

APPLICATION FOR DIRECTORS' AND OFFICERS' LIABILITY, COMMERCIAL GENERAL LIABILITY, AND CYBER SECURITY AND PRIVACY LIABILITY

Name of Organization:

Contact Person Name (First last):

Mailing Address:

City:

Province/Territory:

Postal Code:

Office Phone:

Organization Website (if available):

Mobile Phone:

Email:

Note: This coverage is only available to organizations who are domiciled in Canada. Please confirm you understand and agree to the eligibility requirements.

*Please advise BMS if your contact details have changed to ensure that you continue to receive information pertaining to your insurance.

Member Details

Is your organization a member of Volunteer Canada?

Yes No

Membership Number:

If you are not a member in good standing with Volunteer Canada, any policy issued through this application process is null and void. To secure membership or to confirm your status, please contact Volunteer Canada at 1-800-670-0401 ext. 260.

Please confirm you understand 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.

Organization Details

Please select the category that best describes your organization:

- | | |
|--|--|
| <input type="checkbox"/> Arts and culture | <input type="checkbox"/> Development and housing |
| <input type="checkbox"/> Sports and recreation | <input type="checkbox"/> Law, advocacy, and politics |
| <input type="checkbox"/> Education and research | <input type="checkbox"/> Grant-making, fundraising and volunteerism protection |
| <input type="checkbox"/> Universities and colleges | <input type="checkbox"/> International |
| <input type="checkbox"/> Health | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Business and professional associations and unions |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Community/Neighbourhood Association |
- Organizations not elsewhere classified / Other (please provide details):
-

Briefly describe the organization's operations:

Total Revenue for the last fiscal year:

- | | |
|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$750,001 - \$1,000,000 |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$1,000,001 - \$2,000,000 |
| <input type="checkbox"/> \$100,001 - \$250,000 | <input type="checkbox"/> \$2,000,001 - \$3,000,000 |
| <input type="checkbox"/> \$250,001 - \$500,000 | <input type="checkbox"/> \$3,000,001 - \$5,000,000 |
| <input type="checkbox"/> \$500,001 - \$750,000 | <input type="checkbox"/> \$5,000,001+ |
-

Indicate the surplus or deficit for the last fiscal year (Ex: indicate -1000 for a deficit of \$1,000. Do not include any other special characters):

Special Categories

If your organization falls within one of the Special Categories listed here, your application will be referred to BMS for further review. Please indicate if your organization falls into any of the following categories:

- Airport Commissions
- Condominium Corporations
- Educational Institutions/Public School Boards
- Financial Investment Organizations
- For-Profit Business Organizations
- Hospitals, Clinics, and Other Medical Institutions
- Labour Unions
- Lobby Groups
- Municipalities, Provincial, Federal Administrations (Governments)
- Political Parties
- Product Development Organizations, including Testing and Standards
- Professional Groups with Regulatory Authority and/or Disciplinary Committee
- Research Organizations
- Unincorporated Organizations

Applicant Details

The following questions relate to Directors' and Officers' Liability and Commercial General Liability for claims/suits or legal action made against the organization or other persons proposed for this insurance.

Has any Directors' & Officers and/or Commercial General Liability insurance, on behalf of the Organization, ever been declined, cancelled or not renewed? Yes No
If yes, please provide details.

Has any claim or suit been made or is any claim now pending against the organization or any other person(s) proposed for this insurance? Yes No
If yes, please provide details.

Has any suit or legal action been filed by or on behalf of the organization against any person(s) proposed for this insurance? Yes No
If yes, please provide details.

Has the organization within the last three years been the subject of any inquiries, complaints, notices, or hearings by any Federal or Provincial regulatory authority? Yes No
If yes, please provide details.

Has the applicant ever been the recipient of any allegations of negligence in writing or verbally in the past five years? Yes No
If yes, please provide details.

Do you have knowledge of any fact or circumstance involving the organization or the Directors or Officers of the organization, which might give rise to a claim or do you anticipate any claims being brought against your organization? Yes No
If yes, please provide details.

