

BMS INSURANCE SOLUTIONS FOR YOU & YOUR BUSINESS

Name of Applicant:				
Address:				
City:	Prov/Terr:	Postal Code:		
Telephone:				
Email:				
*Please advise BMS if your contact details change in consurance.	order to continue to rece	eive information pertain	ing to your	
Note: This coverage is only available to members who agree to the eligibility requirements.	o are domiciled in Canada	a. Please confirm you ui	nderstand and	l
Are you renewing this insurance policy?			☐ Yes ☐	Nc
If you are renewing your insurance policy after its exp you understand the effective date of this policy will b			ase confirm tha	at
Applicant Details				
In order to be eligible for this insurance policy, you m territorial social worker associations or be an affiliate and void.				
Please confirm you understand the eligibility requirer	ments. \square			
Name of Provincial or Territorial social worker associa	ation:			
Membership number:				
Do you provide professional services outside the scopinsurance coverage? Note that claims arising from de proceedings conducted by a professional organization regulating the practice of social work, are not covered by the provide details.	livery of other profession and or/ provincial Colle	nal services including	☐ Yes ☐	No

Has any application for Professional Liability, Commercial General Liability and/or Property insurance ever been denied, cancelled or has a renewal of insurance ever been refused? If yes, please provide details.	☐ Yes	□ No
Has any Professional Liability or Commercial General Liability claim/complaint or lawsuit been made against you/your business, or is any such claim now pending against you/your business and/or have you made a Property claim? 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
When delivering services and in order for your insurance coverage to apply, you must abide by the proregulations in your jurisdiction (for instance, the province in which you reside) and in the jurisdiction was patient is located. The CASW Professional Liability insurance policy applies to services delivered worldwaresponds to claims brought forward and defended in Canada. Please confirm you understand the coverage of the province of the province in the province in the province of the province in the prov	vhere you wide and	ur
Business Details		
Only complete this section for or on behalf of your own business. Do not complete this section for or c someone else's business or a business where you are employed or contracted.	on behalf	of
Do you have your own business name which you operate under to provide professional services?	☐ 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

Professional Liability Insurance / Commercial General Liability Insurance / **Property Coverage**

Professional Liability: Claims-made policy

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 social worker. Your policy also responds if a complaint is made against you to your regulatory body (College).

Coverage Details:

Professional Liability To limit selected

Disciplinary Proceeding Defence \$200,000 per claim/aggregate Criminal Defence Cost Reimbursement \$150,000 per claim/aggregate

Abuse & Molestation \$1,000,000 per claim/aggregate (\$1,000 deductible)

Coverage Territory Worldwide

Commercial General Liability: Occurrence-based policy

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:

Commercial General Liability	\$5,000,000 per occurrence/aggregate
Bodily Injury and Property Damage	\$5,000,000 per occurrence/aggregate
Products – Completed Operations	\$5,000,000 per occurrence/aggregate
Personal and Advertising Injury	\$5,000,000 per occurrence/aggregate
Tenant's Legal Liability	\$500,000 per occurrence/aggregate
Medical Payments	\$50,000 each person

Deductibles:

Property Damage	\$500
SEF No. 6	\$500
QPF No. 6	\$500
Tenant's Legal Liability	\$500

Contents/Crime/Business Interruption Coverage

Contents includes items usual to an office, including desks, chairs, filing cabinets and computers, as well as any stock and improvements and betterments. If you anticipate undergoing any renovations in your office space within the policy term, please contact BMS directly at 1-844-588-7747.

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).

Coverage Details:

Contents \$50,000 (higher limits available)

\$1,000,000 **Business Interruption** Crime \$10,000

All Risks Sewer Ba Flood Earthqua Crime	ackup	\$500 \$2,500 \$25,000 3% or \$100,000 \$500	
	Limit		Annual Premium
Plan I	Individual Professional Liability \$5,000,000 per claim / \$5,000,000 annual a	ggregate	□ \$132
	Commercial General Liability \$5,000,000 per occurrence / \$5,000,000 and	nual aggregate	
Plan II	Individual Professional Liability \$5,000,000 per claim / \$5,000,000 annual a	ggregate	
	Commercial General Liability \$5,000,000 per occurrence / \$5,000,000 and	nual aggregate	
	Contents - \$50,000 (higher limits available – coverage is subject to a 90% co-insurance cl Crime - \$10,000 Business Interruption – \$1,000,000		
Increased	Individual Professional Liability Limit		
Limit		Annu	ial Cost

Limit	Annual Cost		
\$7,000,000 per claim / \$8,000,000 aggregate	\$64		
Do you want to increase your Individual Professional Liability lin \$8,000,000 aggregate?	nit to \$7,000,000 per claim /	☐ Yes	□ No
Higher Contents Limit – For Plan II Only*			
If Plan II is selected, do you require a higher contents limit? If yes, please select an option below.		☐ Yes	☐ No
* To account for inflation, insurers recommends that you increa	se your contents limit by a minimum	n of 5%.	

