

MIDWIVES ASSOCIATION OF BC INSURANCE PROGRAM

Applicant's Full Name:		
Mailing Address:		
City:	Province/Territory:	Postal Code:
Telephone:		
Email:		
*Please advise BMS if your contact details chainsurance.	nge in order to continue to receive	information pertaining to your
Note: This coverage is only available to member agree to the eligibility requirements.	ers who are domiciled in Canada. Pl	ease confirm you understand and
Are you renewing this insurance policy?		☐ Yes ☐ No
If you are renewing your insurance policy after you understand the effective date of this police		
Business Details		
Do you operate your own business? (e.g. indep Do not complete this section for or on behalf of employed.		
If yes, please provide your primary entity / clin	ic name (please list all operating na	mes 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/coll f yes, please provide details.	rporation name?	☐ Yes ☐ No
Each professional providing services for or on l Liability insurance. Do you understand and cor		r own individual Professional

Applicant Information 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 ☐ Yes ☐ No and Privacy Liability, and/or Employment Practices Liability) ever been denied, cancelled, or not renewed by the insurer? If yes, please provide details. Have you/your business ever had a Commercial General Liability claim made against you/your ☐ Yes ☐ No business and/or have you ever made a Property claim? 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 $\bigcap Yes \bigcap No$ 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.

Commercial General Liability Insurance

If you 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 CGL
- Midwives with their own practice who do not have contents to insure or lease, own, rent a premise for their practice.

Coverage Overview

Bodily Injury and Property Damage Products-Completed Operations Personal & Advertising Liability To policy limit To policy limit To policy limit

Medical Expenses Tenants' Legal Liability Miscellaneous Property Floater (1	.00% co-insurance)	\$50,000 \$500,000 \$7,500	
Exclusion Endorsements Abuse Virus and Bacteria Cyber Incident			
Deductibles Misc Property Floater Tenants' Legal Liability Bodily Injury & Property Damage		\$1,000 \$1,000 \$1,000	
Do you require Commercial General If yes, please complete the section	•		☐ Yes ☐ No
Coverage	\$2,000,000 limit	\$3,000,000 limit	\$5,000,000 limit
Individual	□ \$360	☐ \$515	□ \$670
Business with 1-5 Midwives	☐ \$425	☐ \$550	□ \$695
Business with 6-10 Midwives	☐ \$490	☐ \$615	☐ \$750
Business with 10+ Midwives	☐ Referral	☐ Referral	☐ Referral
Do you require increased Miscellar If yes, please confirm the limit requ	• •	imits over \$7,500?	☐ Yes ☐ No
Business Package		Contouts Coins and Du	in and late and the second
The Business Package includes Cor	nmercial General Liabilit	ry, Contents, Crime and Bus	siness Interruption.
Commercial General Liability (CGL cause to another person as a resulwet floor on your premises or you	t of your operations and	l/or premises. For example	, a client may slip and fall on a
Contents includes items usual to a computers, equipment, stock as w			
Crime coverage protects against find property owned by the clinic.	nancial loss due to disho	onesty, fraud, or theft of mo	oney, securities or other

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, \$50,000 and tenants' improvements and betterments limit Miscellaneous Property Floater \$7,500 Crime **Employee Dishonesty** \$10,000 \$10,000 Theft, Robbery or Burglary Fraud \$10,000 \$5,000 Expenses – Blanket Limit **Exclusion Endorsements** Abuse Virus and Bacteria **Cyber Incident Commercial General Liability Deductibles** Tenants' Legal Liability \$1,000 **Bodily Injury & Property Damage** \$1.000 \$1,000 Tenants' Legal Liability Contents/Property & Crime Deductibles Contents \$1,000 \$2,500 Water Damage Sewer Back-Up Based on insured location Flood Based on insured location Equipment Breakdown \$1,000 \$1,000 Crime 3% of the location TIV subject to a minimum of \$100,000 Earthquake Miscellaneous Property Floater \$1,000 Base Premium: \$773 Do you require Business Package Insurance? ☐ Yes ☐ No If yes, please complete the section below.