Directors' and Officers' Insurance

Coverage Highlights:

Policy Form	Claims Made
Costs of Defence	In addition to Limits
Outside Directorship	Included
Employment Practices Liability	Included
Fiduciary Liability	Included
Public Relations Costs	\$100,000
Coverage Territory	Worldwide

Insured Persons

All persons who were, now are, or shall be directors, trustees, officers, employees, staff members, executive board members and committee members of the organization or its subsidiaries

Coverage for Third Party Claims for Discrimination

Included

Personal Injury Extension

Included

Data Security Wrongful Acts & Privacy Wrongful Acts

\$100,000 / \$1,000 deductible

Do you require Directors' & Officers' Liability Insurance?
If yes, please complete the fields below.

Yes No

Designated Volunteer Organization Directors' and Officers' Annual Pricing Matrix

Annual Revenue	\$500,000 limit	\$1,000,000 limit	\$2,000,000 limit	\$3,000,000 limit	\$5,000,000 limit
< \$50,000	<input type="checkbox"/> \$284	<input type="checkbox"/> \$372	<input type="checkbox"/> \$612	<input type="checkbox"/> \$776	<input type="checkbox"/> \$1,104
\$50,001 - \$100,000	<input type="checkbox"/> \$448	<input type="checkbox"/> \$612	<input type="checkbox"/> \$776	<input type="checkbox"/> \$898	<input type="checkbox"/> \$1,269
\$100,001 - \$250,000	<input type="checkbox"/> \$575	<input type="checkbox"/> \$764	<input type="checkbox"/> \$1,187	<input type="checkbox"/> \$1,450	<input type="checkbox"/> \$2,377
\$250,001 - \$500,000	<input type="checkbox"/> \$652	<input type="checkbox"/> \$842	<input type="checkbox"/> \$1,318	<input type="checkbox"/> \$1,599	<input type="checkbox"/> \$2,641
\$500,001 - \$750,000	N/A	<input type="checkbox"/> \$948	<input type="checkbox"/> \$1,468	<input type="checkbox"/> \$1,757	<input type="checkbox"/> \$2,906
\$750,001 - \$1,000,000	NA	<input type="checkbox"/> \$1,054	<input type="checkbox"/> \$1,616	<input type="checkbox"/> \$1,932	<input type="checkbox"/> \$3,170
\$1,000,001 - \$2,000,000	NA	<input type="checkbox"/> \$1,267	<input type="checkbox"/> \$1,943	<input type="checkbox"/> \$2,323	<input type="checkbox"/> \$3,435
\$2,000,001 - \$3,000,000	N/A	<input type="checkbox"/> \$1,530	<input type="checkbox"/> \$2,323	<input type="checkbox"/> \$2,790	<input type="checkbox"/> \$3,700
\$3,000,000 - \$5,000,000	N/A	<input type="checkbox"/> \$1,837	<input type="checkbox"/> \$2,790	<input type="checkbox"/> \$3,350	<input type="checkbox"/> \$3,965

Designated Volunteer Centre Directors' and Officers' Annual Pricing Matrix

Annual Revenue	\$500,000 limit	\$1,000,000 limit	\$2,000,000 limit	\$3,000,000 limit	\$5,000,000 limit
< \$50,000	<input type="checkbox"/> \$199	<input type="checkbox"/> \$256	<input type="checkbox"/> \$429	<input type="checkbox"/> \$543	<input type="checkbox"/> \$773
\$50,001 - \$100,000	<input type="checkbox"/> \$314	<input type="checkbox"/> \$429	<input type="checkbox"/> \$544	<input type="checkbox"/> \$630	<input type="checkbox"/> \$888
\$100,001 - \$250,000	<input type="checkbox"/> \$403	<input type="checkbox"/> \$535	<input type="checkbox"/> \$831	<input type="checkbox"/> \$1,015	<input type="checkbox"/> \$1,664
\$250,001 - \$500,000	<input type="checkbox"/> \$458	<input type="checkbox"/> \$590	<input type="checkbox"/> \$924	<input type="checkbox"/> \$1,119	<input type="checkbox"/> \$1,850
\$500,001 - \$750,000	N/A	<input type="checkbox"/> \$665	<input type="checkbox"/> \$1,027	<input type="checkbox"/> \$1,231	<input type="checkbox"/> \$2,035
\$750,001 - \$1,000,000	NA	<input type="checkbox"/> \$735	<input type="checkbox"/> \$1,132	<input type="checkbox"/> \$1,352	<input type="checkbox"/> \$2,219
\$1,000,001 - \$2,000,000	NA	<input type="checkbox"/> \$887	<input type="checkbox"/> \$1,360	<input type="checkbox"/> \$1,627	<input type="checkbox"/> \$2,405
\$2,000,001 - \$3,000,000	N/A	<input type="checkbox"/> \$1,071	<input type="checkbox"/> \$1,627	<input type="checkbox"/> \$1,952	<input type="checkbox"/> \$2,591
\$3,000,000 - \$5,000,000	N/A	<input type="checkbox"/> \$1,287	<input type="checkbox"/> \$1,952	<input type="checkbox"/> \$2,345	<input type="checkbox"/> \$2,775

