

DIETITIANS OF CANADA LIABILITY INSURANCE PROGRAM

Name of Applicant (first last):

Address:

City:

Province/Territory:

Postal Code:

Telephone:

Email:

*Please advise BMS if your contact details have changed in order to continue to receive information pertaining to your insurance.

Note: This coverage is only available to members who are domiciled in Canada.

Please confirm you understand and agree to the eligibility requirements.

Please note the DC Insurance Program runs on a common renewal date of July 1st. Eligible members can purchase or renew coverage at any time throughout the policy term. Policy premiums may be pro-rated.

Membership Information

In order to be eligible for this insurance program, you must be a member of Dietitians of Canada. If you are not a member, this policy is null and void.

Please confirm you understand and agree to the eligibility requirements.

Are you a member in good standing with Dietitians of Canada?

Yes No

DC Membership Number:

Applicant Details

Do you or your business provide professional services outside the scope of a dietitian, for which you require insurance coverage? [Note, this policy will only provide coverage for services that fall within your scope of practice as a dietitian.] Yes No

If yes, please provide details.

Do you provide in-person services outside of Canada?

Yes No

If yes, please provide details.

Business Details

Do you operate your own business? (e.g. independent contractor or business owner) 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 operate under more than one entity/corporation name? Yes No

If yes, please provide details.

Cyber Security & Privacy Liability

Cyber liability continues to be an ever-evolving area of risk. You have access to a comprehensive Cyber Security and Privacy Liability policy to protect against claims arising out of theft, loss, or unauthorized disclosure of a third party's personally identifiable information.

Coverage is designed to manage the risk of holding increasingly large quantities of personally identifiable data of clients, employees, and others, and to mitigate the reputational damage resulting from a data security breach.

Breach Response

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

Policy Aggregate Limit

\$1,000,000

First Party Loss

Business Interruption	\$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

Individual Practitioners	<input type="checkbox"/> \$115 annual premium
Business & Employees – \$0 to \$500,000 gross revenue	<input type="checkbox"/> \$655 annual premium
Business & Employees – \$500,001 to \$1,000,000 gross revenue	<input type="checkbox"/> \$975 annual premium
Business & Employees – \$1,000,001 to \$1,500,000 gross revenue	<input type="checkbox"/> \$1,200 annual premium
Business & Employees – \$1,500,001 to \$2,000,000 gross revenue	<input type="checkbox"/> \$1,475 annual premium
Business & Employees – \$2,000,001 to \$2,500,000 gross revenue	<input type="checkbox"/> \$1,660 annual premium
Business & Employees – \$2,500,001 to \$3,000,000 gross revenue	<input type="checkbox"/> \$1,750 annual premium
Business & Employees – Above \$3,000,000 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?
If yes, please provide details.

Yes No

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

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?
If 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.

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.

If you are RENEWING this insurance policy: You have 30 days from the inception of the policy to implement any of the below items that are not currently in place. Please note, in the event of a claim, coverage will be contingent on complete implementation within 30 days of the policy inception.

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 "offline" location (e.g., a USB or hard drive) that would be unaffected by an issue with your live environment, and you test to ensure that back-ups are recoverable.

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.

Please note, a link to a free resource that can be utilized to satisfy this requirement will be included on your email with your Certificate of Insurance. Once completed, please keep a personal record. You are not required to provide proof of cyber security awareness training to BMS.

I confirm the above statement is true and accurate.

*If your business transfers funds, BMS recommends you consider adding Fraudulent Instruction coverage - \$25,000 limit for \$205/year or \$100,000 limit starting from \$305/year.

Would you like BMS to contact you regarding a quote for Fraudulent instruction coverage?

Yes No

Employment Practices Liability

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

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

Claims made policy, \$1,000 deductible

Do you require Employment Practices Liability?

Yes No

If yes please complete the fields below.

	Limit	Annual Premium
Option 1	\$100,000	<input type="checkbox"/> \$250
Option 2	\$250,000	<input type="checkbox"/> \$345
Option 3	\$500,000	<input type="checkbox"/> \$365
Option 4	\$1,000,000	<input type="checkbox"/> \$475

Total number of employed staff (professionals): _____

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

Total number of contractors (professionals): _____

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

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

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 Services Package

Members can access a comprehensive Legal Services Package, which includes:

Unlimited 24/7 Legal Helpline

Unlimited 24/7 access to the Legal Helpline. Helpline Lawyers provide general legal information and assistance for any legal question. Please note: the lawyer will not advise on coverage, make a claim decision, or review documents.

Legal Document Centre

Unlimited access to an online library of legal documents, all of which have been drafted by lawyers, and are in the form of guided, customizable templates. Examples of templates include wills and power of attorney documents, employment contracts, service agreements, and more. Documents are based on Canadian laws and legal best practices. They can be downloaded and saved securely for future reference or reuse.

