture	<b>\$204</b>		
Chiropracist / Podiatrist	<b>\$204</b>		
Counsellor/Social Worker	<b>\$204</b>		
Dietician	<b>\$242</b>		
Kinesiologist	<b>\$204</b>		
Massage Therapist	<b>\$204</b>		
Osteopath	<b>\$358</b>		
Physiotherapist	<b>\$204</b>		
Sonographer	<b>\$110</b>		
Occupational Therapist	<b>\$88</b>		
Personal Trainer	<b>\$110</b>		
Pilates Instructor	<b>\$110</b>		

Fascial Stretching Therapist	<b>\$204</b>		
Registered Nurse	<b>\$358</b>		
Nurse Practitioner	<b>\$415</b>		
Physician	<b>\$242</b>		
Strength & Conditioning Coach	<b>\$204</b>		
Sports Med Physician	<b>\$204</b>		
Rehabilitation Physician	<b>\$204</b>		
Certified Exercise Physiologist	<b>\$204</b>		
Chiropractor	<b>\$314</b>		
Mental Performance Coach	<b>\$110</b>		
Nutritionist	<b>\$242</b>		
Other (please provide details):			

Are there other professionals working for or on behalf of your business who do not appear on this list? ☐ Yes ☐ No

If yes, please provide details.

Has any Clinic Professional Liability application and/or policy ever been denied or cancelled or has a renewal of insurance ever been refused? ☐ Yes ☐ No

If yes, please provide details.

Has your business been the recipient of any allegations of negligence in writing or verbally in the past five years? ☐ Yes ☐ No

If yes, please provide details.

Are you aware of any facts, circumstances or situations which may reasonably give rise to a claim under this policy? ☐ Yes ☐ No

If yes, please provide details.

You are purchasing Professional Liability insurance for the Clinic/Business only. Each professional providing services for or on behalf of your Clinic/Business must carry their own individual Professional Liability insurance. Do you understand and confirm this? ☐

## Clinic Package

Clinic Package insurance includes Commercial General Liability, Contents, Crime and Business Income.



**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.

**Contents** includes items usual to a clinic, including professional equipment, desks, chairs, filing cabinets and computers, as well as any stock and improvements and betterments for which you are responsible.

**Crime** coverage protects against financial loss due to dishonesty, fraud, or theft of money, securities or other property owned by the clinic.

**Business Income** insures against loss of income resulting from direct physical loss or direct physical damage to the premises by an insured peril (e.g. fire).

Occurrence-based policy.

If you anticipate undergoing any renovations in your office space within the policy term, please contact BMS directly at 1-855-318-6556 or [cata.insurance@bmsgroup.com](mailto:cata.insurance@bmsgroup.com).

**Coverage includes:**

Commercial General Liability	\$5,000,000
Contents on premises including leasehold improvements and betterments limit	\$25,000
Crime	\$10,000
Business Income	\$50,000

**Deductibles:**

Contents (90% Co-insurance)	\$1,000
Sewer backup	\$2,500
Flood	\$10,000
Earthquake Deductible	5%, \$100,000 min. except QC & BC 10%, min. \$100,000
Business Income	24 hours

**Annual Premium: \$747**

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

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Has any Clinic Package application and/or policy ever been denied or cancelled or has a renewal of insurance ever been refused? ☐ Yes ☐ No  
If yes, please provide details.

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Has your business ever had a Commercial General Liability claim and/or have you made a Property claim? ☐ 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? ☐ Yes ☐ No  
If yes, please provide details.

Do you have any single piece of equipment worth more than \$15,000? ☐ Yes ☐ No  
If yes, please provide details and the value.

Increased Contents

If more than \$25,000 of contents coverage for Clinic Package is required, the following limits are available:

Limit	Additional Annual Premium
\$50,000	<input type="checkbox"/> \$77
\$75,000	<input type="checkbox"/> \$155
\$100,000	<input type="checkbox"/> \$232
\$125,000	<input type="checkbox"/> \$309
\$125,000 +	<input type="checkbox"/> Referral required

Equipment Breakdown/Boiler and Machinery

Equipment Breakdown provides coverage for direct physical loss of or damage to Covered Property at the Insured Premises caused by or resulting from Equipment Breakdown (i.e. physical loss or damage originating within boilers, fired or unfired pressure vessels, vacuum vessels, and pressure piping; and mechanical, electrical, electronic or fiber optic equipment).

