



BUSINESS INSURANCE APPLICATION

Name of Applicant (First Last): _____

Mailing Address: _____

City: _____ Province/Territory: _____ Postal Code: _____

Telephone: _____

Email: _____

Note: This coverage is only available to members who reside in Canada. Please confirm you understand and agree to the eligibility requirements.

Business Details

Do you operate your own business? (e.g. independent contractor or business owner) Yes No

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

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

Entity / Business Name: _____

Location Address (if different from above): _____

City: _____ Province/Territory: _____ Postal Code: _____

Do you own/operate more than one entity/corporation name? Yes No

If yes, please provide details.

Membership Information

In order to be eligible for this insurance policy, you must be a member of the Alberta Pharmacists Association (RxA).

Are you a member in good standing with the Alberta Pharmacists Association (RxA)? Yes No

Please provide membership number: _____

Do you have operations outside Canada? Yes No

If yes, please provide details.

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

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

Are you aware of any facts, circumstances or situations which may reasonably give rise to a claim against you/your business? Please only select "Yes" if you have not already reported the claim to BMS and/or the insurer. Yes No
If yes, please provide details.

Applicant Details

I am a/an:

- Employee Independent Contractor Business Owner Other (please provide details):
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NOTE:

Independent Contractor: select this if you have no other employees or contractors working for or on behalf of your business and/or billing under your business name.

Business Owner: select this if you are incorporated or not incorporated, with non-professional employees/contractors, and/or if you have other professionals working for or on behalf of your business and/or billing under your business name.

Business Professional Liability

Business Professional Liability (PLI) is designed for business owners to protect themselves and their business name against liability or allegations for injuries or damages to a third party (such as a patient) that have resulted from a negligent act, error, omission, or malpractice that may arise from the actions of professionals delivering services for or on behalf of your business.

Recommended for businesses with other professionals working for or on behalf of your business and/or billing under your business name. **Please note that coverage should be purchased by one individual on behalf of the business.**

Would you like a quote for Business Professional Liability? Yes No

Commercial General Liability

Commercial General Liability (CGL) Insurance protects you against claims arising from injury or property damage that you (or your business, including your staff) may cause to another person as a result of your operations and/or premises. For example, a patient may slip and fall on a wet floor in your office, or you may accidentally cause property damage to a patient's home during a consultation.

If you operate a business and have CONTENTS / PROPERTY to insure, a Commercial General Liability policy may not be sufficient protection. In these circumstances, BMS recommends purchasing Business Package Insurance, which includes Commercial General Liability, Property/Contents, Business Interruption, and Crime.

Would you like a quote for Commercial General Liability Insurance?

Yes No

Business Package Insurance

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

Commercial General Liability (CGL) Insurance protects you against claims arising from injury or property damage that you (or your business, including your staff) may cause to another person as a result of your operations and/or premises.

Contents include items usual to a business, including professional equipment, desks, chairs, filing cabinets and computers, 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 business.

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).

Would you like a quote for Business Package Insurance?

Yes No

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 patients, employees, and others, and to mitigate the reputational damage resulting from a data security breach.

Breach Response

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

Policy Aggregate Limit	\$1,000,000
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First Party Loss

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

Liability

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

eCrime*

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

Criminal Reward Cover

Criminal Reward Cover	\$25,000
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Deductibles

Each Incident	\$1,000
Notified Individuals	100

Would you like to purchase Cyber Security & Privacy Liability coverage?
If yes, please complete the fields below.

Yes No

Individuals	<input type="checkbox"/> \$121 annual premium
Business & Employees – \$0 to \$500,000 gross revenue	<input type="checkbox"/> \$675 annual premium
Business & Employees – \$500,001 to \$1,000,000 gross revenue	<input type="checkbox"/> \$1,023 annual premium
Business & Employees – \$1,000,001 to \$1,500,000 gross revenue	<input type="checkbox"/> \$1,284 annual premium
Business & Employees – \$1,500,001 to \$2,000,000 gross revenue	<input type="checkbox"/> \$1,578 annual premium
Business & Employees – \$2,000,001 to \$2,500,000 gross revenue	<input type="checkbox"/> \$1,776 annual premium
Business & Employees – \$2,500,001 to \$3,000,000 gross revenue	<input type="checkbox"/> \$1,873 annual premium
Business & Employees – \$3,000,001 to \$3,500,000 gross revenue	<input type="checkbox"/> \$2,017 annual premium
Business & Employees – \$3,500,001 to \$4,000,000 gross revenue	<input type="checkbox"/> \$2,159 annual premium
Business & Employees – \$4,000,001 to \$4,500,000 gross revenue	<input type="checkbox"/> \$2,298 annual premium
Business & Employees – \$4,500,001 to \$5,000,000 gross revenue	<input type="checkbox"/> \$2,434 annual premium
Business & Employees – Above \$5,000,001 gross revenue	<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? Please only select yes if not already reported to BMS/the insurer.

Yes No

If yes, please provide details.

Are you aware of any facts, circumstances or situations, which may reasonably give rise to a claim against you/your business? Please only select yes if not already reported to BMS/the insurer.

Yes No

If yes, please provide details.

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.

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 the **Insured Organization** at such institution, without the **Insured Organization's** knowledge or consent.

