

BMS INSURANCE SOLUTIONS FOR YOU & YOUR BUSINESS

THIS APPLICATION IS FOR THE JANUARY 15, 2026 – JANUARY 15, 2027 POLICY PERIOD.

Name of Applicant:

Mailing Address:

City:

Province/Territory:

Postal Code:

Telephone:

Email:

*Please advise BMS if your contact details have changed so that you can 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.

Business Details

Only complete this section for or on behalf of your own business. **Do not** complete this section for or on behalf of someone else's business or a business where you are employed or contracted.

Do you operate a business as a dentist for which you require insurance?

Yes No

Do you work independently or are a sole proprietor with no other health professionals working for you?

Yes No

If yes, please provide your primary entity / business name (please list all operating names related to the entity):

Entity/Business Name:

Location Address (if different from above):

City:

Province/Territory:

Postal Code:

Do you operate more than one entity for which you require coverage?
If yes, please provide details.

Yes No

Membership Information

In order to be eligible for this insurance, you must be a member of The Denturist Association of Ontario (DAO). **You must maintain continuous and active membership with the DAO for the full duration of this insurance policy.** If you are not a member of the DAO, this policy is null and void. Please confirm you understand and agree to the eligibility requirements.

Are you a member in good standing with The Denturist Association of Ontario?

Yes No

Have you renewed your DAO membership for the January 15, 2026 – January 15, 2027 membership year? Yes No

Please provide your DAO Membership number:

Applicant Details

Has any Professional Liability/Commercial General Liability claim, lawsuit, or complaint been made against you or your business or is any such claim now pending against you anywhere in the world? Yes No
If yes, please provide details.

Do you or your business provide professional services outside the scope of a denturist? [Note, the policies will only provide coverage for services that fall within your scope of practice as a denturist. Other professional services are not covered by this insurance]
If yes, please provide details.

Have you/your business been the recipient of any allegations of professional negligence in writing or verbally in the past 5 years?
If yes, please provide details.

Has any Professional Liability/Commercial General Liability policy ever been denied, cancelled or has a renewal of insurance ever been refused?
If yes, please provide details.

Do you/your business provide services outside of Canada?
If yes, please provide details.

Professional Liability Insurance (Errors & Omissions)

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 Denturist. Your policy also responds if a complaint is made against you to your regulatory body.

Coverage Overview:

Policy Form	Occurrence
Disciplinary Expense (including awarded costs & Human Rights Tribunals)	\$150,000 per claim / policy period
Defence Costs for Alleged Criminal Acts Excluding Abuse Reimbursement	\$150,000 per claim / policy period
Defence Costs for Abuse Reimbursement	\$150,000 per claim / policy period
Loss of Earnings	Up to \$1,000 / day
Subpoenaed to Appear	\$10,000 per claim / policy period
Loss of Documents	\$65,000 per claim / policy period
Therapy & Counselling Fund	\$25,000 per insured / \$50,000 per policy period
Public Relations Expenses	\$25,000 per claim / policy period
Coverage Territory	Canada

Limit	Premium
\$2,000,000 per occurrence / \$5,000,000 aggregate	<input type="checkbox"/> \$320
\$5,000,000 per occurrence / \$5,000,000 aggregate	<input type="checkbox"/> \$490

Additional Insurance Products and Legal Solutions

The following additional Insurance products and legal solutions are available for DAO members at competitive rates. Contact BMS at 1-855-318-6558 or dao.insurance@bmsgroup.com to learn more or to purchase coverage.

Clinic Professional Liability

Protects your business assets in the event that your business name is included in a professional liability claim or lawsuit. Denturists should consider purchasing this coverage if they have other professionals (for example, co-owners, employees, associates) delivering services for or on behalf of their business or billing under their business name.

Commercial General Liability (CGL)

Protects denturists against claims arising from injury or property damage that they may cause to another person as a result of their operations and/or premises.

Clinic Package

Includes Property/ Contents coverage to protect items usual to an office, including desks, chairs, filing cabinets and computers, as well as any stock, professional equipment and improvements and betterments. Business Interruption insures against loss of income resulting from direct physical loss or direct physical damage to the premises by an insured peril (e.g. fire). Crime coverage protects against financial loss due to dishonesty, fraud, or theft of money, securities or other property owned by the office/business.

Legal Expense for Insurance Audits

Access to coverage for legal costs associated with having to respond to an investigation, inquiry or audit from an insurance company or benefits provider in relation to your professional services.

Cyber Security & Privacy Liability

Protects denturists and their business if they have been involved in a cyber breach or privacy violation. The policy will cover the costs of their legal defence, investigative costs, notification and response costs, costs awarded to the patient(s) affected.

Personal & Family Cyber Protection

Protects yourself and your family against cyberattacks, identity theft, and data breaches. In the event of an incident or if you have questions at any time, cybersecurity professionals will guide you through the recovery process, providing support and solutions.

Employment Practices Liability

Protects denturists and their business against allegations of employment practice violation, including wrongful termination, discrimination, workplace harassment, and others.

Legal Services Package

This package provides affordable access to a range of services including a telephone legal helpline, online legal document centre, and access to lawyers to review simple legal documents or to draft simple legal letters on your behalf.

Personal Legal Solutions

Provides coverage for legal costs and expenses related to personal injury, tax protection, loss of earnings, and others.

Business Legal Solutions

To address issues such as contract disputes and debt recovery, statutory license appeals, and others.

24 Hour Accident Insurance

This coverage is designed to provide members and their loved ones with financial assistance in the event of an accident that results in injury or death.

Critical Illness Insurance

This coverage helps to cover the costs associated with a critical illness such as cancer, a heart attack or stroke. If a member is diagnosed with one of the 30 covered conditions, the policy provides a tax-free lump-sum payment of up to \$50,000 that they can use for anything they need.

Declarations and Warranty

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 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. 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.

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:

Product Disclosure

Line of Coverage	Premium	Commission (included within premium)	Fee
Professional Liability Insurance	Per application	25%	Nil

For more information on broker compensation please click [here](#).

Payment Information

Applicable taxes will be added where required. All cheques payable to BMS Canada Risk Services Ltd, or complete credit card authorization below.

Sub-total	\$
Tax	\$
Total Enclosed	\$

Authorization for Credit Card Charge

VISA, AMEX or M/C Account No: _____ Expiry Date: _____ CVV: _____

Cardholder Name: _____ Signature: _____

BMS Canada Risk Services Ltd. (BMS)
979 Bank St, Suite 200
Ottawa, ON K1S 5K5

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