



## BMS INSURANCE SOLUTIONS FOR YOU & YOUR BUSINESS

THIS APPLICATION IS FOR THE JANUARY 1, 2026 – JANUARY 1, 2027 POLICY PERIOD.

Applicant's Full Name:

Mailing Address:

City:

Province/Territory:

Postal Code:

Telephone:

Email:

\*Please advise BMS if your contact details have changed so that you can 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.

Are you renewing this insurance policy?

Yes  No

If you are renewing your insurance policy after its expiry date and outside of the renewal period, please confirm that you understand the effective date of this policy will be set to the current date of application and upon receiving payment.

### Business Details

Only complete this section for or on behalf of your own business. **Do not** complete this section for or on behalf of someone else's business or a business where you are employed or contracted.

Do you operate your own business? (e.g. sole proprietor, partnership, corporation)

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 own/operate more than one entity/corporation name?  
If no, please provide details.

Yes  No

## Applicant Information

Do you have operations outside Canada?  Yes  No  
If yes, please provide details.

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

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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.

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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.

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

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## Commercial General Liability Insurance

### Individual Commercial General Liability Coverage

This option is recommended for those who work alone with no other professionals. 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.

### Business Commercial General Liability Coverage

This option is recommended for those who have other professionals: employees, contractors, students, assistants and/or volunteers working for or on behalf of their business. Protects you and your business in the event a CGL claim is made involving your business operations /or premises. Contractors working for or on behalf of your business can be added as additional named insureds onto your policy. Please complete the Additional Insured Midwives section below.

#### Coverage Overview:

Bodily Injury and Property Damage	To selected policy limit
Products-Completed Operations	To selected policy limit
Personal & Advertising Liability	To selected 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  
Others as per policy wording

#### **Deductibles**

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

Would you like to purchase **Individual or Business Commercial General Liability** Insurance?  Yes  No

If yes, please complete the section below. If Business CGL is purchased, please also complete the Additional Insured Midwives Section if appropriate.

**Note:** If you have contents/property to insure, and/or if you lease or own an office space, an Individual or Business CGL policy may not be sufficient protection. In these circumstances, BMS recommends you secure your CGL as part of a broader Clinic Package, which includes CGL and Property/Contents, Business Interruption, and Crime. Please select “No” above and complete the Clinic Package application on the next pages.

**Individual or Business CGL (occurrence-form policy)**

Coverage	\$2,000,000 per occurrence / aggregate	\$3,000,000 per occurrence / aggregate	\$5,000,000 per occurrence / aggregate
<b>Individual CGL</b>	<input type="checkbox"/> \$367	<input type="checkbox"/> \$525	<input type="checkbox"/> \$683
<b>Business CGL</b>			
1-5 professionals delivering services for or on behalf of the business	<input type="checkbox"/> \$434	<input type="checkbox"/> \$561	<input type="checkbox"/> \$709
6-10 professionals delivering services for or on behalf of the business	<input type="checkbox"/> \$500	<input type="checkbox"/> \$627	<input type="checkbox"/> \$765
10+ professionals delivering services for or on behalf of the business	<input type="checkbox"/> Referral	<input type="checkbox"/> Referral	<input type="checkbox"/> Referral

Do you travel with specific business items or equipment valued at more than \$7,500?  Yes  No  
 If yes, please confirm the limit required:

**Clinic Package**

The Clinic Package 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.

**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).

**Clinic Package Coverage Overview:**

**Commercial General Liability**

Per Occurrence / Aggregate Limit	\$2,000,000 per occurrence / aggregate
Bodily Injury & Property Damage	To selected policy limit
Products-Completed Operations	To selected policy limit
Personal & Advertising Injury	To selected policy limit
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 (100% co-insurance)	\$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
Others as per policy wording

**Deductibles**

Tenants' Legal Liability	\$1,000
Bodily Injury & Property Damage	\$1,000
Contents	\$1,000
Water Damage	\$2,500
Sewer Back-up	Based on insured location
Flood	Based on insured location
Earthquake	Based on insured location
Equipment Breakdown	\$1,000
Crime	\$1,000
Misc Property Floater	\$1,000

Would you like to purchase **Clinic Package** Insurance?