Limit **Annual Cost** □ \$191 \$100,000 □ \$290 \$150,000

\$200,000	□ \$381	_	
If Plan II is selected , do you require clocation?	contents/crime/business interruption at an additional	☐ Yes	□ No
Equipment Breakdown/Boiler and M	/lachinery		
•	Il is selected, and provides coverage for sudden and accidental fa age which requires the repair or replacement of the equipment or		f the
Insured equipment includes:			
· · · · · · · · · · · · · · · · · · ·	ressure vessel normally subject to vacuum or internal pressure oth oing connected thereto or any	er than	static
 other piping and its accessore equipment, 	y equipment, any heat exchanger that forms part of forced air hea	iting	
 any mechanical or electrical electrical power, 	equipment used for the generation, transmission or utilization of r	nechani	cal or
	fibre optic cable, used for research, diagnosis, treatment, communduplicating, monitoring or scanning.	nication,	, word
Do you require Equipment Breakdow If yes, please complete the fields belo		☐ Yes	□ No
\$500 deductible; 24 hour waiting pe	riod.		
Limit	Annual Cost		
\$50,000			
\$100,000			
\$150,000	□ \$221		
\$200,000	□ \$252	_	
Building / Condominium Unit Covera	age		
	nium unit where your business is located for which you ce? Please note we do not provide coverage for residential	Yes	□ No
Co-Insurance (Applicable for Plan II)			
	the insured by the insurance carrier for under reporting/declaring is income. The penalty is based on a percentage stated within 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 % (\$150,000 x 90%) x \$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. 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) 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: Province/Territory: Postal Code: City:

Animal/Equine Assisted Thera	ру			
Animal/Equine Assisted Thera	ару	☐ \$100 annual prer	nium	
Equine Assisted Therapy inclu	iding mounting work	🗆 \$500 annual prer	mium	
Would you like to add on Anim	nal/Equine Assisted Therapy o	coverage?	☐ Yes	☐ No
If yes, does your Equine Assisto	ed Therapy include mounting	?	☐ Yes	☐ No
Legal Entity Profession	al Liability			
Recommended for businesses your business name. Also reco				g under
Extends your Individual Profess one individual on behalf of the Liability.				
Would you like to purchase Leg If yes, please complete the fiel		y Insurance?	☐ Yes	□ No
Social Work Only Business				
Employees / Contractors	Limit		Annual Cost	
Yourself Only	Shared with Profession	al Liability	□ \$166	
1-3	Shared with Profession	al Liability	□ \$253	_
4-6	Shared with Profession	al Liability	□ \$427	
7-9	Shared with Profession	al Liability	□ \$625	
Over 9	Shared with Profession	al Liability	☐ Referral	
Multi-discipline Business				
Employees / Contractors	Limit		Annual Cost	
1-3	Shared with Profession	al Liability	□ \$365	
4-6	Shared with Profession	al Liability	□ \$540	
7-9	Shared with Profession	al Liability	□ \$725	
Over 9	Shared with Profession	al Liability	☐ Referral	-

If Multi-discipline business is selected, please review the list of disciplines below: Sleep Consultants **Psychotherapists** Teacher/Early Childhood Educators Child and Development Nurse Practitioners Life Coach/Health Coach Consultants Occupational Therapists • Peer Support Workers Psychologists Counsellors/ Therapists Action Therapist ☐ Yes ☐ No Do you contract or employ staff outside of the list noted above? If yes, please include the discipline of the staff you employ or contract below: How many professionals do you employ and/or contract?: □ 1-3 □ 4-6 ☐ Yourself only □ 7-9 Over 9 Each professional providing services for or on behalf of your business must carry their own individual Professional Liability insurance. Do you understand and confirm this? Cyber Security and Privacy Liability – ENHANCED 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 (NEW) 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 (NEW - HIGHER LIMIT) **Cyber Extortion Loss** \$500,000 (NEW - HIGHER LIMIT) **Data Recovery Costs** \$100,000 Liability