Increased Contents (applicable to Business 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	□ \$52
\$70,000	☐ \$103

\$80,000	□ \$155			
\$90,000	□ \$206			
\$100,000	□ \$258			
\$110,000	□ \$309			
\$120,000	□ \$361			
\$130,000	□ \$412			
\$140,000	□ \$464			
\$150,000	☐ Referral Requ	uired		
Do you require office	e contents coverage at	an additional location?	☐ Yes	☐ No
Do you require Misc If yes, please confirm		ater Limits over \$7,500?	☐ Yes	□ No
Do you anticipate ur	ndergoing any renovation	ons in your clinic within the policy term?	☐ Yes	☐ No
	er services outside the e a staff breakdown pe		☐ Yes	□ No
	• • •	oplicable to Business Package only) ral Liability coverage for the package is required, the follo	owing increa	ased
Increased Commerc	ial General Liability	Additional Annual Premium		
\$3,000,000		☐ \$155		
\$5,000,000		□ \$310		
Building/Condomini	ium Unit Coverage			
Do you own the buil insurance coverage?	_	unit where your business is located and do you require	☐ Yes	□No
If yes, please select t	the type of property:			
Building	Condominium U	nit		
If yes, provide the pr	roperty value (Note: th	is is not the real estate cost):		

Clinic Coverage Requirements (app	licable to Clinic Package only)	
Are the coverages above adequated If no, please provide details of your		☐ Yes ☐ No
Co-Insurance		
value of tangible property or busine	•	for under reporting/declaring/insuring the percentage stated within the policy and the ent of 90%. As an example:
you should purchase at least \$135,0		ntains a 90% co-insurance clause; this means hasing \$100,000 coverage and had a loss of hula:
paid, less any deductible. For example: \$100,000 ÷ (\$150,000	\times 90%) \times \$100,000 = \$74,074 Paymen ble values be reviewed and appropriate	een in place x Amount of the loss = Amount at for loss (less deductible) ely appraised to ensure you are purchasing
I understand the co-insurance clau	se and have selected adequate conte	nts limit.
Additional Midwives		
If you have selected Business CGL o section below.	r an Office Package and need to add m	nidwives to your policy, please fill out the
_	no are delivering professional services d between all midwives listed on the	solely for the Clinic, list their names below. policy.
1.	Midwives	Additional Annual Premium
2.	1-10	\$75 per person
3.	11+	Referral
4.	If over 11, please co	ontact BMS.
5.		
6.		
7.		

	I have confirmed with the additional midwives listed above
8.	that they understand that that by being added as a named
9.	midwife to my policy, they consent to BMS providing this information to MABC. \square
10.	
Cyber Security and Privacy Liability -	- ENHANCED
	area of risk. You have access to a comprehensive Cyber Security and arising out of the theft, loss, or unauthorized disclosure of identifiable ty coverage and Breach Response Services.
	ninst the risk of holding increasingly large quantities of personally ers, and to mitigate the reputational damage resulting from a data
Breach Response	¢500,000 (NIEVA)
Additional Breach Response Costs Legal, Forensic & Public Relations/Crisis Manag	
Notified Individuals	5,000 (Individual), 100,000 (Business)
Policy Aggregate Limit of Liability	\$1,000,000
First Party Loss	Prooch ¢100 000 (NIEW LUCLIER LIMIT)
Business Interruption - Resulting from Security Cyber Extortion Loss	\$500,000 (NEW – HIGHER LIMIT)
Data Recovery Costs	\$100,000
Liability Data & Network Liability	\$1,000,000
Regulatory Defense & Penalties	\$1,000,000 (NEW – HIGHER LIMIT)
Payment Card Liabilities & Costs Media Liability	\$1,000,000 \$1,000,000
eCrime	
Fraudulent Instruction*	Available for additional premium
Funds Transfer Fraud Telecommunications Fraud	Included with Fraudulent Instruction \$100,000
Criminal Reward	
Criminal Reward	\$50,000 (NEW – HIGHER LIMIT)
Computer Hardware Restoration	Included (NEW)
Deductibles	44.000
Each Incident Notified Individuals	\$1,000 100
Would you like to purchase Cyber Security & Pri If yes, please complete the fields below.	vacy Liability coverage?