Yes  No

If yes, please complete sections 1-5 below and the Additional Insured Midwives section, if appropriate.

**Clinic Package (occurrence-form policy)**

**1. Coverage limits**

	Annual Premium
\$2,000,000 per occurrence / aggregate <input type="checkbox"/>	\$773
\$3,000,000 per occurrence / aggregate <input type="checkbox"/>	\$931
\$5,000,000 per occurrence / aggregate <input type="checkbox"/>	\$1,089

## 2. Content limits

The Clinic Package policy includes \$50,000 of contents coverage with the option to increase contents coverage as needed. Please select your required contents limit below.

**Note:** If you are renewing your Clinic Package policy, the insurer requires that you review your contents/property limit on an annual basis, and at a minimum apply a 5% increase over your expiring limit to address inflation.

Limit	Additional Annual Premium
\$50,000	<input type="checkbox"/> No additional premium (automatically included)
\$60,000	<input type="checkbox"/> \$53
\$70,000	<input type="checkbox"/> \$105
\$80,000	<input type="checkbox"/> \$158
\$90,000	<input type="checkbox"/> \$210
\$100,000	<input type="checkbox"/> \$263
\$110,000	<input type="checkbox"/> \$315
\$120,000	<input type="checkbox"/> \$368
\$130,000	<input type="checkbox"/> \$420
\$140,000	<input type="checkbox"/> \$473
\$150,000	<input type="checkbox"/> Referral Required

Do you require office contents coverage at a second/additional location?  Yes  No

Do you travel with specific business items or equipment valued at more than \$7,500?  
If yes, please confirm the limit required:  Yes  No

### Please Note:

If you anticipate undergoing any renovations in your office space within the policy term, please contact BMS at 1-855-318-6558 to ensure you are adequately covered.

## 3. Building/Condominium Unit Coverage

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

If yes, please select the type of property:

Building  Condominium Unit

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

#### 4. Clinic Coverage Requirements

Are the above coverages adequate?

Yes  No

If no, please provide details of your requirements:

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#### 5. Co-Insurance

Coinsurance 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 \$100,000 and the policy contains a 90% co-insurance clause; this means you should purchase at least \$90,000 in coverage. If you were only purchasing \$50,000 coverage and had a loss of \$50,000, 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:  $(\$50,000 \div (\$100,000 \times 90\%)) \times \$50,000 = \$27,778$  Payment for loss (less deductible)

BMS recommends that your insurable values be reviewed and appropriately appraised to ensure you are purchasing the correct contents limits.

**I understand the co-insurance clause and have selected adequate contents limit.**

### Additional Insured Midwives

If you have selected Business CGL or the Clinic Package your employees are automatically insured under your policy.

To qualify as an employee under the policy, midwives must meet all the following:

- Be working for the practice;
- Be paid by the practice;
- Be working under the direction and control of the practice; and
- Not be a volunteer or independent contractor.

If you work with midwives who are delivering services with or for you/your business and they do not meet the insurer's definition of employee, you can add these midwives to your policy as Additional Insured Midwives.

To add midwives to your **Business CGL or Clinic Package policy** as Additional Insured Midwives, please list their names below.

Please note, policy limits are shared between you/your business and all midwives listed on the policy.

#### Additional Insured Midwives

*(Applicable to Business CGL and Clinic Package only. Do not complete if you have selected Individual CGL.)*

	Midwives	Additional Annual Premium
1.		
2.	1-10	\$75 per person
3.	11+	Referral
4.	<b>If over 11, please contact BMS.</b>	
5.		
6.		
7.		
8.		
9.		
10.		

I confirm that the midwives I have listed understand that by being added as Additional Insured Midwives on my policy, they are agreeing to have this information shared with the MABC by BMS.

