

CANADIAN SOCIETY OF HOSPITAL PHARMACISTS' INSURANCE PROGRAM

Name of Applicant: _____

Address: _____

City: _____

Prov/Terr: _____

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 reside in Canada. Please confirm you understand and agree to the eligibility requirements. ☐

Are you renewing this insurance policy? _____

☐ Yes ☐ No

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

Membership Information

In order to be eligible for the CSHP Insurance Program, you must be a member in good standing with the Canadian Society of Hospital Pharmacists (CSHP).

If you are not a CSHP member or if your CSHP membership is inactive, any policy issued through this application process is null and void. To secure membership or to confirm your status please contact CSHP at (613) 736-9733.

Please confirm you understand and agree to the eligibility requirements. ☐

Are you a member in good standing with the Canadian Society of Hospital Pharmacists (CSHP)? _____

☐ Yes ☐ No

Membership number: _____

I am a (please select one):

☐ Pharmacist

☐ Pharmacy Technician

☐ Pharmacy Student or Resident

☐ Other: _____

Applicant Details

I am a/an (please select one):

☐ Employee

☐ Business Owner

☐ Independent Contractor

Do you or your business provide professional services outside the scope of a Pharmacist or Pharmacy Technician and/or do you require coverage to defend against proceedings conducted by a professional organization other than one regulating the practice of Pharmacist or Pharmacy Technician? [Note, this policy will only provide coverage for services that fall within your scope of practice as a Pharmacist or Pharmacy Technician. Other professional services are not covered by this insurance.] ☐ Yes ☐ No

If yes, please provide details.

Do you provide in-person services outside of Canada? ☐ Yes ☐ No

If yes, please provide details.

Has any application/policy for Professional Liability and/or Commercial General Liability insurance ever been denied, cancelled, or not renewed by the insurer? ☐ Yes ☐ No

If yes, please provide details.

Has any Professional Liability and/or Commercial General Liability claim, lawsuit, or complaint been made against you in the past 5 years or is any such claim now pending against you in Canada or anywhere in the world? ☐ Yes ☐ No

If yes, please provide details.

Are you aware of any facts, circumstances or situations which may reasonably give rise to a claim under this policy? ☐ Yes ☐ No

If yes, please provide details.

Professional Liability Insurance

Claims Made Policy; Nil Deductible.

Professional Liability Insurance (PLI) protects you against liability or allegations of liability for injury or damages that have resulted from a negligent act, error, omission, or malpractice that has arisen out of your professional capacity as a Pharmacist or Pharmacy Technician. Your policy also responds if a complaint is made against you to your regulatory body (College).

All options include:

Disciplinary Review or Proceedings	\$200,000 per claim / aggregate
Criminal Defence Costs Reimbursement	\$150,000 per claim / aggregate
Loss of Earnings	Up to \$1,000 per day / \$100,000 aggregate
Extended Reporting Period	7 years
Breach of Confidentiality	\$50,000 per claim / aggregate
Coroner's Inquest	\$200,000 per claim / aggregate
Defamation	\$50,000 per claim / aggregate
Good Samaritan Acts	Included

Do you require Professional Liability Insurance?
If yes, please select an option below.

☐ Yes ☐ No

	Option 1	Option 2	Option 3	Option 4
Limits	\$2,000,000 per claim \$4,000,000 aggregate	\$3,000,000 per claim \$4,000,000 aggregate	\$4,000,000 per claim \$4,000,000 aggregate	\$5,000,000 per claim \$5,000,000 aggregate
Pharmacist	<input type="checkbox"/> \$115	<input type="checkbox"/> \$180	<input type="checkbox"/> \$215	<input type="checkbox"/> \$280
Pharmacy Technician	<input type="checkbox"/> \$75	<input type="checkbox"/> \$120	<input type="checkbox"/> \$145	<input type="checkbox"/> \$170
Pharmacy Student or Resident	<input type="checkbox"/> \$50	<input type="checkbox"/> \$75	<input type="checkbox"/> \$90	<input type="checkbox"/> \$120

Commercial General Liability Insurance

Occurrence Form; Nil Deductible.