If you require a limit greater than \$5,000,000, please contact BMS at 1-844-294-2715.

Did you know? Legal Expense Insurance is included within your Directors' and Officers' Coverage, which provides the following:

Statutory License Appeals	\$150,000 (defence) per claim
Property Disputes (pursuits/defence)	\$150,000 per claim
Bodily Injury (pursuit)	\$150,000 per claim
Tax Protection (defence)	\$150,000 per claim

Organizations also have access to:

24/7 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.

Errors & Omissions Insurance

Does your organization provide any professional advice, training, treatment, supervision, or care services to clients or members of the public? If yes, your organization should consider holding Errors and Omissions (E&O) Insurance.

Non-profit organizations in social services, health care, or any field that provides professional services can be vulnerable to risk and should consider E&O Insurance.

E&O insurance provides coverage for actual or alleged negligence with respect to delivering a service to clients. Professional services commonly covered under E&O includes services performed for, or advice given to, others on behalf of the organization. Whereas Directors and Officers Liability Insurance (D&O) covers the performance related to the duties of the directors and officers and does not extend to liability claims- particularly related to professional services given.

E&O insurance can offer non-profits and charities critical financial protection. E&O Insurance provides funds to cover lawyers' fees, court costs, and even settlement or judgment fees related to initial charges.

Do you require Errors & Omissions Insurance?

Yes No

If yes, a BMS Broker will provide a separate application to be completed to obtain a quote.

Commercial General Liability Insurance

Commercial General Liability (CGL) protects your organization 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 third party may slip and fall on a wet floor on your premises or you may accidentally cause property damage during an event or activity.

CGL is recommended for most organizations, including those that:

- Lease or own an office
- Interact with clients or members of the public
- Host or attend events

If your organization has contents to insure (desks, computers, chairs, etc.), BMS recommends that you purchase the Office Package, as a standalone Commercial General Liability policy may not be sufficient protection.

This can be done through completing a separate application. If you intend to purchase an Office Package policy, please do not complete the following section.

If you would prefer to speak to a Broker, please contact BMS at 1-844-294-2715 or underourwing@bmsgroup.com.

CGL Coverage Highlights:

Policy Form	Occurrence based
Products and Completed Operations	To policy limit selected
Personal and Advertising Injury	To policy limit selected
Non-Owned Automobile	To policy limit selected
Damaged to Hired Automobiles	\$40,000
Tenant's Legal Liability	\$500,000
Contingent Employer's Liability	\$1,000,000
Employee Benefits Liability	\$1,000,000
Medical Expenses	\$2,500 any one person / \$25,000 any one accident
Deductible	\$1,000

Please note there is an Abuse Exclusion on the policy.

The following organizations are not eligible for coverage:

- Assisted Living
- Palliative Care
- Nursing Homes
- Daycares
- Youth Services – Drop-in Centres/At-Risk Youth

Please confirm that your organization does not fall into one of these categories.

Do you require Commercial General Liability coverage for your organization?

Yes No

If yes, please select complete the fields below.