If you have more than 10 midwives delivering professional services solely for the Clinic, please list their names here:

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## Other Insurance Products & Services

### Business Professional Liability Insurance

Professional Liability Insurance for the business in the event it is named in a professional liability claim or lawsuit. Please note that coverage should be purchased by one individual on behalf of the business owners, employees, and/or business entity.

This coverage is recommended for businesses with others (e.g. midwives, assistants, students and/or other professionals) delivering services for or on behalf of, or billing under, your business name.

Would you like BMS to contact you regarding a quote for Business PLI? If yes, an additional application is required to be completed and will be sent to you separately. Yes No

If you are a sole proprietor and work independently with no other professionals billing under your operating name, your MPP coverage may extend. Please contact MABC for more information.

### Cyber Security and Privacy Liability

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
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
Cyber Extortion Loss	\$500,000
Data Recovery Costs	\$100,000

**Liability**

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

**eCrime**

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

**Criminal Reward**

Criminal Reward	\$50,000
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**Computer Hardware Restoration**

Included

**Deductibles**

Each Incident	\$1,000
Notified Individuals	100

Would you like to purchase **Cyber Security & Privacy Liability** coverage?  
If yes, please select an option below.

Yes  No

Gross Revenue	Annual Premium
Individual Practitioners	<input type="checkbox"/> \$121
Business & Employees - \$0 to \$500,000	<input type="checkbox"/> \$675
Business & Employees - \$500,001 to \$1,000,000	<input type="checkbox"/> \$1,023
Business & Employees - \$1,000,001 to \$1,500,000	<input type="checkbox"/> \$1,284
Business & Employees - \$1,500,001 to \$2,000,000	<input type="checkbox"/> \$1,578
Business & Employees - \$2,000,001 to \$2,500,000	<input type="checkbox"/> \$1,776
Business & Employees - \$2,500,001 to \$3,000,000	<input type="checkbox"/> \$1,873

Business & Employees - \$3,000,001 to \$3,500,000	<input type="checkbox"/> \$2,017
Business & Employees - \$3,500,001 to \$4,000,000	<input type="checkbox"/> \$2,159
Business & Employees - \$4,000,001 to \$4,500,000	<input type="checkbox"/> \$2,298
Business & Employees - \$4,500,001 to \$5,000,000	<input type="checkbox"/> \$2,434
Business & Employees - Above \$5,000,001	<input type="checkbox"/> Referral

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. Resources can be found at [www.getcybersafe.gc.ca](http://www.getcybersafe.gc.ca). **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 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

#### Personal & Family Cyber Protection (not available for QC members)

Safeguarding your personal information online is more important than ever before!

- ✓ Access to Cybersecurity professionals
- ✓ Cyber Bullying & Extortion Expense coverage
- ✓ Online Fraud Protection
- ✓ Identity Theft Recovery & Credit Monitoring
- ✓ Lost Wallet
- ✓ Social Media & Dark Web Monitoring
- ✓ Restoration Costs

Would you like to purchase **Personal & Family Cyber Protection**?  
If yes, please complete the section below.

Yes  No

Each Claim / Aggregate Limit	Cost
\$10,000	<input type="checkbox"/> \$60

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\$25,000

\$75

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Have you previously reported a cyber claim or incident under this policy?  
If yes, please provide details.

Yes  No

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### Terms & Conditions

This information is intended to provide a brief overview of some of the terms and conditions of the Personal & 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 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 other employment related allegations.

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

Would you like to purchase **Employment Practices Liability**?  
If yes, please select an option below.

Yes  No

	Limit	Deductible	Annual premium for up to 25 staff
Option 1	\$100,000	\$1,000	<input type="checkbox"/> \$270
Option 2	\$250,000	\$1,000	<input type="checkbox"/> \$373
Option 3	\$500,000	\$1,000	<input type="checkbox"/> \$394
Option 4	\$1,000,000	\$1,000	<input type="checkbox"/> \$514

Total number of employed staff (professionals):

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Total number of administrative staff (including students working under supervision):

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Total number of contractors (professionals):

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Has any application for similar insurance ever been denied, cancelled or not renewed?  Yes  No  
 If yes, please provide details.