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.

Do you require Commercial General Liability coverage?
If yes, please select an option below.

☐ Yes ☐ No

Option	Limit	Annual Cost
Option 1	\$1,000,000 per occurrence / aggregate	<input type="checkbox"/> \$170
Option 2	\$2,000,000 per occurrence / aggregate	<input type="checkbox"/> \$220
Option 3	\$3,000,000 per occurrence / aggregate	<input type="checkbox"/> \$250
Option 4	\$4,000,000 per occurrence / aggregate	<input type="checkbox"/> \$280
Option 5	\$5,000,000 per occurrence / aggregate	<input type="checkbox"/> \$340

Additional Insured

Only complete this section if you are contractually required to add an Additional Insured to your Commercial General Liability insurance policy.

Adding an Additional Insured provides limited liability insurance coverage to the third party Additional Insured but only as it relates to General Liability resulting from your operations / occupancy. Note that any Additional Insured is required to carry their own Commercial General Liability insurance. For each, provide the name and address.

Please confirm you understand and agree to the terms detailed above. ☐

Name:

Address:

City:

Province/Territory:

Postal Code:

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

☐ \$121 annual premium

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. 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 you/your insured business at such institution, without you/your insured business's knowledge or consent.

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

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

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

☐ Yes ☐ No

If yes, an additional questionnaire is required to be completed and will be sent to you separately.

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 (below), the Legal Services Package is automatically included in the Personal 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 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)
 - 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/\$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.

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:

Accidental Death and Dismemberment (AD&D)	\$25,000
Permanent Total Disability (PTD)	\$25,000
Repatriation	\$5,000
Rehabilitation	\$5,000
Fracture Benefit	\$2,000

Annual Cost: \$42

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

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

Please confirm your date of birth: _____

Coverage Overview FOR SPOUSES:

Accidental Death and Dismemberment (AD&D)	\$12,500
Permanent Total Disability (PTD)	\$12,500
Repatriation	\$2,500
Rehabilitation	\$2,500
Fracture Benefit	\$1,000

Would you like to purchase the 24 Hour Accident Insurance for your Spouse for **\$21 (\$16 premium, \$5 fee)**? ☐ Yes ☐ No

Please include the name of your spouse:

In order to purchase the Accidental Death and Disablement coverage your Spouse must be under the age of seventy (70).

Please confirm your spouse's date of birth: _____

"Spouse" shall mean either one and one only of:

- a. a person under age seventy (70) who is legally married to the Insured Person, and living with the Insured Person in Canada, or
- b. a person under age seventy (70), who, immediately prior to his or her loss,
 - i. has been residing with the Insured Person for a period of not less than one (1) year if the Insured Person has no legal spouse, or

Would you like to increase the principal sum for AD&D and PTD to \$50,000? ☐ Yes ☐ No
\$28 additional premium for 1 individual or \$42 for 1 individual plus spouse.

Declarations and 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 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 Canadian Society of Hospital Pharmacists (CSHP). If it is determined that I do not hold an active membership, I understand that my insurance policy is null and void.

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

Signed by:

Position:

Date:

Fee Disclosure

You will be entering into an agreement to purchase the coverages above based on the information you provided on the application form pages.

The table below only applies to the coverages you have selected on the application:

Line of Coverage	Premium	Commission (included within premium)	Fee
Professional Liability Insurance	Per application	25%	Nil
Commercial General Liability	Per application	25%	Nil
Cyber Security & Privacy Liability Coverage	Per application	25%	Nil
Legal Services Package	Per application	N/A	\$15
Personal Legal Solutions	Per application	20%	Nil
24 Hour Accident Insurance	Per application	15%	\$10

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.

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%

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

***PLEASE NOTE:** The Service Fee does not apply if you ONLY purchase PLI.

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 5J3

Toll Free: 1-844-200-7033
Fax: 613-701-4234
Email: csdp.insurance@bmsgroup.com