Annual Revenue	\$2,000,000 per claim / \$2,000,000 aggregate	\$5,000,000 per claim / \$5,000,000 aggregate
< \$200,000	<input type="checkbox"/> \$500	<input type="checkbox"/> \$794
\$200,001 - \$300,000	<input type="checkbox"/> \$627	<input type="checkbox"/> \$923
\$300,001 - \$400,000	<input type="checkbox"/> \$697	<input type="checkbox"/> \$994
\$400,001 - \$1,000,000	<input type="checkbox"/> \$783	<input type="checkbox"/> \$1,080

Do your volunteers undertake any hazardous activities or manual/physical activities that require specialized expertise? Yes No
If yes, please provide details.

Is the applicant/organization involved in manufacturing, modifying, distributing, or selling product(s)? Yes No
If yes, please provide details.

Is the organization involved with foreign sales or operations? Yes No
If yes, please provide details.

Does the organization have a location or travel extensively outside Canada? Yes No
If yes, please provide details.

Additional Locations

Does the organization lease/operate out of a second location that you require Commercial General Liability insurance for? Yes No

NOTE: the Commercial General Liability limit will be shared with your primary location.
NOTE: this is not for locations where temporary events are held.

If yes, please enter the address of the location below:

Mailing Address:

City:

Province/Territory:

Postal Code:

Per claim limit	Premium
\$2,000,000	<input type="checkbox"/> \$119
\$5,000,000	<input type="checkbox"/> \$298

Events/Activities are included under the Commercial General Liability, EXCEPT the following:

- | | |
|---|--|
| Protests / Demonstrations | Youth Services - Drop-in Centres / At-risk youth |
| Overnights / Retreats | Air Shows / Aviation Exposure including Hot Air Balloons |
| Skateboard Competitions | Bungee Jumping |
| Summer Camps | Car Shows (involving racing events, Poker runs, tractor pulls) |
| Assisted Living | Climbing Walls |
| Palliative Care | Demolition Derbies |
| Nursing Homes | Dragon Boat Festivals |
| Activities with inflatables | Mountain Climbing |
| Day cares | Exposures involving Firearms |
| Travelling Carnivals / Amusement Rides / Mechanical Bulls | Fireworks or Pyrotechnic Effects or Displays |
| Hypnotists | History-in-Action / Battle Re-enactments |
| Gaming Risk | Rodeos |
| Waterslide / Water Parks / Water sports/activities | Snowmobile Races or Events (including Poker Runs) |
| Rugby/Contact Sports | Search and Rescue |
| White Water Rafting; Ice Climbing; Ice Fishing | Alpine Skiing / Snowboarding; |
| Rallies of a Political or Religious Nature | Kitesurfing / Parasailing |
| Zip Lines | Equestrian |
| Contact Martial Arts including Mixed Martial Arts | Boxing; Football (Contact); Hockey (Contact) |

If you require coverage for an event that fits on of the above descriptions, please contact BMS.

Do you have an event planned for the 2023-2024 policy period? Please answer "No" if the details of your event have not yet been finalized. Please contact BMS at least one month of any future events to ensure adequate coverage is in place. Yes No

If yes, please answer the questions below.

How many events will have 250 to 500 attendees? _____

NOTE: there is an additional premium per event: \$120 for the \$2,000,000 limit or \$250 for the \$5,000,000 limit.

Will any events exceed 500 attendees? Yes No

Will alcohol be served at any event? Yes No

If the above answers change throughout the year, please contact BMS to ensure you are adequately covered.

Additional Insureds

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.

I understand and agree to the coverage terms detailed above.

Name:

Address:

City:

Province/Territory:

Postal Code:

Name:

Address:

City:

Province/Territory:

Postal Code:

Cyber Security and 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*
Funds Transfer Fraud
Telecommunications Fraud

Available for additional premium
Available for additional premium
\$100,000

Criminal Reward Cover

Criminal Reward Cover

\$25,000

Deductibles

Each Incident
Notified Individuals

\$1,000
100

Would you like to purchase a \$1,000,000 limit for Cyber Security and Privacy Liability coverage? (Please note that your Directors' and Officers' policy already includes \$100,000 in Cyber Security and Privacy Liability Coverage). Yes No

If yes, please complete the fields below.