Do you require Equipment Breakdown Coverage? ☐ Yes ☐ No  
If yes, please select the limit that matches your contents limit.

Limit	Additional Annual Premium
\$25,000	<input type="checkbox"/> \$52
\$50,000	<input type="checkbox"/> \$75
\$75,000	<input type="checkbox"/> \$100
\$100,000	<input type="checkbox"/> \$125
\$125,000	<input type="checkbox"/> \$150

### Additional Locations

Do you require Contents coverage at an additional location?  
If yes, please choose the limit required:

☐ Yes ☐ No

Limit	Additional Annual Premium
\$25,000	<input type="checkbox"/> \$412
\$50,000	<input type="checkbox"/> \$490
\$75,000	<input type="checkbox"/> \$515
\$100,000	<input type="checkbox"/> \$541
Higher Limit Required	<input type="checkbox"/> Referral

Do you own the building or condominium unit where your business is located and do you require insurance coverage? ☐ Yes ☐ No

Please note we do not provide coverage for residential properties.

### Business Commercial General Liability

If your business owns property or contents, employs professionals, or has individuals providing services or billing under your business name, a Commercial General Liability (CGL) policy may not be sufficient.

In these circumstances, BMS recommends Clinic Package coverage, which includes Commercial General Liability and additional coverage (Property/Contents, Business Interruption, and Crime). Please complete the Clinic Package application above.

Business 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 during a home visit.

#### Coverage Details:

Bodily Injury and Property Damage	To Policy Limit
Personal & Advertising Liability	To Policy Limit
Medical Expenses	\$25,000 per person
Tenants Legal Liability	\$2,000,000 any one premises
Non-Owned Automobile	\$2,000,000
Damage to Hired Automobiles	\$100,000
Territory	Canada
Employer's Liability	\$2,000,000
Employee Benefits Liability	\$1,000,000
Good Samaritan Act Extension	Included

#### Exclusions:

Communicable Disease  
Data Breach  
Electronic Spam

Do you require Business Commercial General Liability Insurance?  
If yes, please complete the section below.

☐ Yes ☐ No

Number of Professionals	Limit	Annual Premium
2-5	\$5,000,000 per occurrence \$5,000,000 aggregate	<input type="checkbox"/> \$400
6-10	\$5,000,000 per occurrence \$5,000,000 aggregate	<input type="checkbox"/> \$525
11+	\$5,000,000 per occurrence \$5,000,000 aggregate	<input type="checkbox"/> Referral Required

Has any Commercial General Liability claim or lawsuit been made against you/your business?  
If yes, please provide details.

☐ Yes ☐ No

## Contents, Crime and Business Income

**Contents** includes items usual to a clinic, including professional equipment, desks, chairs, filing cabinets and computers, as well as any stock and improvements and betterments for which you are responsible.

**Crime** coverage protects against financial loss due to dishonesty, fraud, or theft of money, securities or other property owned by the clinic.

**Business Income** insures against loss of income resulting from direct physical loss or direct physical damage to the premises by an insured peril (e.g. fire).

Do you require Contents, Crime and Business Income coverage?  
If yes, please complete the section below.

☐ Yes ☐ No

Limit	Annual Premium
\$25,000	<input type="checkbox"/> \$392
\$50,000	<input type="checkbox"/> \$469
\$75,000	<input type="checkbox"/> \$546
\$100,000	<input type="checkbox"/> \$623
\$125,000	<input type="checkbox"/> \$700
Higher Limit Required	<input type="checkbox"/> Referral

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

Have you or your business ever made a contents/property claim? ☐ Yes ☐ No  
If yes, please provide details.

Do you have any single piece of equipment worth more than \$15,000? ☐ Yes ☐ No  
If yes, please provide details and the value.

