

CAO LIABILITY INSURANCE APPLICATION

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

Mailing Address:

City:

Province/Territory:

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:

Province/Territory:

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

Are you a contractor of FYidoctors?

Yes No

Applicant Details

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

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

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

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

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

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	<input type="checkbox"/>
Option 2	\$5,000,000 per claim / \$5,000,000 aggregate	\$587	<input type="checkbox"/>
Option 3	\$10,000,000 per claim / \$10,000,000 aggregate	\$932	<input type="checkbox"/>
Option 4 New Grad	\$3,000,000 per claim / \$5,000,000 aggregate	\$58	<input type="checkbox"/>

All options 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

Cyber Security and Privacy Liability

Please note, the CAO Professional Liability policy **AUTOMATICALLY** includes \$50,000 of Information Security & Privacy Liability, and \$50,000 of Cyber Expense Coverage. However, members can enhance and increase their coverage to a \$1,000,000 limit.

Would you like to increase your Cyber Security and Privacy Liability coverage? Yes No
If yes, please complete the fields below.

Individual Practitioners	<input type="checkbox"/> \$90 annual premium
Business & Employees – \$0 to \$500,000 gross revenue	<input type="checkbox"/> \$575 annual premium
Business & Employees – \$500,001 to \$1,000,000 gross revenue	<input type="checkbox"/> \$715 annual premium
Business & Employees – \$1,000,001 to \$1,500,000 gross revenue	<input type="checkbox"/> \$845 annual premium
Business & Employees – \$1,500,001 to \$2,000,000 gross revenue	<input type="checkbox"/> \$985 annual premium
Business & Employees – \$2,000,001 to \$2,500,000 gross revenue	<input type="checkbox"/> \$1,110 annual premium
Business & Employees – \$2,500,001 to \$3,000,000 gross revenue	<input type="checkbox"/> \$1,230 annual premium
Business & Employees – Above \$3,000,001 gross revenue	<input type="checkbox"/> Referral

Policy aggregate limit of liability for Damages, Claims Expenses, Penalties, Cyber Extortion Loss, Data Protection Loss, Business Interruption Loss and PCI Fines, Expenses and Costs: CAD 1,000,000

But sub-limited to: Regulatory Defence and Penalties: CAD 250,000
PCI Fines, Expenses and Costs: CAD 100,000 (if PCI Compliant)
Cyber Extortion: CAD 100,000
Data Protection Loss: CAD 100,000

- Business Interruption Loss: CAD 100,000
- (i) Forensic Expenses sublimit: CAD 25,000
- (ii) Dependent Business sublimit: CAD 10,000

Notified Individuals: 100,000 Notified Individuals in the Aggregate for Business Cyber Security & Privacy Liability.
5,000 Notified Individuals in the Aggregate for Individual Cyber Security & Privacy Liability.

Aggregate Limit of Coverage for Computer Expert Services, Legal Services and Public Relations and Crisis Management Expenses combined: CAD 250,000

Deductible CAD 1,000

Does your business transfer funds? If so, BMS recommends you consider adding Fraudulent Instruction coverage - \$100,000 limit starting from \$250/year. This is only applicable to Members who buy the \$1M Cyber Security & Privacy Liability. Please contact BMS to find out more or purchase this additional cover.

Have you ever had a privacy breach, and/or network security incident in the past? Yes No
If yes, please provide details.

Are your portable data storage devices encrypted (i.e. USB Stick)? Yes No
Please note that this policy excludes any loss or liability arising from information contained on a non-encrypted device.

Do you implement basic loss control measures such as: Antivirus software, a firewall and/or regular software patch installations? Yes No

Individual Commercial General Liability (for Independent Contractors)

Occurrence-based policy; NIL deductible

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.

Do you require Commercial General Liability coverage? Yes No
If yes please complete the fields below.

	Limit	Cost	Option Selected
Option 1	\$1,000,000 per claim / per member aggregate	\$115	<input type="checkbox"/>
Option 2	\$2,000,000 per claim / per member aggregate	\$150	<input type="checkbox"/>
Option 3	\$5,000,000 per claim / per member aggregate	\$230	<input type="checkbox"/>

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

Have you ever sustained a Commercial General Liability loss or has such a claim been made against you? Yes No
If yes, please provide details.

Do you own and/or operate a retail practice? Yes No
If yes, please provide details.

Please indicate any additional insured(s) to be listed on your certificate (e.g. Landlord).

Name: _____

Address: _____

City: _____ Province/Territory: _____ Postal Code: _____

Name: _____

Address: _____

City: _____ Province/Territory: _____ Postal Code: _____

Business Professional Liability

Recommended for businesses with other optometrists working for or on behalf of your business and/or billing under your business name. Please note that this coverage should be purchased by one individual on behalf of all business owners and / or the business entity.

If you are a sole proprietor, this coverage is included at no additional cost and your individual PLI policy will automatically extend to cover your business name. You will NOT need to select yes to the question below

**Shared limits with Individual Professional Liability Insurance \$75.00 per optometrist
No charge for opticians**

Do you require Business Professional Liability coverage? Yes No
If yes, please complete fields below

Total number of employed optometrists (Do not include yourself): _____

Total number of employed opticians: _____

If you employ any other health professionals other than optometrists or opticians please contact BMS Group to ensure you are adequately covered.

Employment Practices Liability

Do you employ administrative and/or professional staff? Does your practice engage independent contractors, volunteers, or students? This insurance is designed for business owners to protect against allegations of employment practice violation, including wrongful termination, discrimination, workplace harassment, and others.

Do you require Employment Practices Liability? Yes No

If yes, please complete the fields below

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

**Rates are for Clinics/Groups of Clinics under the same ownership with 25 employees or fewer.
Please contact BMS Group to secure coverage for Clinics/Groups of Clinics with more than 25 employees. .*

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

Involving any employment law? Yes No
If yes, please provide details:

Involving non-employment related discrimination or sexual harassment? Yes No
If yes, please provide details:

During the past 12 months, has the Company experienced any change in controlling ownership of the Company? Yes No
If yes, please provide details:

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	\$
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Tax	\$
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Total Enclosed	\$
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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: cao.insurance@bmsgroup.com