\$25,000 limit for **\$230 / year**

\$100,000 limit starting from **\$335 / year**

Would you like BMS to contact you to provide an application for Fraudulent instruction/Funds Transfer Fraud coverage? If yes, an additional questionnaire is required to be completed and will be sent to you separately. Yes No

Employment Practices Liability

Do you employ administrative and/or professional staff? Does your business engage independent contractors, volunteers, or students? This insurance is designed for business owners to protect against allegations of employment practice violation, including wrongful termination, discrimination, workplace harassment, and other employment related allegations.

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

Claims made policy, \$1,000 deductible.

Would you like to purchase Employment Practices Liability? If yes, please complete the fields below. Yes No

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

Total number of employed staff (professionals):

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

Total number of contracted staff (professionals):

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

Are you aware of any facts, circumstances or situations, which may reasonably give rise to a claim against you/your business? If yes, please provide details. Yes No

Has there been or are there now pending, any claims against the business or any past, present directors, officers or employees of the business:

Involving any employment law? Yes No
If yes, please provide details:

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

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

Do you require Employment Practices Liability coverage for an additional corporation(s)? 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:

- Access to an online library of customizable templates and up-to-date legal documents that have been drafted by lawyers. The document library includes employment contracts, partnership agreements, loan agreements, promissory notes, and more.
- Insurance to cover the legal costs for resolving a range of disputes, including:
 - Pursuit or Defence of Contract Disputes & Tenancy Disputes
 - Defence in relation to:

- a dispute with your own automobile insurer regarding the value of a motor vehicle in the event that the motor vehicle is declared a total loss
- protecting your driver's licence from being revoked or suspended
- being prosecuted for a highway traffic or motor vehicle offence
- being interviewed by the police or other authority with the powers to prosecute for an alleged criminal offence arising from you work as an employee
- being prosecuted for an alleged criminal offence arising from you work as an employee
- Pursuit for Bodily Injury
- Pursuit for Property Protection
- Legal Costs for a Tax Appeal or Tax Audit

Each claim/aggregate limit	Premium
\$25,000/\$125,000	<input type="checkbox"/> \$99
\$50,000/\$250,000	<input type="checkbox"/> \$115

Would you like to purchase Personal Legal Solutions? Yes No
 If yes, please answer the questions below:

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:

Business Legal Solutions provides:

- Access to an online library of customizable templates and up-to-date legal documents that have been drafted by lawyers. The document library includes employment contracts, partnership agreements, loan agreements, promissory notes, and more.
- Insurance to cover the legal costs for resolving a range of disputes, including:
 - Defence in relation to:
 - proceedings for unlawful discrimination
 - being investigated by the police in respect of an alleged criminal offence
 - being prosecuted for an alleged criminal offence
 - a civil action being taken against you for compensation in connection with a failure or alleged failure to comply with requirements under protection of privacy legislation
 - an investigation or prosecution against you under applicable occupational health and safety legislation
 - being prosecuted for a highway traffic or motor vehicle offence
 - Pursuit or Defence of Contract Disputes & Debt Recovery
 - Legal Costs for Statutory Licence Appeals
 - Pursuit for Property Protection
 - Pursuit for Bodily Injury
 - Legal Costs for a Tax Appeal or Tax Audit

\$50,000 per claim / \$250,000 aggregate

Estimated Revenue for the next 12 months	Premium
\$0 to \$150,000	<input type="checkbox"/> \$160
\$150,001 to \$250,000	<input type="checkbox"/> \$253
\$250,001 to \$500,000	<input type="checkbox"/> \$412
\$500,001 to \$1,000,000	<input type="checkbox"/> \$528
\$1,000,001 to \$2,000,000	<input type="checkbox"/> \$930
\$2,000,001 to \$3,000,000	<input type="checkbox"/> \$1,348
\$3,000,001 to \$4,000,000	<input type="checkbox"/> \$1,885
\$4,000,001 to \$5,000,000	<input type="checkbox"/> \$2,423
\$5,000,001 to \$6,000,000	<input type="checkbox"/> \$2,782
\$6,000,001 to \$7,000,000	<input type="checkbox"/> \$3,288
\$7,000,001 to \$8,000,000	<input type="checkbox"/> \$3,793
\$8,000,001 to \$9,000,000	<input type="checkbox"/> \$4,299
\$9,000,001 to \$10,000,000	<input type="checkbox"/> \$4,804
\$10,000,000 +	<input type="checkbox"/> Referral Required

Would you like to purchase Business Legal Solutions? Yes No
If yes, please answer the questions below:

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? Yes No
If yes, please provide details.

Declarations & Warranty

I declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of liability insurance and that this application discloses the hazards known to exist at the date of this application. I declare that the statements made herein are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.

Submitting this form does not bind the Applicant or company to complete the insurance but is agreed that this form shall be the basis of the contract should a policy be issued.

The insurance premium is fully retained and not refundable.

I declare that I am a member in good standing with The Alberta Pharmacists Association.

Signed by:

Position:

Date:

Fee Disclosure

Line of Coverage	Premium	Commission (included within premium)	Fee
Cyber Security & Privacy Liability	Per application	25%	Nil
Employment Practices Liability	Per application	25%	Nil
Personal Legal Expense	Per application	20%	Nil
Business Legal Expense	Per application	20%	Nil

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

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

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

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: