

PROFESSIONAL LIABILITY & COMMERCIAL GENERAL LIABILITY

This insurance program, exclusive to ACE Members is available to the Class 1 Member Category (Member/Fellow/Honorary Fellow/Retired Member) and to Student Members; there is also an additional discount for Members that are CCCPE Certified. The insurance coverage offered covers all services performed that falls within the scope of an Ergonomist, the IEA defines the scope of an Ergonomist as:

“The scientific discipline concerned with the understanding of interactions among humans and other elements of a system, and the profession that applies theory, principles, data and methods to design in order to optimize human well-being and overall system performance.”

If you have any questions relating to the coverage offered by this policy please contact BMS at [1-855-318-6558](tel:1-855-318-6558).

Name of Applicant:

Address:

City:

Prov:

Postal Code:

Telephone:

Email:

1. Are you a member in good standing with the Association of Canadian Ergonomists? Yes No

Membership Number:

2. Relevant Qualifications (Certificates, Accreditations):
-

3. Are you CCCPE Certified? Yes No

Certification Number:

4. Has any application for professional liability and/or commercial general liability insurance ever been denied or cancelled? Yes No
If yes, please provide details.
-

5. 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.

6. Do you have any knowledge of any negligent act, error and omission or breach of duty? Yes No
 If yes, please provide details.

Coverage Options

Professional Liability and Commercial General Liability

	Limit	Membership Class	Premium
Option 1	\$2,000,000 per claim	CCCPE Certified Members	\$125 <input type="checkbox"/>
	\$2,000,000 aggregate	Non-Certified Members	\$155 <input type="checkbox"/>
Optional: Add Commercial General Liability	\$2,000,000 per claim \$2,000,000 aggregate		\$250 <input type="checkbox"/>
Option 2	\$5,000,000 per claim	CCCPE Certified Members	\$175 <input type="checkbox"/>
	\$5,000,000 aggregate	Non-Certified Members	\$205 <input type="checkbox"/>
Optional: Add Commercial General Liability	\$5,000,000 per claim \$5,000,000 aggregate		\$325 <input type="checkbox"/>

Cyber Security & Privacy Liability Coverage

	Limit	Membership Class	Deductible
Individual & Business options available	\$1,000,000	CCCPE Certified Members Non-Certified Members	\$1,000

Do you require Cyber Security & Privacy Liability coverage? Yes No
 (If Yes, please complete the fields below)

Individual	<input type="checkbox"/> \$75 annual premium
Business & Employees – \$0 to \$500,000 gross revenue	<input type="checkbox"/> \$480 annual premium
Business & Employees – \$500,001 to \$1,000,000 gross revenue	<input type="checkbox"/> \$595 annual premium
Business & Employees – \$1,000,001 to \$1,500,000 gross revenue	<input type="checkbox"/> \$705 annual premium
Business & Employees – \$1,500,001 to \$2,000,000 gross revenue	<input type="checkbox"/> \$820 annual premium
Business & Employees – \$2,000,001 to \$2,500,000 gross revenue	<input type="checkbox"/> \$1,025 annual premium

Have you/your business ever had a cyber security / privacy breach in the past or has such a claim been made against you/your business? Yes No
 If yes, please provide details.

Are your portable storage devices (i.e. USB Stick) encrypted? 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 and for individuals who do not have loss control measures in place.

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.

Signed by: _____

Position: _____

Date: _____

Signing of this form does not bind the Applicant or company to complete the insurance but it 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.

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 8% sales tax
Newfoundland residents add 15% sales tax
Saskatchewan residents add 6% sales tax

Sub-total \$

Tax \$

Total Enclosed \$

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: _____

Cardholder Name: _____

Signature: _____

BMS Canada Risk Services Ltd. (BMS Group)
320 Catherine Street, Suite 21
Ottawa, ON K1R 5T5

Toll Free: 1-855-318-6558
Fax: 613-701-4234
Email: ace.insurance@bmsgroup.com