

# BMS INSURANCE SOLUTIONS FOR YOU & YOUR BUSINESS

Name of Applicant: \_\_\_\_\_

Mailing 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 are domiciled 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 and upon receiving payment.

### Membership Information

Are you a member in good standing with the Health and Fitness Federation of Canada (HFFC)?  Yes  No

HFFC Membership Number: \_\_\_\_\_

Please provide relevant list all certifications, qualifications and/or licenses that apply to your current business:

Certification / Qualification Title	Certifying / Qualifying Body	Date Achieved	Date Last Renewed

This insurance program provides coverage for services that fall within the scope of practice of Certified Personal Trainers, Certified Exercise Physiologists, and registered Kinesiologists. Note that claims arising from delivery of other professional services are not covered by this insurance. **If you provide services outside the scope of practice of these disciplines, you require additional insurance coverage.**

Do you provide professional services outside the scope of this insurance policy for which you require insurance coverage?  Yes  No

If yes, please provide details.

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## Applicant Details

Have you been investigated, or suspended from practice by, any governing body of your profession?  Yes  No

If yes, please provide details.

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Has any professional 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.

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Are you aware of any facts, circumstances or situations which may reasonably give rise to a claim under this policy? Please only select "Yes" if not already reported to BMS and/or the insurer.  Yes  No

If yes, please provide details.

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Has any application for professional liability insurance ever been denied, cancelled, or not renewed by the insurer?  Yes  No

If yes, please provide details.

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## Professional Liability Insurance

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 Certified Fitness Professional or Kinesiologist. Your policy also responds if a complaint is made against you to your regulatory body/professional organization.

### All Options Include:

Regulatory Legal Expense	\$50,000 per claim / \$50,000 aggregate
Criminal Defence Reimbursement	\$25,000 per claim / \$25,000 aggregate
Sexual Abuse Therapy Fund	\$25,000 per claim / \$25,000 aggregate
Loss of Earnings	\$750/day
Libel and Slander	\$50,000 per claim / \$50,000 aggregate
Breach of Copyright	\$50,000 per claim / \$50,000 aggregate
Extended Reporting Period	12 months included (Note: 5 year Extended Reporting period for Registered Kinesiologists)

Territorial Limit

Worldwide; claims brought forward and defended in Canada

Professional Liability Limit	Deductible	Premium	Kinesiology Premium
<b>Option 1</b> \$3,000,000 per claim / \$5,000,000 per policy period	\$1,000	<input type="checkbox"/> \$144	<input type="checkbox"/> \$210
<b>Option 2</b> \$5,000,000 per claim / \$5,000,000 per policy period	\$1,000	<input type="checkbox"/> \$210	<input type="checkbox"/> \$276

### Additional Insurance Requirements

If you are an independent contractor or a business owner, you may have other exposures and business risks to consider. HFFC's liability insurance program broker, BMS Canada Risk Services Ltd., recommends that independent contractors and/or business owners consider purchasing additional insurance coverage to address your specific risks, including Clinic Professional Liability, Commercial General Liability or an Office Package, Cyber Security & Privacy Liability and/or Employment Practices Liability, among others. These insurance policies are available to HFFC members and are administered by BMS.

For further information on these insurance products or to review your specific insurance needs, please contact BMS at [info.canada@bmsgroup.com](mailto:info.canada@bmsgroup.com).

### 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 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 Health and Fitness Federation of Canada. If it is determined that I do not hold an active membership, I understand that my insurance policy is null and void.**

Signed by:

Position:

Date:

Please send this application to HFFC at [applynow@thehffc.ca](mailto:applynow@thehffc.ca) or [thehffc@gmail.com](mailto:thehffc@gmail.com).