\$0 to \$500,000 gross revenue	<input type="checkbox"/> \$655 annual premium
\$500,001 to \$1,000,000 gross revenue	<input type="checkbox"/> \$975 annual premium
\$1,000,001 to \$2,000,000 gross revenue	<input type="checkbox"/> \$1,475 annual premium
\$2,000,001 to \$3,000,000 gross revenue	<input type="checkbox"/> \$1,750 annual premium
Above \$3,000,000 gross revenue	<input type="checkbox"/> Referral

Has any Cyber claim or lawsuit been made against you/your organization, or is any such claim now pending against you/your organization? Please only select yes if not already reported to BMS/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 organization? Please only select yes if not already reported to BMS/the insurer. Yes No

If yes, please provide details.

Have you/your organization 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 organization? Yes No

If yes, please provide details.

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.

Please confirm the following is accurate:

I/my organization implements loss control measures such as: Antivirus software, a firewall, and/or regular software patch installations.

I/my organization 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 organization 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 organization use Jane, Clinicmaster, owl practice or Practiceperfect.

For those systems which have an on-premises network only: I/my organization 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 organization 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 \$210/year or \$100,000 limit starting from \$305/year. Yes No
Would you like BMS to contact you regarding a quote for Fraudulent instruction coverage?

Declarations and Warranty

WITHOUT LIMITATION TO ANY OTHER REMEDY AVAILABLE TO THE INSURERS, THE PROPOSED INSURANCE WILL NOT AFFORD COVERAGE TO ANY CLAIMS OF WHICH ANY PERSON PROPOSED FOR THIS INSURANCE HAS KNOWLEDGE OR ANY CLAIMS RESULTING FROM ANY FACTS OR CIRCUMSTANCES OF WHICH ANY PERSON PROPOSED FOR THIS INSURANCE HAS KNOWLEDGE.

The undersigned authorized officer of the organization, on behalf of the organization and all person(s) proposed for this insurance, declares that, to the best of his/her knowledge and belief, the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from each and every person proposed for this Insurance to facilitate the proper and accurate completion of this application form. The undersigned further agrees that if any significant change in the condition of the applicant is discovered between the date of this application form and the effective date of the policy, which would render this application form inaccurate or incomplete, notice of such change will be reported in writing to the insurer immediately. Although the signing of this application form does not bind the undersigned on behalf of the organization or any person(s) proposed for this insurance, to effect insurance, the undersigned, on behalf of those person(s) proposed for this insurance and organization, agrees that this form and the Information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will be attached to and become part of the policy.

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 or property coverage 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 Organization 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.

IMPORTANT: This application must be completed by the Executive Director, Board Member or another authorized officer/director on behalf of the applicant. By selecting from the drop-down menu below, the applicant certifies that this form has been duly completed by the Executive Director, Board Member or an authorized officer/director.

Signed by:

Position:

Date:

Fee Disclosure

Line of Coverage	Premium	Commission (included within premium)
Directors' and Officers' Liability	Per application	25%
Legal Expense Insurance	Per application	25%
Commercial General Liability	Per application	25%
Cyber Security and Privacy Liability Coverage	Per application	25%

Payment Information

For New Applications, Premiums are prorated:

March 31 - June 30 premium = 100% of matrix pricing
July 1 – September 30 premium = 75% of matrix pricing
October 1 – December 31 premium = 50% of matrix pricing
January 1 – March 30 premium = 25% of matrix pricing

Please refer to the table below to calculate tax.

PROVINCE	PST	HST
AB	N/A	5%
BC	N/A	5%
MB	7%	5%
NB	N/A	15%
NL	15%	15%
NS	N/A	15%
NU	N/A	5%
NWT	N/A	5%
ON	8%	13%
PEI	N/A	15%
QC	9%	5%
SK	6%	5%
YK	N/A	5%

Sub-total	\$
<hr/>	
PST	\$
<hr/>	
Service Fee*	\$10.00
<hr/>	
HST	\$
<hr/>	
Total Enclosed	\$

***PLEASE NOTE:** The \$10 fee only applies if you are purchasing Commercial General Liability and/or Cyber Security & Privacy Liability. HST is only applicable on the Service Fee.

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: 1-844-294-2715
Fax: 613-701-4234
Website: www.underourwing.bmsgroup.com