**Equipment Breakdown/Boiler and Machinery**

Equipment Breakdown provides coverage for direct physical loss of or damage to Covered Property at the Insured Premises caused by or resulting from Equipment Breakdown (i.e. physical loss or damage originating within boilers, fired or unfired pressure vessels, vacuum vessels, and pressure piping; and mechanical, electrical, electronic or fiber optic equipment).

Do you require Equipment Breakdown Coverage? ☐ Yes ☐ No  
If yes, please select the limit that matches your contents limit.

Limit	Additional Annual Premium
\$25,000	<input type="checkbox"/> \$52
\$50,000	<input type="checkbox"/> \$75
\$75,000	<input type="checkbox"/> \$100
\$100,000	<input type="checkbox"/> \$125
\$125,000	<input type="checkbox"/> \$150

**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:

Address:

City:

Province/Territory:

Postal Code:

### Loss payee(s) applicable to contents/property buyers

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:

### 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 an adequate contents limit. ☐

### Legal Expense for Insurance Audits

Do you work with clients who access coverage for athletic therapy under their extended health benefits plan? If yes, you may want to consider securing Legal Expense for Insurance Audits.

Even the most diligent professional can be faced with an investigation, inquiry, or audit from an insurance company or benefit provider.

Access up to \$25,000 per claim and \$125,000 annual aggregate to cover the legal costs associated with having to respond to an investigation, inquiry or audit from an insurance company or benefit provider in relation to your professional services.

**Annual Cost: \$45**

Would you like to purchase Legal Expense for Insurance Audit coverage?

☐ Yes ☐ No

## 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?

☐ Yes ☐ No

If yes, please complete the fields below.

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 in the past or has such a claim been made against you/your business?

If yes, please provide details.

☐ Yes ☐ No

#### 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.

## Personal & Family Cyber Protection (not available for QC members)

Safeguarding your personal information online is more important than ever before!

- ✓ Access to Cybersecurity professionals
- ✓ Cyber Bullying & Extortion Expense coverage
- ✓ Online Fraud Protection
- ✓ Identity Theft Recovery
- ✓ Credit Monitoring
- ✓ Lost Wallet
- ✓ Social Media & Dark Web Monitoring
- ✓ Restoration Costs

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

Would you like to purchase Personal & Family Cyber Protection?  
If yes, please complete the fields below.

☐ Yes ☐ No

Each Claim / Aggregate Limit	Cost
\$10,000	<input type="checkbox"/> \$60
\$25,000	<input type="checkbox"/> \$75

Have you previously reported a cyber claim or incident under this policy?  
If yes, please provide details.

☐ Yes ☐ No

### Terms & Conditions

This information is intended to provide a brief overview of some of the terms and conditions of the Family Cyber insurance policy. Please read your Policy carefully. Coverage provided by the insurer is subject to actual terms, conditions, exclusions, endorsements, applicable law and/or other terms of the Policy.

This insurance provides cyber coverage on a personal lines basis and excludes any work, professional engagement, or business activities.

This insurance is provided only to the Named Insured (individual) listed on the certificate of insurance and their Family as defined in the policy. Coverage is not afforded for the business, employees or employees' family members of the insured.

This insurance contains a System Maintenance condition that requires:

- Providing and maintaining a license for anti-virus software and ensuring that this software is active and in use on the Insureds Home Computer.
- Performing and installing all available software updates and patches as soon as practicable, either (a) in the instance of a new Home Computer, as soon as possible but in no event more than 48 hours of the Home Computer first being connected to the internet, and (b) in all other instances, in no event more than fifteen days after the updates or patches are made available.
- Providing and running a data backup system at appropriate intervals, including without limitation performing a full backup of the Home Computer at least once per month.

- The Named Insured is required to notify the insurer of any event within 30 days. In the event of a loss or claim, coverage determination will be dependent on the facts and circumstances of the event, the specific language, terms and conditions of the Policy issued and applicable law.
- The Insurer may retain a third party service provider to perform one or more of the services it is obligated to provide under the policies.