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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.

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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.

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

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

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Does your business have a board of directors, executive team, or other individuals who make strategic decisions on behalf of the organization?  Yes  No

If yes, your leadership team may be exposed to personal liability related to their management decisions and Directors & Officers (D&O) Liability insurance may be recommended.

D&O insurance protects the organization and its leaders from the financial consequences of claims alleging financial mismanagement, breach of fiduciary duty, compliance violations, and more.

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Would you like BMS to contact you regarding a quote for **Directors & Officers Liability** insurance?  Yes  No  
If yes, an additional application is required to be completed and will be sent to you separately.

Please indicate your business type:

For-profit business  Non-profit business

## 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

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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, however HR Assistance not included)
- Insurance to cover the legal costs and expenses for resolving 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.

Would you like to purchase **Personal Legal Solutions**?

Yes  No

If yes, please select an option and complete the fields below.

Each claim/aggregate limit	Premium
\$25,000/\$125,000	<input type="checkbox"/> \$109
\$50,000/\$250,000	<input type="checkbox"/> \$132

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 to take action following a legal nuisance or trespass on your land?  Yes  No
- Pursued legal action against a negligent third party following an injury to yourself?  Yes  No
- Pursued legal action against a medical practitioner following an incident of clinical negligence which caused you an injury?  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.

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**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**

Would you like to purchase **Business Legal Solutions**?

Yes  No

If yes, please select an option and complete the fields below.

Estimated Revenue for the next 12 months	Premium
\$0 to \$150,000	<input type="checkbox"/> \$168
\$150,001 to \$250,000	<input type="checkbox"/> \$266
\$250,001 to \$500,000	<input type="checkbox"/> \$433
\$500,001 to \$1,000,000	<input type="checkbox"/> \$554
\$1,000,001 to \$2,000,000	<input type="checkbox"/> \$977
\$2,000,001 to \$3,000,000	<input type="checkbox"/> \$1,388
\$3,000,001+	<input type="checkbox"/> Referral Required

Total number of employees (full time & part time):

In the last 3 years has your business, you or any employee, director or partner of the business been:

Subject to a tax audit?  Yes  No

Involved in a dispute regarding compliance with GST, Income Tax, PST or HST or payroll tax deductions?  Yes  No

Involved in any dispute regarding any damage, trespass or nuisance in relation to property that you are responsible for?  Yes  No

Prosecuted in a criminal court (excluding vehicle-related offences)?  Yes  No

Subject to a civil action alleging theft or breach of privacy?  Yes  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.

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Have you pursued an undisputed debt in the last 12 months, after you had exhausted your normal aged receivable procedures?  Yes  No

If yes, please provide details.

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### 24 Hour Accident Coverage (not available for QC members)

This coverage is designed to provide you and your loved ones with financial assistance in the event of an accident that results in injury or death.

#### 24 Hour Accident Insurance provides a lump sum benefit where:

- A loss or death occurs due to an Accident, and
- Where, as the result of accidental injury, the disablement results in a permanent total disability.

#### The policy also provides coverage for:

- Repatriation costs, and
- Rehabilitation (training) costs should you require special training in order to be qualified to engage in a different occupation following an insured accident.

Would you like to purchase the **24 Hour Accident** Insurance?  Yes  No

If yes, please select an option below.

Coverage	Annual Cost
\$25,000 Accidental Death and Disablement (AD&D) \$25,000 Permanent Total Disability (PTD)	<input type="checkbox"/> \$51
\$50,000 Accidental Death and Disablement (AD&D) \$50,000 Permanent Total Disability (PTD)	<input type="checkbox"/> \$86

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Both options also include:

\$5,000 Repatriation, \$5,000 Rehabilitation, \$2,000 Fracture Benefit

To purchase the 24 Hour Accident Insurance coverage you must be under the age of seventy (70).

