



# Fédération Québécoise des Massothérapeutes

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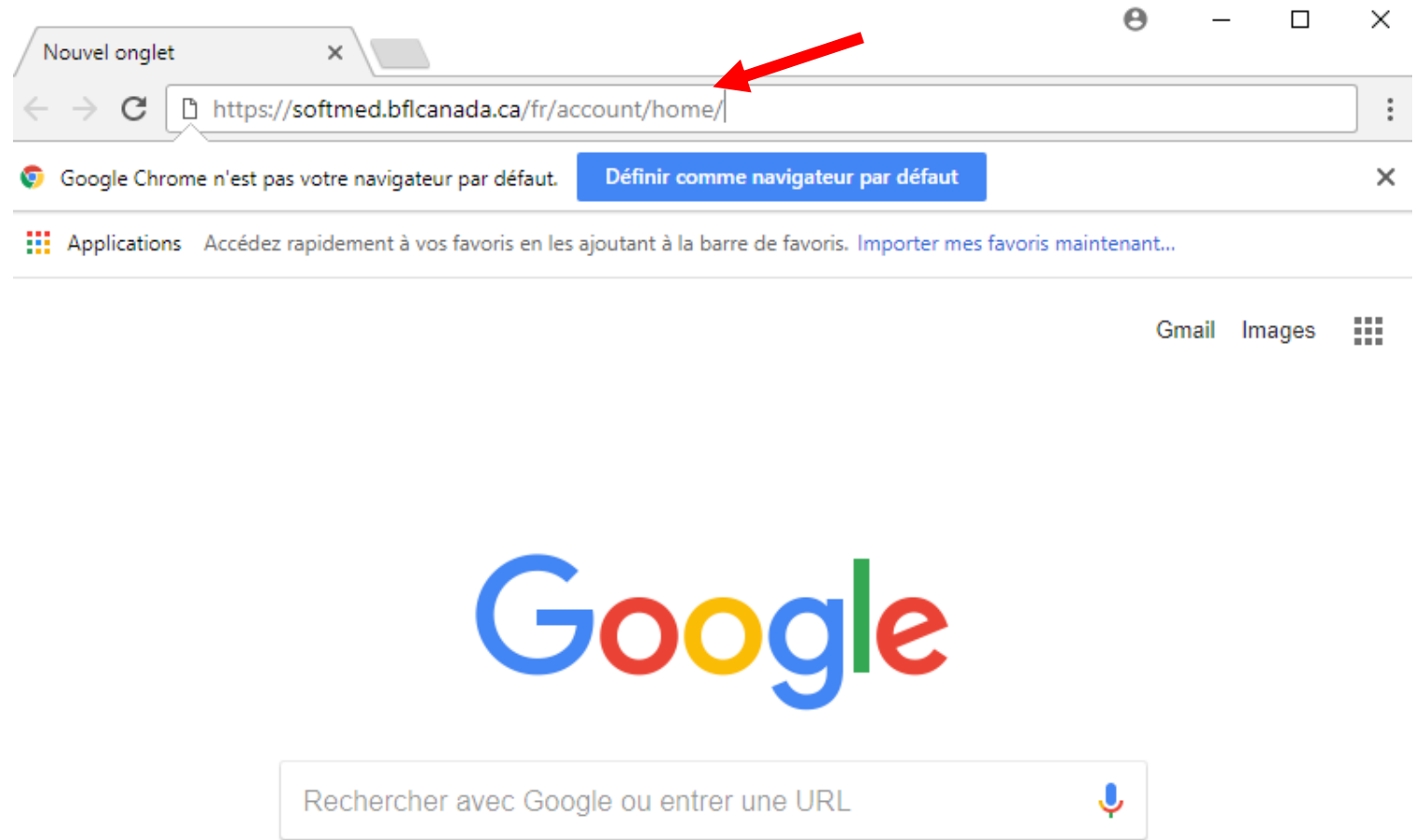
Create your insurance file on the BFL CANADA  
web platform.



# Step 1

To access the platform, you must enter the following address in the search engine:

<https://softmed.bflcanada.ca/en/account/home/>



# Step 2

To implement an insurance policy as a new user of the platform, you must click on the *New User* option.



BFL CANADA offers you an insurance program specifically designed for your professional needs.

Take advantage of our cutting-edge expertise in both insurance and risk management.

## COMPREHENSIVE COVERAGE

### PROFESSIONAL LIABILITY INSURANCE

Also known as "Errors and Omissions Insurance", it is an excellent form of protection for businesses and individuals who are paid for their expertise in a field, in the event that a client holds them responsible for a service they provided, or failed to provide, or did not have the expected or promised results.