Legal Document Review

Access to lawyers to review a simple legal document and provide you with an annotated copy of the document with their notes. This will assist you in understanding the general impacts that the document may have for you.

Simple Legal Letter Drafting

Access to lawyers who will draft a simple legal letter for you to send. This service is intended to assist you with drafting simple documents, such as a demand letter, a complaint letter, a travel consent letter for a child, a resignation letter, or a warning letter to an employee.

Emotional Support Assistance

Access to Emotional Support Assistance through which you can confidentially speak with a professional counsellor about any work or personal issues which may be affecting you. For small business customers, this service is also available to employees.

Identity Theft Protection Assistance

Identity theft experts will provide you with general assistance and prevention tips about identity theft and how to protect yourself. If you believe you have been the victim of identity theft, this service can also provide you with direct assistance by an Identity Restoration Expert to help restore your identity.

HR Assistance

Access to HR Assistance where you can speak to a Human Resources professional, who can provide you with information regarding HR issues that are impacting your business.

Annual Cost \$35 (including BMS fee)

Would you like to purchase the Legal Services Package?

Yes No

Note, if you are purchasing Legal Expense insurance (below), the Legal Services Package is automatically included in the Family and Business Legal Solutions.

Legal Expense Insurance

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
 - Total Loss Valuation Disputes (motor vehicle)
 - Defence of Driver's Licence Protection
 - Pursuit for Bodily Injury
 - Pursuit for Property Protection
 - Defence for Tax Protection

Each claim/aggregate limit	Premium
\$25,000/\$1,000,000	<input type="checkbox"/> \$80
\$50,000/\$1,000,000	<input type="checkbox"/> \$93

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:

- Legal Services Package (as detailed above)
- Insurance to cover for legal costs for resolving a range of disputes, including:
 - Employee's Extra Protection
 - Auto Legal Defence
 - Defence of Contract Disputes & Debt Recovery
 - Defence for Statutory Licence Appeals
 - Pursuit for Property Protection
 - Pursuit for Bodily Injury
 - Tax Protection

\$50,000 per claim / \$1,000,000 aggregate

Revenue band	Premium
\$0 to \$150,000	<input type="checkbox"/> \$145
\$150,001 to \$250,000	<input type="checkbox"/> \$230
\$250,001 to \$500,000	<input type="checkbox"/> \$375
\$500,001 to \$1,000,000	<input type="checkbox"/> \$480
\$1,000,001 to \$2,000,000	<input type="checkbox"/> \$845
\$2,000,000 +	<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): _____

What is your estimated revenues for the next 12 months? : _____

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.

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 Overview	\$25,000 Limit	\$50,000 Limit	\$75,000 Limit	\$100,000 Limit
Accidental Death and Dismemberment (AD&D)	\$25,000	\$50,000	\$75,000	\$100,000
Permanent Total Disability (PTD)	\$25,000	\$50,000	\$75,000	\$100,000
Repatriation	\$5,000	\$5,000	\$5,000	\$5,000
Rehabilitation	\$5,000	\$5,000	\$5,000	\$5,000
Fracture Benefit	\$2,000	\$2,000	\$2,000	\$2,000
Dental Injury	\$500	\$500	\$500	\$500
Accidental Medical	\$5,000	\$5,000	\$5,000	\$5,000
Annual Cost*	\$50	\$75	\$85	\$126

*Cost includes premium and fee

Would you like to purchase the 24 Hour Accident Insurance?

Yes No

If yes, please select the limit required:

- \$25,000
- \$50,000
- \$75,000
- \$100,000

In order to purchase the 24 Hour Accident Insurance coverage you must be under the age of seventy (70). Please confirm you understand and agree to the eligibility requirements.

Additional Business Coverages

Dietitians of Canada continue to administer the Individual Professional Liability and Individual Commercial General Liability insurance. If you operate a business and require additional business coverage BMS can provide the following:

Office Package

Office 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, as well as any stock and improvements and betterments. Equipment Breakdown is also included.

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).

Business Professional Liability

Business Professional Liability is recommended for incorporated businesses with other professionals working for or on behalf of your business and/or billing under your business name.

This policy responds if your business name is brought into a statement of claim or lawsuit alleging negligence or malpractice.

Are you interested in other Business Coverages?

If yes, a BMS broker will connect with you to provide more information.

Yes No

Declarations and Warranty

The undersigned declares:

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:

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	\$
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Tax	\$
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Total Enclosed	\$
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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.

Authorization for Credit Card Charge

VISA, AMEX or M/C Account No:

Expiry Date:

CVV:

Cardholder Name:

Signature:

BMS Canada Risk Services Ltd. (BMS)

825 Exhibition Way, Suite 209, Ottawa, ON, K1S 5T5

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Email: dietitians.insurance@bmsgroup.com