

CONTACT INFORMATION		
Name:	Phone:	
Email:	Sonography Canada #:	
Mailing Address:		
City:	Province:	Postal code:

EMPLOYER		
Company Name:	Phone:	
Email:	Extension:	
Mailing address:		
City:	Province:	Postal code:

PROFESSIONAL LIABILITY INSURANCE FESS (Valid from May 1, 2022 – April 30, 2023)									
	Ont.	Que.	N.B./N.S.	N.L.	Man.	P.E.I.	Alta/Y.T./N.W.T.	Sask.	B.C.
	\$5 million PLI Fee = \$85.00 before taxes								

PAYMENT INFORMATION	
<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA	Amount:
Credit Card Number:	Expiry Date:                      CCV Number: _____ / _____                      _____ Month                      Year
Name as it appears on the credit card: (please print)	Signature of card holder:

I acknowledge that as a policy holder of professional liability insurance with Sonography Canada, I will receive periodic updates regarding the program.

**Please forward your completed application form to the address provided below:**

[info@sonographycanada.ca](mailto:info@sonographycanada.ca)    [www.sonographycanada.ca](http://www.sonographycanada.ca)  
 Toll-free Phone: 1-888-273-6746    Toll-free fax: 1-888-743-2952

## PROFESSIONAL LIABILITY INSURANCE APPLICATION

Name of Applicant:

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Address:

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City:

Province/Territory:

Postal Code:

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Telephone:

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Email:

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1. In order to be eligible for this insurance policy, you must be a member of Sonography Canada.  
Membership Number:

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2. The policy includes coverage for Sonographers who also provide services as Medical Radiation Technologists (MRT) on an incidental basis provided that this has been disclosed.

Do you provide professional services outside the scope of Sonography (i.e. services as a Medical Radiation Technologist)?  Yes  No

If yes, please provide details and confirm that this is on an incidental basis.

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

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

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5. Have you ever sustained a professional liability loss or has such a claim been made against you in the last five years?  Yes  No

If yes, please provide details.

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6. Have you any knowledge of any negligent act, error or omission or breach of duty which might give rise to a claim against you?  Yes  No

If yes, please provide details.

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## Coverage

### Professional Liability Insurance

### Cost

\$5,000,000 per claim / \$5,000,000 annual aggregate

**\$85**

Subsidized pricing from \$91,  
for the 2022-2023 policy period

## 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: \_\_\_\_\_

The 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. If you are unsure of your coverage requirements please contact BMS. A licensed insurance broker will be available to answer your questions during regular business hours. You can contact BMS at 1-844-583-7748 or [sonography.insurance@bmsgroup.com](mailto:sonography.insurance@bmsgroup.com)

The insurance premium is fully retained and not refundable.

### **Sonography Canada**

201-1150 Morrison Drive  
Ottawa, ON K2H 8S9

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