PRACTICE RISK SOLUTIONS HEALTHCARE PROFESSIONALS INSURANCE ALLIANCE

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 I your insurance.	have changed in order to continue to rec	eive information pertaining to
Note: This coverage is only available to mea agree to the eligibility requirements.	mbers who are domiciled in Canada. Plea	ase confirm you understand and
Clinic Details		
Do you operate your own clinic? (e.g. indep Do not complete this section for or on beha employed.		☐ Yes ☐ No ere you are
If yes, please provide your primary entity /	clinic name (please list all operating nam	nes 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 Liability insurance. Do you understand and		own individual Professional
Applicant Information		
Do you have operations outside Canada? If yes, please provide details.		☐ 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? If yes, please provide details.	☐ Yes	□ No
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? If yes, please provide details.	☐ Yes	□ No
Do you or does your business provide services outside the scope of a midwife? If yes, please provide details.	☐ Yes	□ No

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
 - o with no employees or additional professionals, and
 - o 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 Ahuse Virus and Bacteria **Cyber Incident Deductibles** \$1.000 Misc Property Floater \$1,000 Tenants' Legal Liability \$1,000 **Bodily Injury & Property Damage** Do you require Commercial General Liability Insurance? ☐ Yes ☐ No If yes, please complete the section below. Limit Premium Option 1 \$2,000,000 per occurrence / \$2,000,000 aggregate \$350 **\$500** Option 2 \$3,000,000 per occurrence / \$3,000,000 aggregate Option 3 \$5,000,000 per occurrence / \$5,000,000 aggregate **□** \$650 Do you require increased Miscellaneous Property Floater Limits over \$7,500? ☐ Yes ☐ No If yes, please confirm the limit required: 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

\$500,000

\$50,000

As per limit selected

As per limit selected

Products-Completed Operations

Personal & Advertising Injury

Tenants' Legal Liability Medical Payments

Contents (90% Co-Insurance) Contents on premises including equipment, stock, and tenants' improvements and betterments limit Miscellaneous Property Floater	\$50,000 \$7,500
Crime Employee Dishonesty Theft, Robbery or Burglary Fraud Expenses – Blanket Limit	\$10,000 \$10,000 \$10,000 \$5,000
Exclusion Endorsements Abuse Virus and Bacteria Cyber Incident	
Commercial General Liability Deductibles Tenants' Legal Liability Bodily Injury & Property Damage Tenants' Legal Liability Contents/Property & Crime Deductibles Contents	\$1,000 \$1,000 \$1,000
Water Damage Sewer Back-Up Flood Equipment Breakdown Crime Earthquake Miscellaneous Property Floater	\$2,500 Based on insured location Based on insured location \$1,000 \$1,000 3% of the location TIV subject to a minimum of \$100,000 \$1,000
Base Premium: \$750	
Do you require Clinic Package Insurance? If yes, please complete the section below.	☐ Yes ☐ No
Increased Contents (applicable to Clinic Package only) If more than \$50,000 of contents coverage for Clinic Package	ckage is required, the following increased limits are available:
The insurer requires that you review your contents/propinflation.	erty limit and apply a 5% increase over the expiring to address

Limit	Additional Annual Premium
\$60,000	□ \$50
\$70,000	□ \$100
\$80,000	□ \$150
\$90,000	□ \$200

\$120,000	□ \$350				
\$130,000	□ \$400				
\$140,000	□ \$450				
\$150,000	☐ Referral Required	I			
Do you require offic	e contents coverage at an a	additional location?		☐ Yes	□ No
	cellaneous Property Floater m the limit required:	Limits over \$7,500?		☐ Yes	□ No
Do you anticipate u	ndergoing any renovations i	in your clinic within the policy t	erm?	☐ Yes	☐ No
	er services outside the scop e a staff breakdown per dis			☐ Yes	□ No
their names below.		ering professional services sole		☐ Yes	□ No
1.					
		Midwives	Additional Annual Premium		
3		_ 1-5	\$75 per person		
		Any Additional person	\$60 per person		
		_ under 11 11+	Referral		
6 7		_		_	
8		_			
9		_			
10		_			

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	☐ \$150		
\$5,000,000	□ \$300		
Building/Condominium Unit Coverage			
Do you own the building or condominium un insurance coverage?	iit where your business is located an	d do you require Yes	☐ No
If yes, please select the type of property:			
☐ Building ☐ Condominium Un	it		
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? If no, please provide details of your requirem	nents:	☐ Yes	□ No
Co-Insurance			
Coinsurance is a penalty imposed on the insuvalue of tangible property or business incomamount under reported. In this policy you have	e. The penalty is based on a percent	age stated within the policy an	-
If the value of the contents you are insuring you should purchase at least \$135,000 in cov \$100,000, the insurance company would pay	verage. If you were only purchasing \$		
Amount of insurance in place % Amount of in paid, less any deductible.	nsurance that should have been in p	ace x Amount of the loss = Am	ount
For example: \$100,000 ÷ (\$150,000 × 90%) ×	\$100,000 = \$74,074 Payment for los	ss (less deductible)	
BMS recommends that your insurable values the correct content and property limits.	be reviewed and appropriately app	raised to ensure you are purch	asing
I understand the co-insurance clause and ha	ave selected adequate contents limi	t. 🗆	