Gross Revenue	Annual Premium		
Individuals	☐ \$121		
Business & Employees - \$0 to \$500,000	☐ \$675		
Business & Employees - \$500,001 to \$1,000,000	☐ \$1,023		
Business & Employees - \$1,000,001 to \$1,500,000	☐ \$1,284		
Business & Employees - \$1,500,001 to \$2,000,000	\$1,578		
Business & Employees - \$2,000,001 to \$2,500,000	☐ \$1,776		
Business & Employees - \$2,500,001 to \$3,000,000	☐ \$1,873		
Business & Employees - \$3,000,001 to \$3,500,000	□ \$2,017		
Business & Employees - \$3,500,001 to \$4,000,000	☐ \$2,159		
Business & Employees - \$4,000,001 to \$4,500,000	□ \$2,298		
Business & Employees - \$4,500,001 to \$5,000,000	☐ \$2,434		
Business & Employees - Above \$5,000,001	Referral		
Has any Cyber claim or lawsuit been made against you/your pending against you/your business? Please only select yes if insurer. If yes, please provide details.		☐ Yes	□ No
Are you aware of any facts, circumstances or situations, which against you/your business? Please only select yes if not alread If yes, please provide details.		☐ Yes	□ No
Have you/your business ever had a cyber security / privacy bein the past or has such a claim been made against you/your lf yes, please provide details.		☐ Yes	□No

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 SATISIFIED. 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 INTERUPTION 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. \Box 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. 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 ☐ Yes ☐ No

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.

NEW! Family Cyber Insurance (not available for QC members)

Safeguarding your personal information online is more important than ever. Protect yourself and your family against cyberattacks, identity theft, and data breaches with Family Cyber Insurance.

In the event of an incident or if you have questions at any time, cybersecurity professionals will guide you through the recovery process, providing support and solutions.

For less than \$80/year, you'll have access to:

- 1. A secure, tailored platform which provides proactive services such as lost wallet and passport assistance, social media and dark web monitoring and additional support to mitigate the impact of any cyber incident.
- 2. Coverage tailored to meet the needs of modern digital lifestyles and covers a wide range of costs associated identity theft, cyber extortion, cyber bullying, and more.

Coverage	Option 1	Option 2
Aggregate Limit	\$10,000	\$25,000
Social Engineering	\$10,000	\$10,000
Cyber Bullying	\$10,000	\$25,000
Identity Theft	\$10,000	\$25,000
Online Extortion & System Compromise	\$2,500 (Combined)	\$2,500 (Combined)
Cost	□ \$60	☐ \$75
Would you like to purchase Family Cyber Insurance? If yes, please see Terms & Conditions below.		☐ Yes ☐ No

Terms & Conditions

This information is intended to provide a brief overview of some of the terms and conditions of the 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 (not available for QC members)

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.

related allegations.				
Recommended for business	owners with employees, cont	tractors, volunteers, or students.		
Claims made policy, \$1,000	deductible.			
Do you require Employment f yes, please complete the f			☐ Yes	□No
	Limit	Annual Premium		
Option 1	\$100,000	☐ \$308		
Option 2	\$250,000	☐ \$411		
Option 3	\$500,000	☐ \$427		
Option 4	\$1,000,000	☐ \$541		
Total number of employed	staff (professionals):			
Total number of administra	ative staff (including students	working under supervision):		
Total number of contractor	rs (professionals):			
Has any application for simil f yes, please provide details	ar insurance ever been denie	d, cancelled or not renewed?	☐ Yes	□ No
Are you aware of any facts, claim against you/your busing fyes, please provide details	ness?	which may reasonably give rise to a	☐ Yes	□ No

Has there been or are there now pending, any claims against the business, or any past, present dir employees of the business:	ectors, offic	cers or
Involving any employment law? If yes, please provide details.	☐ Yes	□ No
Involving non-employment related discrimination or sexual harassment? If yes, please provide details.	☐ Yes	□ No
During the past 12 months, has the business experienced any change in controlling ownership of the business? If yes, please provide details.	☐ 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.

Annual Cost \$39

Would you like to purchase the Legal Services Package?	☐ Yes	☐ No

Note, if you are purchasing Legal Expense insurance, some elements of the Legal Services Package are automatically included in the Personal and Business Legal Solutions.

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 coverage the legal costs to resolve 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.

