



MIDWIVES ASSOCIATION OF BC INSURANCE PROGRAM

Name of Applicant (First Last):

Mailing Address:

City:

Province/Territory:

Postal Code:

Telephone:

Email:

*Please advise BMS if your contact details have changed in order to 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.

Clinic Details

Do you operate your own clinic? (e.g. independent contractor or clinic owner)

Yes No

Do not complete this section for or on behalf of someone else's clinic or a clinic where you are employed.

If yes, please provide your primary entity / clinic name (please list all operating names related to the clinic).

Entity / Clinic Name:

Location Address (if different from above):

City:

Province/Territory:

Postal Code:

Do you own/operate more than one entity/corporation name?

Yes No

Each professional providing services for or on behalf of your clinic must carry their own individual Professional Liability insurance. Do you understand and confirm this coverage is in place?

Membership Information

Are you a member in good standing with the Midwives Association of BC?

Yes No

Do you have operations outside Canada?

Yes No

If yes, please provide details.

Has any application for similar insurance (i.e. Commercial General Liability, Property, Cyber Security and Privacy Liability, and/or Employment Practices Liability) ever been denied, cancelled, or not renewed by the insurer? Yes No
If yes, please provide details.

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

Do you have any knowledge of any act/incident, which might give rise to a claim under this policy, or do you anticipate any claims being brought against you/your business? Yes No
If yes, please provide details.

Do you or does your business provide services outside the scope of a midwife? Yes No
If yes, please provide details.

Individual Commercial General Liability

If you operate a practice with other professionals and/or have CONTENTS / PROPERTY to insure, an Individual Commercial General Liability policy may not be sufficient protection. In these circumstances, BMS recommends a Clinic Package, which includes Commercial General Liability and additional coverage (Property/Contents, Business Interruption, and Crime). Please complete the Clinic Package application below.

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.

Examples of who this coverage is recommended for:

- Midwives delivering services at more than one practice.
- Midwives who want to carry their own individual commercial general liability policy.
- Midwives with their own practice
 - with no employees or additional professionals, and
 - who do not lease, own, or rent a premise for the practice

Coverage Overview

Bodily Injury and Property Damage	To policy limit
Products-Completed Operations	To policy limit
Personal & Advertising Liability	To policy limit
Medical Expenses	\$50,000
Tenants' Legal Liability	\$500,000
Miscellaneous Property Floater (100% co-insurance)	\$7,500

Exclusion Endorsements

Abuse
Virus and Bacteria
Cyber Incident

Deductibles

Misc Property Floater	\$1,000
Tenants' Legal Liability	\$1,000
Bodily Injury & Property Damage	\$1,000

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

Yes No

	Limit	Premium
Option 1	\$2,000,000 per occurrence / \$2,000,000 aggregate	<input type="checkbox"/> \$350
Option 2	\$3,000,000 per occurrence / \$3,000,000 aggregate	<input type="checkbox"/> \$500
Option 3	\$5,000,000 per occurrence / \$5,000,000 aggregate	<input type="checkbox"/> \$650

Do you require increased Miscellaneous Property Floater Limits over \$7,500?
If yes, please confirm the limit required:

Yes No

Clinic Package

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

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, equipment, stock as well as any stock and improvements and betterments.

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

Occurrence-based policy.

Coverage Limits:

Commercial General Liability

Per Occurrence/Aggregate Limit	\$2,000,000 / \$5,000,000
Bodily Injury & Property Damage	As per limit selected
Products-Completed Operations	As per limit selected
Personal & Advertising Injury	As per limit selected
Tenants' Legal Liability	\$500,000
Medical Payments	\$50,000

Contents (90% Co-Insurance)

Contents on premises including equipment, stock, and tenants’ improvements and betterments limit	\$50,000
Miscellaneous Property Floater	\$7,500

Crime

Employee Dishonesty	\$10,000
Theft, Robbery or Burglary	\$10,000
Fraud	\$10,000
Expenses – Blanket Limit	\$5,000

Exclusion Endorsements

- Abuse
- Virus and Bacteria
- Cyber Incident

Commercial General Liability Deductibles

Tenants’ Legal Liability	\$1,000
Bodily Injury & Property Damage	\$1,000
Tenants’ Legal Liability	\$1,000

Contents/Property & Crime Deductibles

Contents	\$1,000
Water Damage	\$2,500
Sewer Back-Up	Based on insured location
Flood	Based on insured location
Equipment Breakdown	\$1,000
Crime	\$1,000
Earthquake	Based on insured location
Miscellaneous Property Floater	\$1,000

Base Premium: \$750

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

Increased Contents (applicable to Clinic Package only)

If more than \$50,000 of contents coverage for Clinic Package is required, the following increased limits are available:

The insurer requires that you review your contents/property limit and apply a 5% increase over the expiring to address inflation.

Limit	Additional Annual Premium
\$60,000	<input type="checkbox"/> \$50
\$70,000	<input type="checkbox"/> \$100
\$80,000	<input type="checkbox"/> \$150
\$90,000	<input type="checkbox"/> \$200
\$100,000	<input type="checkbox"/> \$250
\$110,000	<input type="checkbox"/> \$300

\$120,000	<input type="checkbox"/> \$350
\$130,000	<input type="checkbox"/> \$400
\$140,000	<input type="checkbox"/> \$450
\$150,000	<input type="checkbox"/> Referral Required

Do you require office contents coverage at an additional location? Yes No

Do you require Miscellaneous Property Floater Limits over \$7,500?
If yes, please confirm the limit required: Yes No

Do you anticipate undergoing any renovations in your clinic within the policy term? Yes No

Does the clinic deliver services outside the scope of midwifery?
If yes, please provide a staff breakdown per discipline. Yes No

To extend coverage to Midwives who are delivering professional services solely for the Clinic, list their names below. Yes No

Please note, policy limits are shared between all midwives listed on the policy.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Midwives	Additional Annual Premium
1-5	\$75 per person
Any Additional person under 11	\$60 per person
11+	Referral

If over 11, please contact BMS.