Please confirm your date of birth:

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## Critical Illness Insurance (not available for QC members)

This insurance helps to cover costs associated with a critical illness such as cancer, a heart attack or stroke. If you are diagnosed with one of 30 covered conditions, the policy provides a tax-free lump-sum payment of up to \$50,000 that you can use for anything you need. This gives you the flexibility to focus on your health and well-being without worrying about financial burdens.

Covered Conditions include:

- Alzheimer's disease / pre-senile 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:

- Blindness
- Deafness
- Loss of limbs
- Loss of speech
- Major organ transplant
- Serious head wound
- Third degree burns

Coverage	Limit Options
Lump Sum Payment for Covered Conditions	\$25,000 or \$50,000

Would you like to purchase **Critical Illness Insurance**?

Yes  No

If yes, please complete the section below.

### Attestation - To qualify for Critical Illness insurance, you must be able to attest to the following:

- I have not had a request for life, disability, or critical illness insurance declined;
- I have not had any condition for which hospitalization, further testing, investigation or surgery has been advised, or which has not yet been done, or for which I am still awaiting results;
- I am not aware of any symptoms or complaints regarding my health for which I have not yet consulted a physician or received treatment;
- I have not received or claimed benefits or a pension for sickness or impairment; and
- I have never, nor have any of my known natural parents, brothers, or sisters, prior to the age of 65, ever undergone bypass surgery or suffered from any of the following conditions: Heart attack, angina, or any other heart related condition, stroke, polycystic kidney disease, diabetes, cancer, Alzheimer's disease, Parkinson's disease, multiple sclerosis, amyotrophic later sclerosis (ALS), Huntington's disease, nervous or mental disorder requiring hospitalization, or any other hereditary disease.

I declare that the above statements are true and correct.

## Critical Illness Insurance Rating

Age Range	\$25,000 Limit Non-Smoker	\$25,000 Limit Smoker	\$50,000 Limit Non-Smoker	\$50,000 Limit Smoker
18-29	<input type="checkbox"/> \$44.50	<input type="checkbox"/> \$50.49	<input type="checkbox"/> \$76.00	<input type="checkbox"/> \$87.97
30-39	<input type="checkbox"/> \$72.75	<input type="checkbox"/> \$95.46	<input type="checkbox"/> \$132.50	<input type="checkbox"/> \$177.91
40-49	<input type="checkbox"/> \$146.25	<input type="checkbox"/> \$227.53	<input type="checkbox"/> \$279.50	<input type="checkbox"/> \$442.07
50-59	<input type="checkbox"/> \$326.00	<input type="checkbox"/> \$545.10	<input type="checkbox"/> \$639.00	<input type="checkbox"/> \$1,077.20
60-64	<input type="checkbox"/> \$605.25	<input type="checkbox"/> \$990.21	<input type="checkbox"/> \$1,197.50	<input type="checkbox"/> \$1,967.43
65+	<input type="checkbox"/> Not available			

In the last 12 months, have you used, in any form whatsoever, tobacco, nicotine or cannabis mixed with tobacco?  Yes  No

Please confirm your date of birth:

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

Line of Coverage	Premium	Commission (included within premium)	Fee
Commercial General Liability	Per application	20%	Nil
Business Package	Per application	20%	Nil
Cyber Security and Privacy Liability	Per application	25%	Nil
Personal & Family Cyber Protection \$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
Critical Illness Insurance	Per application	15%	\$13

For more information on broker compensation please click [here](#).

## 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.

It is understood and agreed that I/we authorize (BMS) to arrange for the insurance application, communication and policy documentation (immediate and future) to be in the English language at our express consent. This authorization shall not affect the Terms and Conditions set out in the Policy(ies).

Signed by:

Position:

Date:

## Payment Information

Applicable taxes will be added where required. All cheques payable to BMS Canada Risk Services Ltd, or complete credit card authorization below.

Sub-total	\$
Service Fee	\$25.00
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)**

979 Bank St, Suite 200  
Ottawa, ON K1S 5K5

Toll Free: 1-855-318-6558

Fax: 613-701-4234

Email: [mabc.insurance@bmsgroup.com](mailto:mabc.insurance@bmsgroup.com)