Each claim/aggregate limit	Premium		
\$25,000/\$125,000	\$99		
\$50,000/\$250,000	□ \$115		
Would you like to purchase Personal Legal If yes, please answer the questions below:	Solutions?	☐ Yes	□ No
In the last 3 years, have you, your spouse, o	or any adult children living in your home:		
Pursued a consumer contract dispute?		☐ Yes	☐ No
Pursued a dispute with a neighbour or ha on your land?	ad to take action following a legal nuisance or trespass	☐ Yes	□ No
Pursued legal action against a negligent t	hird 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:		

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);
 - O 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;
 - o 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

Estimated Revenue for the next 12 months	Premium
\$0 to \$150,000	☐ \$160
\$150,001 to \$250,000	☐ \$253
\$250,001 to \$500,000	☐ \$412
\$500,001 to \$1,000,000	□ \$528
\$1,000,001 to \$2,000,000	☐ \$930
\$2,000,001 to \$3,000,000	☐ \$1,348
\$3,000,000 +	☐ Referral Required

Would you like to purchase Business Legal Solutions? If yes, please answer the questions below:	☐ Yes	☐ No
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:		
Have you pursued an undisputed debt in the last 12 months, after you had exhausted your normal aged receivable procedures? If yes, please provide details.	☐ Yes	□ No

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.

Coverage	Option 1	Option 2		
Accidental Death and Disablement (AD&D)	\$25,000	\$50,000		
Permanent Total Disability (PTD)	\$25,000	\$50,000		
Repatriation	\$5,000	\$5,000		
Rehabilitation	\$5,000	\$5,000		
Fracture Benefit	\$2,000	\$2,000		
Cost		□ \$86		
Would you like to purchase the 24 Hour Accident In	nsurance?		☐ Yes	□ No
In order to purchase the 24 Hour Accident Insurance	ce coverage you must be	under the age of seven	ty (70).	
Please confirm your date of birth:				
NEW! Critical Illness Insurance (not available) This insurance helps to cover costs associated with diagnosed with one of 30 covered conditions, the pyou can use for anything you need. This gives you tworrying about financial burdens. Covered Conditions include: Alzheimer's disease / pre-senile demential Benign brain tumour Cancer Heart attack Kidney failure	a critical illness such as policy provides a tax-free the flexibility to focus on Open-he Parkinso Stroke Third de Blindnes	cancer, a heart attack or e lump-sum payment of your health and well-be art surgery n's disease gree burns s	up to \$50,000	
 Motor neuron disease Multiple sclerosis Would you like BMS to contact you about additional	 Deafnes al information on this pr 		☐ Yes	□ No
If yes, please confirm your date of birth:				
Business Professional Liability Insuran	ce			
This coverage provides a separate limit of Profession professional liability claim or lawsuit. Please note the business owners, employees, and/or business explored the second professional liability claim or lawsuit.	hat coverage should be			
This coverage is recommended for businesses with professionals) delivering services for or on behalf o	_		or other	
To apply for Business PLI, a separate application is quote. \Box	s required. Please check	the box if you are inter	ested in secu	ring a

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.

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.

Signed by:	Position:
Date:	

Fee Disclosure

Line of Coverage	Premium	Commission (included within premium)	Fee Fee
Commercial General Liability	Per application	20%	Nil
Business Package	Per application	20%	Nil
Cyber Security & Privacy Liability	Per application	25%	Nil
Family Cyber Coverage \$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 Coverage	Per application	15%	\$10/\$15

Payment Information

The following provinces are subject to provincial sales tax:

Ontario residents add 8% sales tax Québec residents add 9% sales tax Manitoba residents add 7% sales tax Newfoundland residents add 15% sales tax Saskatchewan residents add 6% sales tax

Sub-total	\$
Service Fee	\$20.00
Tax	\$
Total Enclosed	\$

All other provinces are exempt. GST is not applicable to insurance premiums.

Legal Service Package Tax:

Note: Cost includes broker fee and is subject to the applicable HST Tax.

New Brunswick, Newfoundland, Nova Scotia and Prince Edward Island add 15%

Ontario add 13%

Alberta, British Columbia, Manitoba, Northwest Territories, Nunavut, Quebec, Saskatchewan and Yukon add 5%

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

Authorization for Credit Card Charge

VISA, AMEX or M/C Account No: Expiry Date: CVV:

Cardholder Name: Signature:

Toll Free: 1-855-318-6558

Fax: 613-701-4234

BMS Canada Risk Services Ltd. (BMS) 979 Bank St, Suite 200

Ottawa, ON K1S 5K5 Email: <u>mabc.insurance@bmsgroup.com</u>