Increased Commercial General Liability (applicable to Clinic Package only)

If more than \$2,000,000 Commercial General Liability coverage for the package is required, the following increased limit is available:

Increased Commercial General Liability	Additional Annual Premium
\$3,000,000	<input type="checkbox"/> \$150
\$5,000,000	<input type="checkbox"/> \$300

Building/Condominium Unit Coverage

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

If yes, please select the type of property:

Building Condominium Unit

If yes, provide the property value (Note: this is not the real estate cost):

Clinic Coverage Requirements (applicable to Clinic Package only):

Are the coverages above adequate? Yes No
If no, please provide details of your requirements:

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 adequate contents limit.

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 theft, loss, or unauthorized disclosure of a third party's personally identifiable information.

Coverage is designed to manage 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

Legal, Forensic & Public Relations/Crisis Management \$250,000
 Notified Individuals 5,000 (Individual), 100,000 (Business)

Policy Aggregate Limit

\$1,000,000

First Party Loss

Business Interruption
 Cyber Extortion Loss \$25,000
 Data Recovery Costs \$100,000
 \$100,000

Liability

Data & Network Liability \$1,000,000
 Regulatory Defense & Penalties \$250,000
 Payment Card Liabilities & Costs \$1,000,000
 Media Liability \$1,000,000

eCrime*

Fraudulent Instruction* Available for additional premium
 Funds Transfer Fraud Available for additional premium
 Telecommunications Fraud \$100,000

Criminal Reward Cover

Criminal Reward Cover \$25,000

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.

Individual Practitioners \$121 annual premium

Business & Employees – \$0 to \$500,000 gross revenue \$675 annual premium

Business & Employees – \$500,001 to \$1,000,000 gross revenue \$1,023 annual premium

Business & Employees – \$1,000,001 to \$1,500,000 gross revenue \$1,284 annual premium

Business & Employees – \$1,500,001 to \$2,000,000 gross revenue \$1,578 annual premium

Business & Employees – \$2,000,001 to \$2,500,000 gross revenue	<input type="checkbox"/> \$1,776 annual premium
Business & Employees – \$2,500,001 to \$3,000,000 gross revenue	<input type="checkbox"/> \$1,873 annual premium
Business & Employees - \$3,000,001 to 3,500,000 gross revenue	<input type="checkbox"/> \$2,017 annual premium
Business & Employees - \$3,500,001+ gross revenue	<input type="checkbox"/> Referral required

Has any Cyber claim or lawsuit been made against you/your business, or is any such claim now pending against you/your business? 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.

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? Yes No
 If yes, please provide details.

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.

A link to free resources is: www.getcybersafe.gc.ca. Once completed, please keep a personal record. 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 to provide an application for Fraudulent instruction/Funds Transfer Fraud coverage? If yes, an additional questionnaire is required to be completed and will be sent to you separately. Yes No

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.

Claims made policy, \$1,000 deductible.

Do you require Employment Practices Liability? Yes No
If yes, please complete the fields below.

	Limit	Deductible	Annual Premium
Option 1	\$100,000	\$1,000	<input type="checkbox"/> \$262
Option 2	\$250,000	\$1,000	<input type="checkbox"/> \$362
Option 3	\$500,000	\$1,000	<input type="checkbox"/> \$383
Option 4	\$1,000,000	\$1,000	<input type="checkbox"/> \$499

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? 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? Please only select yes if not already reported to BMS/the insurer. 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:

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/business? Yes No

If yes, please provide details.

Do you require Employment Practices Liability coverage for an additional corporation(s)? 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. For small business customers, this service is also available to employees.

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

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 except HR Assistance)
- Insurance to coverage the legal costs for resolving a range of disputes, including:
 - Pursuit or defence of Contract Disputes
 - Pursuit or defence of Tenancy Disputes (90 day waiting period applies from the inception of the first policy held)
 - Total Loss Valuation Disputes (motor vehicle)
 - Defence of Driver's Licence Protection
 - Pursuit for Bodily Injury
 - Pursuit for Property Protection
 - Defence for Tax Protection

Business Legal Solutions provides:

- Legal Services Package (as detailed above)
- Insurance to cover for legal costs for resolving a range of disputes, including:
 - Employee's Extra Protection
 - Auto Legal Defence
 - Defence of Contract Disputes & Debt Recovery (90 day waiting period applies from the inception of the first policy held)
 - Defence for Statutory Licence Appeals
 - Pursuit for Property Protection
 - Pursuit for Bodily Injury
 - Tax Protection

Would you like BMS to provide an application for Personal Legal Solutions and/or Business Legal Solutions? Yes No

Declarations & Warranty

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.

I declare that I am a member in good standing with Midwives Association of BC. 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:

Fee Disclosure

Line of Coverage	Premium	Commission (included within premium)	Fee
Commercial General Liability	Per application	20%	Nil
Clinic Package	Per application	20%	Nil
Cyber Security & Privacy Liability	Per application	25%	Nil
Employment Practices Liability	Per application	25%	Nil
Legal Services Package	Per application	N/A	\$15

Payment Information

GST is not applicable to insurance premiums.

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

Sub-total	\$
Service Fee	\$10.00
Tax	\$
Total Enclosed	\$

Authorization for Credit Card Charge

VISA, AMEX or M/C Account No:

Expiry Date:

CVV:

Cardholder Name:

Signature:

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

Toll Free: 1-855-318-6558
Fax: 613-701-4234
Email: mabc.insurance@bmsgroup.com