This provides coverage not only for the costs of defending the insured but may also provide indemnity to compensate a third party who has suffered damages as a result of an error or accidental omission of the insured. It offers protection to enterprises or individuals whose clients could claim damages resulting from malpractice during the performance of services or the provision of advice.

### GENERAL LIABILITY INSURANCE

General liability insurance allows you to protect your business in the event that you are legally responsible for injury or damage to property of a third party (client) caused by your product or by an accident.

### PROPERTY INSURANCE

Property insurance can cover all property owned by you and that you use for your business operations. Such insurance protects your investment against direct damage caused to your property as a result of a covered loss.

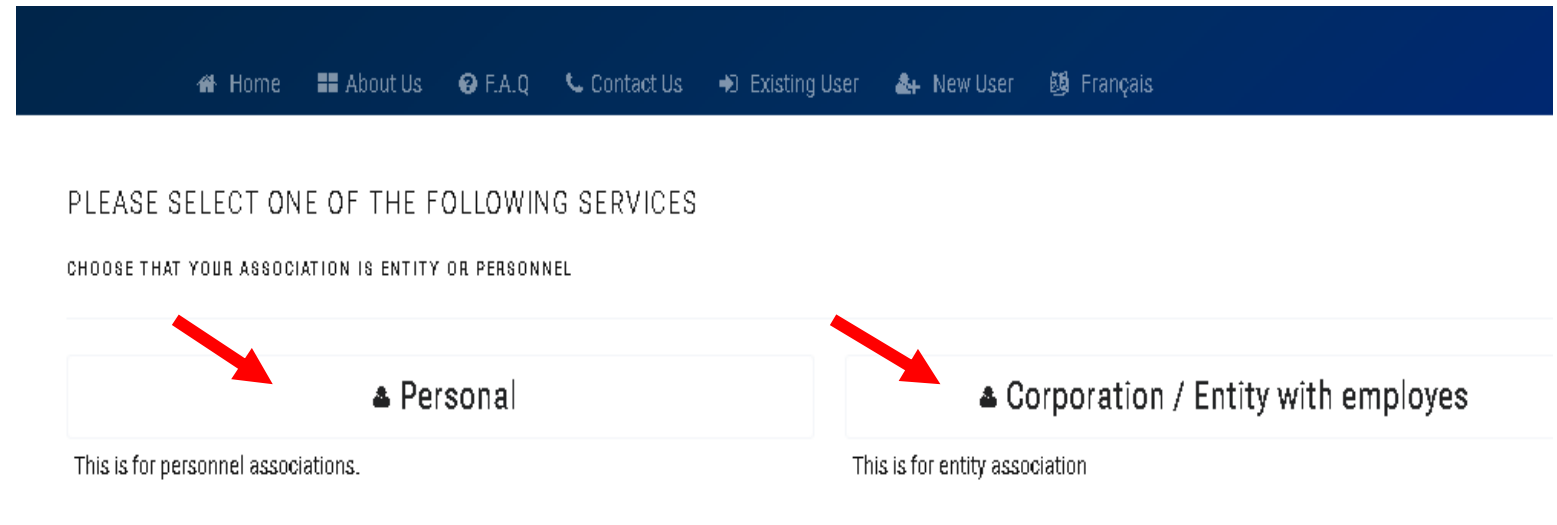
# Step 3

Vous devez choisir entre les deux options suivantes:

-Personal

or

-Corporation/Entity with employes



The screenshot shows a dark blue navigation bar at the top with links: Home, About Us, F.A.Q, Contact Us, Existing User, New User, and Français. Below the bar, the text reads: "PLEASE SELECT ONE OF THE FOLLOWING SERVICES" and "CHOOSE THAT YOUR ASSOCIATION IS ENTITY OR PERSONNEL". There are two selection boxes. The first box is labeled "Personal" with a person icon and the text "This is for personnel associations." below it. A red arrow points to this box. The second box is labeled "Corporation / Entity with employes" with a person icon and the text "This is for entity association" below it. A red arrow points to this box.

## Step 4

You must enter your personal information (first name, last name, phone, email), select your association, enter your member number and click *Submit*.

### NEW USER ACCOUNT

FILL IN THE FORM BELOW TO CREATE YOUR ACCOUNT

<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>
<input type="text" value="Phone"/>	
<input type="text" value="Email"/>	<input type="text" value="Confirm email"/>
<input type="text" value="Personal"/>	<input type="text" value="Select association"/>
<input type="submit" value="Submit"/>	

# Step 5

You must set your password and click on *New Client*.