## Employment Practices Liability

Do you employ administrative and/or professional staff? Does your business 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.

Do you require Employment Practices Liability?

☐ Yes

☐ No

If yes, please select an option below.

	Limit	Deductible	Annual Premium
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 contractors (professionals):

Has any application for similar insurance ever been denied or cancelled or not renewed?

☐ 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.

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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Does your business have a board of directors, executive team, or other individuals who make strategic decisions on behalf of the organization? If yes, your leadership team may be exposed to personal liability related to their management decisions.

☐ Yes ☐ No

Directors & Officers Liability insurance is recommended for any organization where individuals hold decision-making authority. It protects both the organization and its leaders personally from the financial consequences of claims alleging financial mismanagement, breach of fiduciary duty, compliance violations, and more.

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Would you like BMS to contact you regarding a quote for Directors & Officers Liability insurance?  
If yes, an additional application is required to be completed and will be sent to you separately.  
Please indicate your business type:

☐ Yes ☐ No

☐ For-profit business ☐ Non-profit business

## 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 coverage the legal costs to resolve 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.

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

Would you like to purchase Personal Legal Solutions? ☐ Yes ☐ No  
If yes, please answer the questions below:

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

Pursued a consumer contract dispute?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pursued a dispute with a neighbour or had to take action following a legal nuisance or trespass on your land?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pursued legal action against a negligent third party following an injury to yourself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pursued legal action against a medical practitioner following an incident of clinical negligence which caused you an injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been audited by the CRA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been interviewed by the police or arrested in connection with an alleged criminal offence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been sued for alleged discrimination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been the victim of identity theft?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please provide details:

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**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**

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

Would you like to purchase Business Legal Solutions?  
If yes, please answer the questions below:

☐ Yes ☐ No

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? ☐ Yes ☐ No

Involved in a dispute regarding compliance with GST, Income Tax, PST or HST or payroll tax deductions? ☐ Yes ☐ No

Involved in any dispute regarding any damage, trespass or nuisance in relation to property that you are responsible for? ☐ Yes ☐ No

Prosecuted in a criminal court (excluding vehicle-related offences)? ☐ Yes ☐ No

Subject to a civil action alleging theft or breach of privacy? ☐ Yes ☐ No

The recipient of a notice to alter, suspend, revoke or refusal to renew any statutory licence? ☐ Yes ☐ No

Involved in any contractual dispute? ☐ Yes ☐ 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 Overview	Option 1	Option 2
Accidental Death and Dismemberment (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
Cost	<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:  
\_\_\_\_\_

**24 Hour Accident Insurance FOR SPOUSES:**

Coverage provided is 50% of limits selected above.

**“Spouse”** shall mean either one and one only of:

- a. a person under age seventy (70) who is legally married to the Insured Person, and living with the Insured Person in Canada, or
- b. a person under age seventy (70), who, immediately prior to his or her loss,
  - i. has been residing with the Insured Person for a period of not less than one (1) year if the Insured Person has no legal spouse.

Would you like to purchase the 24 Hour Accident Insurance for your Spouse? ☐ Yes ☐ No

Coverage for Spouses	If Option 1 is selected	If Option 2 is selected
Cost	\$21	\$35

Please include the name of your spouse:  
\_\_\_\_\_

In order to purchase the Accidental Death and Disablement coverage your Spouse must be under the age of seventy (70).

Please confirm your spouse’s date of birth:  
\_\_\_\_\_



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

**Critical Illness Insurance (not available for QC members)**

This insurance helps to cover costs associated with a critical illness such as cancer, a heart attack or stroke. If you are diagnosed with one of 30 covered conditions, the policy provides a tax-free lump-sum payment of up to \$50,000 that you can use for anything you need. This gives you the flexibility to focus on your health and well-being without worrying about financial burdens.