\$1,000,000

\$1,000,000

\$1,000,000

\$1,000,000 (NEW - HIGHER LIMIT)

Data & Network Liability Regulatory Defense & Penalties

Media Liability

Payment Card Liabilities & Costs

eCrime Fraudulent Instruction* Funds Transfer Fraud Telecommunications Fraud	Available for additional premium Included with Fraudulent Instruction \$100,000	n	
Criminal Reward Criminal Reward	\$50,000 (NEW – HIGHER LIMIT)		
Computer Hardware Restoration	Included (NEW)		
Deductibles Each Incident Notified Individuals	\$1,000 100		
Would you like to purchase Cyber Security & Privacy Liabilit If yes, please complete the fields below.	y coverage?	☐ Yes	□ No
Gross Revenue	Annual Premium		
Individual Practitioners	☐ \$121		
Business & Employees - \$0 to \$500,000	☐ \$675		
Business & Employees - \$500,001 to \$1,000,000	☐ \$1,023		
Business & Employees - \$1,000,001 to \$1,500,000	☐ \$1,284		
Business & Employees - \$1,500,001 to \$2,000,000	☐ \$1,578		
Business & Employees - \$2,000,001 to \$2,500,000	☐ \$1,776		
Business & Employees - \$2,500,001 to \$3,000,000	☐ \$1,873		
Business & Employees - \$3,000,001 to \$3,500,000	☐ \$2,017		
Business & Employees - \$3,500,001 to \$4,000,000	☐ \$2,159		
Business & Employees - \$4,000,001 to \$4,500,000	□ \$2,298		
Business & Employees - \$4,500,001 to \$5,000,000	☐ \$2,434		
Business & Employees - Above \$5,000,001	☐ Referral		
Has any Cyber claim or lawsuit been made against you/your pending against you/your business? If yes, please provide details.	business, or is any such claim now	☐ Yes	☐ No

Are you aware of any facts, circumstances or situations, which may reasonably give rise to a claim Yes Are you/your business? If yes, please provide details.
Have you/your business ever had a cyber security / privacy breach and/or network security incident
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 SATISIFIED. 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 INTERUPTION LOSS.
Please confirm the following is accurate:
I/my business implements loss control measures such as: Antivirus software, a firewall, and/or regular software pato installations.
I/my business regularly back-up critical data to a separate location that would be unaffected by an issue with your livenvironment.
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. \Box
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 .
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? If yes, an additional questionnaire is required to be completed and will be sent to you separately.	☐ Yes	□No

NEW! Family Cyber Insurance (not available for QC members)

Safeguarding your personal information online is more important than ever. Protect yourself and your family against cyberattacks, identity theft, and data breaches with Family Cyber Insurance.

In the event of an incident or if you have questions at any time, cybersecurity professionals will guide you through the recovery process, providing support and solutions.

For less than \$80/year, you'll have access to:

- 1. A secure, tailored platform which provides proactive services such as lost wallet and passport assistance, social media and dark web monitoring and additional support to mitigate the impact of any cyber incident.
- 2. Coverage tailored to meet the needs of modern digital lifestyles and covers a wide range of costs associated identity theft, cyber extortion, cyber bullying, and more.

Coverage	Option 1	Option 2
Aggregate Limit	\$10,000	\$25,000
Social Engineering	\$10,000	\$10,000
Cyber Bullying	\$10,000	\$25,000
Identity Theft	\$10,000	\$25,000
Online Extortion & System Compromise	\$2,500 (Combined)	\$2,500 (Combined)
Cost	□ \$60	☐ \$75
Would you like to purchase Family Cyber Insurance? If yes, please see Terms & Conditions below.		☐ 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.

☐ Yes

□No

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

Do you require Employment Practices Liability?
If yes, please complete the fields below.

