



CANADIAN SOCIETY OF HOSPITAL PHARMACISTS (CSHP) INSURANCE PROGRAM

Name of Applicant:

Mailing Address:

City:

Province/Territory:

Postal Code:

Telephone:

Email:

Business Details

Only complete this section if **you operate your own business** (e.g. independent contractor or business owner).
Do not complete this section for or on behalf of someone else's business or a business where you are employed.

Entity / Business Name:

Location Address (if different from above):

City:

Province/Territory:

Postal Code:

Number professional staff:

Number of contractors:

Number of administrative staff:

Membership Information

In order to be eligible for this insurance policy, you must be a member of the Canadian Society of Hospital Pharmacists (CSHP). If you are not a 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

If yes, please provide membership number:

Applicant Details

Do you or your business provide professional services outside the scope of pharmacy, for which you require insurance coverage? [Note, this policy will only provide coverage for services that fall within

Yes No

your scope of practice as a pharmacist or pharmacy technician. Other professional services are not covered by this insurance.]
If yes, please provide details.

Do you or your business provide services outside of Canada? Yes No
If yes, please provide details.

Has any application for similar insurance ever been denied or cancelled? Yes No
If yes, please provide details.

Have you ever sustained a Professional Liability and/or Commercial General Liability loss or has such a claim been made against you? Yes No
If yes, please provide details.

Have you any knowledge of a negligent act, error and omission or breach of duty which might give rise to a claim against you? Yes No
If yes, please provide details.

Please select: Pharmacist Pharmacy Student or Intern
 Pharmacy Technician Other: _____

Coverage Options

Individual Professional Liability – Claims Made

	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 Intern	<input type="checkbox"/> \$50	<input type="checkbox"/> \$75	<input type="checkbox"/> \$90	<input type="checkbox"/> \$120

Commercial General Liability – Occurrence Form

Recommended for independent contractors and/or business owners with no other healthcare providers.

Do you require Commercial General Liability coverage?

Yes No

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

Please indicate any additional insured(s) to be listed on your certificate :

(Applicable to the Commercial General Liability policy only)

Name:

Address:

City:

Province/Territory:

Postal Code:

Name:

Address:

City:

Province/Territory:

Postal Code:

Additional Cyber Security and Privacy Liability – Claims Made

Your policy AUTOMATICALLY includes \$50,000 of Cyber Risk Coverage for insured members. To increase your individual Cyber Security and Privacy Liability limit to **\$1,000,000**, please select the applicable option below.

Would you like to purchase \$1M Cyber Security and Privacy Liability coverage? Yes No

Individual Practitioners	<input type="checkbox"/> \$90 annual premium
Business & Employees – \$0 to \$500,000 gross revenue	<input type="checkbox"/> \$575 annual premium
Business & Employees – \$500,001 to \$1,000,000 gross revenue	<input type="checkbox"/> \$715 annual premium
Business & Employees – \$1,000,001 to \$1,500,000 gross revenue	<input type="checkbox"/> \$845 annual premium
Business & Employees – \$1,500,001 to \$2,000,000 gross revenue	<input type="checkbox"/> \$985 annual premium
Business & Employees – \$2,000,001 to \$2,500,000 gross revenue	<input type="checkbox"/> \$1,110 annual premium
Business & Employees – \$2,500,001 to \$3,000,000 gross revenue	<input type="checkbox"/> \$1,230 annual premium
Business & Employees – Above \$3,000,001 gross revenue	<input type="checkbox"/> Referral

A deductible of \$1,000 applies to all options above.

Have you ever had a privacy, and/or network security breach in the past? Yes No
If yes, please provide details.

Are your portable data storage devices encrypted (i.e. USB Stick)? Please note this policy excludes any loss or liability arising from information contained on a non-encrypted device. Yes No

Do you implement basic loss control measures such as: Antivirus software, a firewall and/or regular software patch installations? Yes No

Please note this policy excludes any loss or liability arising from information contained on a non-encrypted device.

Do you, or your business transfer funds?

If so, BMS recommends you consider adding Fraudulent Instruction coverage - \$100,000 limit starting from \$250/year.

This is only applicable to Members who buy the \$1M Cyber Security & Privacy Liability. Please contact BMS to find out more or to purchase this additional cover.

Employment Practices (Management) Liability

Do you employ administrative and/or professional staff? Does your clinic 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 others.

Do you require Employment Practices Liability? Yes No
(If yes please complete the fields below)

	Limit	Deductible	Premium*
Option 1	\$100,000	\$1,000	<input type="checkbox"/> \$220 annual premium
Option 2	\$250,000	\$1,000	<input type="checkbox"/> \$295 annual premium
Option 3	\$500,000	\$1,000	<input type="checkbox"/> \$310 annual premium
Option 4	\$1,000,000	\$1,000	<input type="checkbox"/> \$400 annual premium

**Rates are for Businesses/Groups of Businesses under the same ownership with 25 employees or fewer.
Please contact BMS Group to secure coverage for Businesses/Groups of Businesses with more than 25 employees. .*

Has there been or are there now pending, any Claims against the Company, or any past, present directors, officers or employees of the company:

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 Company experienced any change in controlling ownership of the Company? Yes No
If yes, please provide details:

Declaration

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.

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.

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:

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 Group)

825 Exhibition Way, Suite 209
Ottawa, ON K1S 5J3

Toll Free: 1-844-200-7033

Fax: 613-701-4234

Email: cshp.insurance@bmsgroup.com