PRACTICE RISK SOLUTIONS
HEALTHCARE PROFESSIONALS
INSURANCE ALLIANCE

CAO LIABILITY INSURANCE PROGRAM

Name of Applicant (First Last ex: John Doe):

Mailing Address:

City: Prov./Terr.: Postal Code:

Telephone:

Email:

Business Details

Only complete this section if **you operate your own business** (e.g. independent contractor or business owner).
Do not complete this section for or on behalf of someone else's business or a business where you are employed.

Entity / Business Name:

Location Address (if different from above):

City: Prov./Terr.: Postal Code:

Membership Information

In order to be eligible for this insurance policy, you must be a member of the Canadian Association of Optometrists (CAO). If you are not a member, this policy is null and void.

Please confirm you understand and agree to the eligibility requirements ☐

Are you a member in good standing with the Canadian Association of Optometrists? ☐ Yes ☐ No

Please indicate to which Provincial Association you are a member of

☐ Alberta Association of Optometrists	☐ Newfoundland & Labrador Association of Optometrists
☐ BC Doctors of Optometry	☐ Nova Scotia Association of Optometrists
☐ Manitoba Association of Optometrists	☐ Prince Edward Island Association of Optometrists
☐ New Brunswick Association of Optometrists	☐ Saskatchewan Association of Optometrists

Applicant Details

Do you provide professional services outside the scope of Optometry? ☐ Yes ☐ No
If yes, please provide details.

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

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

Has a Professional Liability claim ever been made against you? ☐ Yes ☐ No
If yes, please provide details.

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

Professional Liability Coverage Options

Claims-made policy, NIL deductible

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

	Limit	Cost	Option Selected
Option 1	$3,000,000 per claim / $5,000,000 aggregate	$472	☐
Option 2	$5,000,000 per claim / $5,000,000 aggregate	$587	☐
Option 3	$10,000,000 per claim / $10,000,000 aggregate	$932	☐
Option 4 New Grad	$3,000,000 per claim / $5,000,000 aggregate	$58	☐

All options also include:

Regulatory Legal Expense Coverage	$250,000 per claim aggregate
Criminal Defence Reimbursement	$100,000 per claim aggregate
Loss of Earnings	up to $750 per day
Abuse Defence Cost Reimbursement	$250,000 per claim / aggregate
Out of Country	110 Days
Therapy & Counselling Fund	$50,000 per claim / aggregate
Libel and Slander	$150,000 per claim / aggregate
Breach of Copyright	$150,000 per claim / aggregate
Loss of Documents	$150,000 per claim / aggregate
Dishonesty of Employees	$100,000 per claim / aggregate
Public Relations Expenses	$50,000 per claim / aggregate
Information Security & Privacy Liability	$50,000 per claim / aggregate
Cyber Expense	$50,000 per claim / aggregate

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 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.

I declare that I am a member in good standing with The Canadian Association of Optometrists. If it is determined that I do not hold an active membership, I understand that my insurance policy is null and void.

Signed by: Position:

Date:

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

Sub-total	$
Tax	$
Total Enclosed	$

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

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

Authorization for Credit Card Charge

VISA, AMEX or M/C Account No:

Expiry Date:	CVV:
Cardholder Name:	Signature:

BMS Canada Risk Services Ltd. (BMS Group)
825 Exhibition Way, Suite 209
Ottawa, ON K1S 5J3

Toll Free: 1-844-517-1371
Fax: 613-701-4234
Email: fyidoctors.cao@bmsgroup.com