Covered Conditions include:

- Alzheimer’s disease / pre-senile dementia
- Bacterial meningitis
- Benign brain tumour
- Cancer
- Coma
- Coronary artery bypass surgery
- Creutzfeldt-Jakob disease
- Heart attack
- Heart valve replacement or repair
- HIV/AIDS by assault, HIV/AIDS from a blood transfusion, HIV/AIDS (high risk occupation)
- Kidney failure
- Motor neuron disease
- Multiple sclerosis
- Open-heart surgery
- Paralysis / paraplegia
- Parkinson’s disease
- Progressive supra nuclear palsy
- Stroke
- Primary pulmonary hypertension
- Anemia caused by the impairment of bone marrow (aplastic anemia)

The policy also provides coverage for:

- Blindness
- Deafness
- Loss of limbs
- Loss of speech
- Major organ transplant
- Serious head wound
- Third degree burns

Coverage	Limit Options
Lump Sum Payment for Covered Conditions	\$25,000 or \$50,000

Would you like to purchase Critical Illness Insurance? ☐ Yes ☐ No  
If yes, please complete the section below.

**Attestation**

To qualify for Critical Illness insurance, you must be able to attest to the following:

- I have not had a request for life, disability or critical illness insurance declined;
- I have not had any condition for which hospitalization, further testing, investigation or surgery has been advised, or which has not yet been done, or for which I am still awaiting results;
- I am not aware of any symptoms or complaints regarding my health for which I have not yet consulted a physician or received treatment;
- I have not received or claimed benefits or a pension for sickness or impairment; and

None of my natural parents, brothers, or sisters, prior to the age of 65, have ever undergone bypass surgery or suffered from any of the following conditions: Heart attack, angina, or any other heart related condition, stroke, polycystic kidney disease, diabetes, cancer, Alzheimer's disease, Parkinson's disease, multiple sclerosis, amyotrophic later sclerosis (ALS), Huntington's disease, nervous or mental disorder, or any other hereditary disease.

I declare that the above statements are true and correct. ☐

Age Range	\$25,000 Limit Non-Smoker	\$25,000 Limit Smoker	\$50,000 Limit Non-Smoker	\$50,000 Limit Smoker
18-29	<input type="checkbox"/> \$44.50	<input type="checkbox"/> \$50.49	<input type="checkbox"/> \$76.00	<input type="checkbox"/> \$87.97
30-39	<input type="checkbox"/> \$72.75	<input type="checkbox"/> \$95.46	<input type="checkbox"/> \$132.50	<input type="checkbox"/> \$177.91
40-49	<input type="checkbox"/> \$146.25	<input type="checkbox"/> \$227.53	<input type="checkbox"/> \$279.50	<input type="checkbox"/> \$442.07
50-59	<input type="checkbox"/> \$326.00	<input type="checkbox"/> \$545.10	<input type="checkbox"/> \$639.00	<input type="checkbox"/> \$1,077.20
60-64	<input type="checkbox"/> \$605.25	<input type="checkbox"/> \$990.21	<input type="checkbox"/> \$1,197.50	<input type="checkbox"/> \$1,967.43
65+	<input type="checkbox"/> Not available	<input type="checkbox"/> Not available	<input type="checkbox"/> Not available	<input type="checkbox"/> Not available

In the last 12 months, have you used, in any form whatsoever, tobacco, nicotine or cannabis mixed with tobacco? ☐ Yes ☐ No

Please confirm your date of birth:

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.

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:

Date:

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

Line of Coverage	Premium	Commission (included within premium)	Fee
Professional Liability/Commercial General Liability/Property	Per application	25%	Nil
Legal Expense for Insurance Audits	Per application	20%	\$15
Cyber Security and Privacy Liability	Per application	25%	Nil
Personal & Family Cyber Protection \$10,000 \$25,000	Per application	22.5%	\$10.08 / \$9.45 \$10.86 / \$9.45
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 / \$15
Critical Illness Insurance	Per application	15%	\$13

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 the PLI/CGL package.

## Authorization for Credit Card Charge

VISA, AMEX or M/C Account No:	Expiry Date:	CVV:
Cardholder Name:	Signature:	

**BMS Canada Risk Services Ltd. (BMS)**  
979 Bank St, Suite 200  
Ottawa, ON K1S 5K5

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