	Limit	Annual Premium
Option 1	\$100,000	☐ \$270
Option 2	\$250,000	☐ \$373
Option 3	\$500,000	☐ \$394
Option 4	\$1,000,000	☐ \$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 by the insurer? 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
Has there been or are there now pending, any claims against the business, or any past, present dire employees of the business:	ectors, offic	ers or
Involving any employment law? If yes, please provide details.	☐ Yes	□ No
Involving non-employment related discrimination or sexual harassment? If yes, please provide details.	☐ Yes	☐ No
During the past 12 months, has the business experienced any change in controlling ownership of the business? If yes, please provide details.	☐ Yes	□ No

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
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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	☐ \$99		
\$50,000/\$250,000	☐ \$115		
Would you like to purchase Personal Legal So If yes, please answer the questions below:	lutions?	☐ Yes	□No
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 on your land?	to take action following a legal nuisance or trespass	☐ Yes	□ No
Pursued legal action against a negligent thin	rd party following an injury to yourself?	☐ Yes	☐ No
Pursued legal action against a medical prac which caused you an injury?	titioner following an incident of clinical negligence	☐ 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

Estimated Revenue for the next 12 months	Premium		
\$0 to \$150,000	☐ \$160		
\$150,001 to \$250,000	\$253		
\$250,001 to \$500,000	☐ \$412		
\$500,001 to \$1,000,000	☐ \$528		
\$1,000,001 to \$2,000,000	☐ \$930		
\$2,000,001 to \$3,000,000	☐ \$1,348		
\$3,000,001 - \$4,000,000	\$1,885		
\$4,000,001 - \$5,000,000	☐ \$2,423		
\$5,000,001 +	Referral Required		
Would you like to purchase Business Legal Solutions If yes, please answer the questions below:	s?	☐ Yes	□ No
Total number of employees (full time & part time):			
In the last 3 years has your business, you or any em been:	ployee, director or partner of the business		
Subject to a tax audit?		☐ Yes	☐ No
Involved in a dispute regarding compliance with Odeductions?	GST, Income Tax, PST or HST or payroll tax	☐ Yes	☐ No
Involved in any dispute regarding any damage, tro you are responsible for?	espass or nuisance in relation to property that	Yes	☐ No
Prosecuted in a criminal court (excluding vehicle-re	elated offences)?	☐ Yes	☐ No
Subject to a civil action alleging theft or breach of privacy?			☐ 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 mo aged receivable procedures? If yes, please provide details.	onths, after you had exha	usted your normal 🔲 Ye	s 🗌 No
24 Hour Accident Coverage (not available fo	r QC members)		
This coverage is designed to provide you and your love that results in injury or death.	d ones with financial assis	stance in the event of an ac	cident
 4 Hour Accident Insurance provides a lump sum bene A loss or death occurs due to an Accident, and Where, as the result of accidental injury, the di 		rmanent total disability.	
The policy also provides coverage for:			
 Repatriation costs, and Rehabilitation (training) costs should you requi different occupation following an insured accid 	•	r to be qualified to engage	in a
Would you like to purchase the 24 Hour Accident Insur If yes, please select an option below.	ance?	☐ Ye	s 🗌 No
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		□ \$70	
In order to purchase the 24 Hour Accident Insurance co	overage you must be unde	er the age of seventy (70).	
Please confirm your date of birth:			
24 Hours Assistant Incurrence FOR CROUSES.			

24 Hour Accident Insurance <u>FOR SPOUSES:</u>

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.

·	ur Accident Insurance <u>for your Spouse?</u> cted for yourself is the same option your spou use will also receive Option 1).	☐ Yes ☐ No use will receive
Coverage for Spouses	If Option 1 is selected	d If Option 2 is selected
Cost	\$21	\$35
Please include the name of your spous	se:	
In order to purchase the Accidental De (70).	eath and Disablement coverage your Spouse i	must be under the age of seventy
Please confirm your spouse's date of b	pirth:	
Increased Limits		
Would you like to increase the princip	al sum for AD&D and PTD?	☐ Yes ☐ No
NEW! Critical Illness Insurance This insurance helps to cover costs ass diagnosed with one of 30 covered con	ce (not available for QC members) cociated with a critical illness such as cancer, a ditions, the policy provides a tax-free lump-si is gives you the flexibility to focus on your he	a heart attack or stroke. If you are um payment of up to \$50,000 that
 Covered Conditions include: Alzheimer's disease / presenile 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:	Loss of speechMajor organ transplant	Serious head woundThird degree burns

