



PROFESSIONAL LIABILITY INSURANCE PROGRAM

Name of Applicant: _____

Business/Corporation Name (if applicable): _____

Mailing Address: _____

City: _____

Prov./Terr.: _____

Postal Code: _____

Telephone: _____

Email: _____

Location Address (if different from above): _____

City: _____

Prov./Terr.: _____

Postal Code: _____

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

Please indicate to which Provincial Association you belong

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

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

3. Has any application for professional liability and / or commercial general liability insurance ever been denied or cancelled? Yes No
If yes, please provide details.

4. Have you ever sustained a professional liability and / or commercial general liability loss or has such a claim been made against you? Yes No
If yes, please provide details.

5. 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.

6. Are you a contractor of FYidoctors? Yes No

Professional Liability Coverage Options: (claims made basis)

	Limit	Cost	Option Selected
Option 1	\$3,000,000 per claim / per member aggregate	\$410	<input type="checkbox"/>
Option 2	\$5,000,000 per claim / per member aggregate	\$510	<input type="checkbox"/>
Option 3	\$10,000,000 per claim / per member aggregate	\$810	<input type="checkbox"/>
Option 4 New Grad	\$2,000,000 per claim / per member aggregate	\$50	<input type="checkbox"/>

All options also include:

Regulatory Legal Expense Coverage	\$250,000 per claim / per member aggregate
Criminal Defence Reimbursement	\$100,000 per claim / per member aggregate
Loss of Earnings	\$750 per day

Additional Coverage Options

Commercial General Liability Coverage Options: (occurrence-based)

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	\$100	<input type="checkbox"/>
Option 2	\$2,000,000 per claim / per member aggregate	\$130	<input type="checkbox"/>
Option 3	\$5,000,000 per claim / per member aggregate	\$200	<input type="checkbox"/>

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

Please indicate any additional insured(s) to be listed on your certificate:

Name:

Address:

City:

Prov./Terr.:

Postal Code:

Name:

Address:

City:

Prov./Terr.:

Postal Code:

Cyber Security and Privacy Liability

Note: Your Professional Liability policy AUTOMATICALLY includes \$50,000 of Cyber Security and Privacy Liability Coverage. To increase your individual cyber security and privacy liability limit up to \$1,000,000 or to purchase coverage for a business & employees select the applicable option below.

Do you require additional Cyber Security and Privacy Liability coverage? Yes No
(If yes please complete the fields below)

Individual Practitioners

\$75 annual premium

Business & Employees – \$0 to \$500,000 gross revenue

\$480 annual premium

Business & Employees – \$500,001 to \$1,000,000 gross revenue

\$595 annual premium

Business & Employees – \$1,000,001 to \$1,500,000 gross revenue

\$705 annual premium

Business & Employees – \$1,500,001 to \$2,000,000 gross revenue

\$820 annual premium

Business & Employees – \$2,000,001 to \$2,500,000 gross revenue

\$925 annual premium

Business & Employees – \$2,500,001 to \$3,000,000 gross revenue

\$1,025 annual premium

Business & Employees – Above \$3,000,001 gross revenue

Referral

Have you ever had a privacy breach in the past?
If yes, please provide details.

Yes No

Are your portable storage devices encrypted (ie. USB Stick)?

Yes No

Do you implement basic loss control measures such as: Antivirus software, a firewall and/or regular software patch installations?

Yes No

Please note this policy excludes any loss or liability arising from information contained on a non-encrypted device and for individuals who do not have loss control measures in place.

Business Professional Liability

Business Professional Liability insurance coverage for your business name/entity. Applicable if you are an incorporated business and employ other optometrists / opticians. If you are incorporated and work independently with no employees or contracted professionals, coverage is automatically extended to your corporation name at no additional premium. You will NOT need to select yes to the question below or put in business details and you can simply add your business name at the top in the applicant field after your name.

Do you require Business Professional liability coverage? Yes No
(If yes please complete fields below)

\$5,000,000 per claim/\$5,000,000 per policy period
\$75.00 per optometrist (opticians are automatically included)

Total number of employed optometrists:

Total number of employed opticians:

Employment Practices (Management) Liability

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

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

I declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of 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.

If you are unsure of your coverage requirements please contact BMS. A licensed insurance broker will be available to answer your questions during regular business hours.

Signed by: _____

Position: _____

Date: _____

Signing of this form does not bind the applicant or company to complete the insurance but it 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.

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 8% 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: _____

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