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 Notified Individuals	\$250,00 5,000 (II	0 ndividual), 100,000 (Business	s)	
Policy Aggregate Limit \$1,000,000		000		
First Party Loss Business Interruption Cyber Extortion Loss Data Recovery Costs	\$25,000 \$100,00 \$100,00	0		
Liability Data & Network Liability Regulatory Defense & Penalties Payment Card Liabilities & Costs Media Liability	\$1,000,0 \$250,00 \$1,000,0 \$1,000,0	000 0 000		
eCrime* Fraudulent Instruction* Funds Transfer Fraud Telecommunications Fraud		e for additional premium e for additional premium 0		
Criminal Reward Cover Criminal Reward Cover	\$25,000			
Deductibles Each Incident Notified Individuals	\$1,000 100			
Would you like to purchase Cyber Security & Privacy Lial If yes, please complete the fields below.	bility coverage?		☐ Yes	□ No
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 premiun	n	
Business & Employees – \$1,000,001 to \$1,500,000 gross	revenue	☐ \$1,284 annual premiun	n	
Business & Employees – \$1,500,001 to \$2,000,000 gross revenue		🗌 \$1,578 annual premiun	n	

Business & Employees – \$2,000,001 to \$2,500,000 gross revenue	\$1,776 annual premium		
Business & Employees – \$2,500,001 to \$3,000,000 gross revenue	\$1,873 annual premium		
Business & Employees - \$3,000,001 to 3,500,000 gross revenue	☐ \$2,017 annual premium		
Business & Employees - \$3,500,001+ gross revenue	☐ Referral required		
Has any Cyber claim or lawsuit been made against you/your business pending against you/your business? If yes, please provide details.	· .	□ Yes	□ No
Are you aware of any facts, circumstances, or situations, which may ragainst you/your business? If yes, please provide details.	reasonably give rise to a claim [Yes	□ No
Have you/your business ever had a cyber security / privacy breach are in the past or has such a claim been made against you/your business. If yes, please provide details.	n .	Yes	□No
Statement of Facts including condition precedent requirements The following items are important risk mitigation strategies and are secured. Please confirm the following is accurate:	required by the insurer for cover	age to k	oe
IT IS A CONDITION PRECEDENT FOR COVERAGE UNDER THIS POLICY ANY OF THE BELOW STATEMENTS ARE NOT MET THEN NO COVERAGE FOR ANY DAMAGES, CLAIMS EXPENSES, PENALTIES, PRIVACY BREAGAND COSTS, CYBER EXTORTION LOSS, DATA PROTECTION LOSS, BUS	GE SHALL BE PROVIDED UNDER TH CH RESPONSE SERVICES, PCI FINES	IIS POLI	CY
Please confirm the following is accurate:			
I/my business implements loss control measures such as: Antivirus so installations.	oftware, a firewall, and/or regular s	oftware	e patch
I/my business regularly back-up critical data to a separate location th environment.	at would be unaffected by an issue	e with y	our live
I/my business use multi-factor authentication (MFA) for cloud-based access) and for all remote access to your network; or if No, I/my busi Practiceperfect.			
For those systems which have an on-premises network only: I/my bu environment with a virtual private network (VPN). Note: This does not			
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 sucl 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.
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? If yes, please complete the fields below.

	Limit	Deductible	Annual Pre	mium	
Option 1	\$100,000	\$1,000	□ \$262		
Option 2	\$250,000	\$1,000	□ \$362		
Option 3	\$500,000	\$1,000	□ \$383		
Option 4	\$1,000,000	\$1,000	□ \$499		
Total number of employed	staff (professionals):				
Total number of administra	ative staff (including students	working under supervision):			
Total number of contracted	d staff (professionals):				
Has any application for simil insurer? If yes, please provide details	lar insurance ever been denie	d, cancelled, or not renewed l	by the	☐ Yes	□ No
	circumstances or situations, w Please only select yes if not al			Yes	□ No
Has there been or are there employees of the business:	now pending, any claims agai	nst the business or any past,	present direc	tors, office	rs or
Involving any employme If yes, please provide de				☐ Yes	□ No
Involving non-employm If yes, please provide de	ent related discrimination or setails.	sexual harassment?		☐ Yes	□ No
During the past 12 months, the company/business? If yes, please provide details	has the company experienced	l any change in controlling ow	nership of	Yes	□ No
Do you require Employment	t Practices Liability coverage fo	or 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.

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.

Would you like to purchase the Legal Services Package?	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)
 - o Defence of Driver's Licence Protection
 - o Pursuit for Bodily Injury
 - o Pursuit for Property Protection
 - o 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:

Would you like BMS to provide an application for Personal Legal Solutions and/or Business Legal

- o Employee's Extra Protection
- o Auto Legal Defence
- Defence of Contract Disputes & Debt Recovery (90 day waiting period applies from the inception of the first policy held)

☐ Yes

□ No

- Defence for Statutory Licence Appeals
- o Pursuit for Property Protection
- Pursuit for Bodily Injury
- o Tax Protection

Solutions?	
Declarations & Warranty	
I declare that during the last five years no insurer has can liability insurance and that this application discloses the had declare that the statements made herein are in every res insurance to be based upon the truth of the said stateme	nazards known to exist at the date of this application. I pect true and correct and hereby apply for a contract of
Submitting this form does not bind the Applicant or composhall be the basis of the contract should a policy be issued	pany to complete the insurance but is agreed that this form d.
The insurance premium is fully retained and not refundab	ole.
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)

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Email: mabc.insurance@bmsgroup.com