## SET YOUR PASSWORD

ENTER YOUR PASSWORD AND CONFIRM PASSWORD HERE


New client

## Step 6


You must choose the option *Create a new insurance policy*.



WELCOME DÉVE  
PLEASE SELECT ONE OF THE FOLLOWING SERVICES

 [Change your personal information](#)

 [Create a new insurance policy](#)

 [View all policy](#)

# Step 7

You must check the confidentiality agreement and click *Submit and continue!*

## Confidentiality Agreement

### Consent to the collection, the use and the disclosure of personal information

It is understood that BFL CANADA, following its Privacy Policy and as permitted by relevant privacy laws or other laws, will collect, use or disclose all necessary information required for the processing of my Déve Barthélemy insurance portfolio or to provide consulting and/or risk management services.

It is also understood that BFL CANADA, will communicate the information obtained to third parties, including insurance companies, for the purpose of establishing the premium and the assessment of risk, as well as for the purposes of verification, assessment and settlement of losses.

It is acknowledged that I Déve Barthélemy have the right to access information obtained by virtue of the present consent and to have it corrected, if need be.

By checking this box I Déve Barthélemy acknowledge having read and understood the above consent and hereby expressly consent or renew my consent to the collection, use and disclosure of my personal information to third parties as required, including insurance companies. I also acknowledge that withdrawing consent may mean that BFL cannot provide the services I have requested.

Canada's anti-spam legislation (CASL) requires that we obtain your consent in order for you to continue receiving electronic communications from BFL CANADA. Please note that you may unsubscribe at any time by emailing [opt-out@bflcanada.ca](mailto:opt-out@bflcanada.ca). The legislation does not require your consent for us to send you non-commercial electronic messages or any types of document by mail.

By clicking this box and submitting this application to BFL CANADA, I confirm having read and understood the above confidentiality agreement. I hereby give consent to BFL CANADA to send me information concerning my insurance program and any recommendations, advice or other related services, as well as newsletters, announcements, invitations, publications and other relevant information via email, text or other electronic means. I understand that I can unsubscribe from receiving such materials at any time.

Submit And Proceed !



# Step 8

You must indicate your FQM membership date, the effective date of your policy, your residence address and click on *Next*.

### CONTACT INFORMATION

**\*\* IMPORTANT - Since when are you a member of the association? \***

Date

**Effective Date Insurance Policy**

**what is your postal address \***

**Province \***

Select

**Suite**

**City \***

**Postcode \***

**Email \***

deve931@hotmail.com

**Phone \***

514 905 1771

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Was any time, you can communicate with one of our brokers who can provide you with additional information or advice regarding this insurance program. Contact Mr. Déve Barthelemy at 1-800-465-2842 or by email at [dbarthelemy@bflcanada.ca](mailto:dbarthelemy@bflcanada.ca)

# Step 9

You must answer the following subscription questions:

1- Your gross annual salary related to your massage therapist activities;

2- The percentage of your activities outside Canada;

3- The location of your practice;

4- The types of profession you practice.

## APPLICANT INFORMATION

What are your annual professional fees? \*

Professional Fees

What is the % of your activities carried outside of Canada? \*

Select

What is the location(s) of your practice? \*

- Personal residence
- Home's client
- Massage therapy center
- Rented local
- Spa / Care Centers

Profession type (please indicate only those for which you require insurance. Some activities will create a surcharge of your premium) \*

- Massotherapy
- Naturopathy / Naturotherapy
- Iridology
- Craniosacral therapy
- Tai chi / Qi Gong
- Pilates
- Hydrotherapy
- Nutritional consulting
- Chinese medicine
- Gua Sha
- Bowen therapy
- Acupressure
- Chair massage
- Hypnotherapy
- Aromatherapy
- Foot care
- Yoga Thai
- Biofeedback
- Homeotherapy
- Herbology
- Heat treatment
- Physiotherapy
- Reiki
- Kinesitherapy
- Chiropractice (< 20%)
- Reflexology
- Aquafitness
- Crystal healing
- Tuina
- Ionization
- Osteopathy
- Moxibustion
- Chiropractice (> 20%)
- Shiatsu
- Kinesiology
- Energy work
- Yoga
- Esthetic care
- Therapeutic touch
- Orthotherapy
- Detox
- Laser acupuncture
- Cupping
- Acupuncture

# Step 10

You must answer the following subscription questions and click on *Next*.

## UNDERWRITING QUESTIONS

1. In the past 6 (six) years did you file any claims in regards of your professional services, general liability or property insurance or are you aware of any situation that could give rise to a claim ?

Yes  No

2. Is it the first time that you subscribe to a Professional Liability policy ?

yes  No

3. In the past 6 (six) years has an insurer refused to renew, cancel or decline a Professional Liability policy for you ?