Loss of limbs

Coverage		Limit Options		
	nent for Covered Condition		000	
•	purchase Critical Illness In plete the section below.	surance?		☐ Yes ☐ No
Attestation				
To qualify for Critic	cal Illness insurance, you m	ust be able to attest to t	the following:	
I have not had a re	equest for life, disability or	critical illness insuranc	e declined;	
	y condition for which hosp been done, or for which I	•	•	ery has been advised, or
I am not aware of or received treatn	any symptoms or complai nent;	nts regarding my health	n for which I have not ye	t consulted a physician
I have not receive	d 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 condition, stroke, polycystic kidney disease, diabetes, cancer, Alzheimer's disease, Parkinson's disease, multiple sclerosis, amyotrophic lateral sclerosis (ALS), Huntington's disease, nervous or mental disorder, or any other hereditary disease.			ition, stroke, polycystic s, amyotrophic lateral	
I declare that the a	above statements are true	and correct. \square		
Signed by:				
Date:				
Age Range	\$25,000 Limit Non-Smoker	\$25,000 Limit Smoker	\$50,000 Limit Non-Smoker	\$50,000 Limit Smoker
18-29	☐ \$44.50	☐ \$50.49	☐ \$76.00	\$87.97 S
30-39	☐ \$72.75	☐ \$95.46	□ \$132.50	S177.91
40-49	S146.25	S227.53	S279.50	\$442.07
50-59	□ \$326.00	S545.10	□ \$639.00	\$1,077.20
60-64	□ \$605.25	□ \$990.21	\$1,197.50	\$1,967.43
65+	☐ Not available	☐ Not available	☐ Not available	☐ Not available

In the last 12 months, have you used with tobacco?	d, in any form whatsoev	ver, tobacco, nicotine or c	annabis mixed	☐ Yes ☐ I	No
Please confirm your date of birth:					
NEW! Legal Expense for Ins	urance Audits				
Do you work with clients who accest plan? If yes, you may want to consider			eir extended healt	h benefits	
This protection is specifically design investigation, inquiry, or audit relate professional liability policies.					
Access up to \$25,000 per claim and respond to an investigation, inquiry professional services.		_		_	
Annual Cost: \$45					
Would you like to purchase Legal Ex	pense for Insurance Au	dits?		☐ Yes	□ No
Declarations and Warranty					
The undersigned declares:					
I declare that during the last five yea liability insurance and that this appl declare that the statements herein a to be based upon the truth of the sa	ication discloses the ha	zards known to exist at th	e date of this appl	ication. I	ice
Submitting this form does not bind to shall be the basis of the contract sho		ny to complete the insura	nce but is agreed t	that this for	m
The insurance premium is fully retai	ned and not refundable				
It is understood and agreed that I/w policy documentation (immediate a shall not affect the Terms and Cond	nd future) to be in the I	English language at our ex			
Signed by:	1	Position:			
Date:					

Psychology Today Offer!

CASW Members who purchase insurance through the BMS Insurance Program can access a free first-time 6 month listing in Psychology Today's Therapy Directory – worth \$210. Access to Psychology today will be sent along with your Certificate of Insurance.

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

Line of Coverage	Premium	Commission (included within pre	mium) Fee
Plan 1 & 2	Per application	25%	Nil
Cyber Security and Privacy Liability	Per application	25%	Nil
Family Cyber \$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
Legal Expense for Insurance Audits	Per application	20%	\$15

For more information on broker compensation please click here.

Payment Information

The following provinces are subject to provincial sales tax:

Ontario residents add 8% sales tax Québec residents add 9% sales tax Manitoba residents add 7% sales tax Newfoundland residents add 15% sales tax Saskatchewan residents add 6% sales tax

All other provinces are exempt. GST is not applicable to insurance premiums.

Legal Service Package Tax:

Note: Cost includes broker fee and is subject to the applicable HST Tax. New Brunswick, Newfoundland, and Prince Edward Island add 15% Nova Scotia add 14% Ontario add 13%

Alberta, British Columbia, Manitoba, Northwest Territories, Nunavut, Quebec, Saskatchewan and Yukon add 5%

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

^{*}Please note: The Service Fee does not apply if you ONLY purchase the PLI/CGL/Property Package.

All cheques payable to BMS Canada Risk Services Ltd, or complete credit card authorization below.

Authorization for Credit Card Charge

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

Cardholder Name: Signature:

BMS Canada Risk Services Ltd. (BMS) Toll Free: 1-844-583-7747 Fax: 613-701-4234 979 Bank St, Suite 200

Ottawa, ON K1S 5K5 Email: casw.insurance@bmsgroup.com