Yes  No

4. Are all your operations in Canada?

Yes  No

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Was any time, you can communicate with one of our brokers who can provide you with additional information or advice regarding this insurance program. Contact Mr. Déve Barthelemy at 1-800-465-2842 or by email at [dbarthelemy@bflcanada.ca](mailto:dbarthelemy@bflcanada.ca)


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# Step 11

You must make your choice of insurance coverage and click on *Next*.

## RATES & COVERAGE

**Effective Date Insurance Policy**  
01 mai 2018 

### MANDATORY COVERAGE

COVERAGE	COVERAGE LIMIT PER CLAIM	DEDUCTIBLE	ANNUAL PREMIUM	PRORATED PREMIUM
Professional Liability	1,000,000.00 \$	250.00 \$ Per occurrence	85 \$	85 \$

### OPTIONAL COVERAGE

COVERAGE	COVERAGE LIMIT PER CLAIM	DEDUCTIBLE	ANNUAL PREMIUM	PRORATED PREMIUM
Comprehensive general liability Optional Coverage Required ? <input checked="" type="radio"/> Yes <input type="radio"/> No	1,000,000.00 \$	250.00 \$ Per claim	30 \$	30 \$

### OPTIONAL COVERAGE

COVERAGE	COVERAGE LIMIT PER CLAIM	DEDUCTIBLE	ANNUAL PREMIUM	PRORATED PREMIUM
Professional content coverage Optional Coverage Required ? <input type="radio"/> Yes <input checked="" type="radio"/> No	-	250.00 \$ Per occurrence	0.00 \$	0.00 \$

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# Step 12

You must check the selected protections and click on *Next*.

*The platform confirms at this stage the total amount to be paid.*

### REVIEW RATES

**Effective Period**  
01 mai 2018 to 01 mai 2019

#### MANDATORY COVERAGE

COVERAGE	COVERAGE LIMIT PER CLAIM	DEDUCTIBLE	ANNUAL PREMIUM
Professional Liability	<b>1,000,000.00\$</b>	250.00 \$ Per occurrence	85.00 \$

#### OPTIONAL COVERAGE

COVERAGE	COVERAGE LIMIT PER CLAIM	DEDUCTIBLE	ANNUAL PREMIUM
Comprehensive general liability	<b>1,000,000.00\$</b>	250.00 \$ Per claim	30.00 \$

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<b>SUB-TOTAL PREMIUM</b> (for Mandatory and any Optional Coverage(s) Selected)	<b>115.00\$</b>
<b>PROVINCIAL SALES TAXES (9%)</b>	<b>10.35\$</b>
<b>Professional Fees</b>	<b>5.00\$</b>
<b>TOTAL AMOUNT PAYABLE</b>	<b>130.35\$</b>

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# Step 13

You must pay the premium by credit card or check and click on *Next*.

Ex. Credit Card Payment:  
Click on *PAY NOW*  
Enter cardholder name, credit card number and expiry date.  
Then Click *Pay Now*.

**PAYMENT METHODS**

Total Payment	130.00 \$
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**PAYMENT BY CREDIT CARD** PAY NOW

**Name on Card**

**Card Number**

**Expire Date** **CCV**

mm/yy	<input type="text"/>
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**Pay Now**

**PAYMENT BY CHEQUE** PAY NOW

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**Previous** **Next**

# Step 14

You must click  
*Generate Certificate.*

Your certificate of  
insurance will be  
automatically sent to  
you by email.

VOTRE PAIEMENT TERMINE!

Votre Aperçu copie des certificats disponibles ci-dessous ! Cliquez sur " Générer certificat " maintenant et obtenez votre certificat pour vous email et remplissez le transation . Je vous remercie

Générer certificat

CERTIFICAT 1



## RESPONSABILITÉ PROFESSIONNELLE

Souscrite auprès de certains Souscripteurs du Lloyd's («l'assureur») par l'intermédiaire du Courtier mandataire agréé du Lloyd's (« Courtier mandataire »)

### Services de Gestion TSW Inc.

3448 rue Stanley, Montréal, Québec H3A 1R8

Contrat :18FQM/F-001270

Courtier:

BFL CANADA risques et assurances Inc.

2001 avenue McGill Collège, bureau 2200 Montréal, Québec H3A 1G1

Nom de l'assuré désigné:

Fédération Québécoise des Massothérapeutes &



For any questions, please contact  
Déve Barthélemy at 514 905-1771  
[dbarthelemy@bflcanada.ca](mailto:dbarthelemy@bflcanada.ca)

