



# Fédération Québécoise des Massothérapeutes

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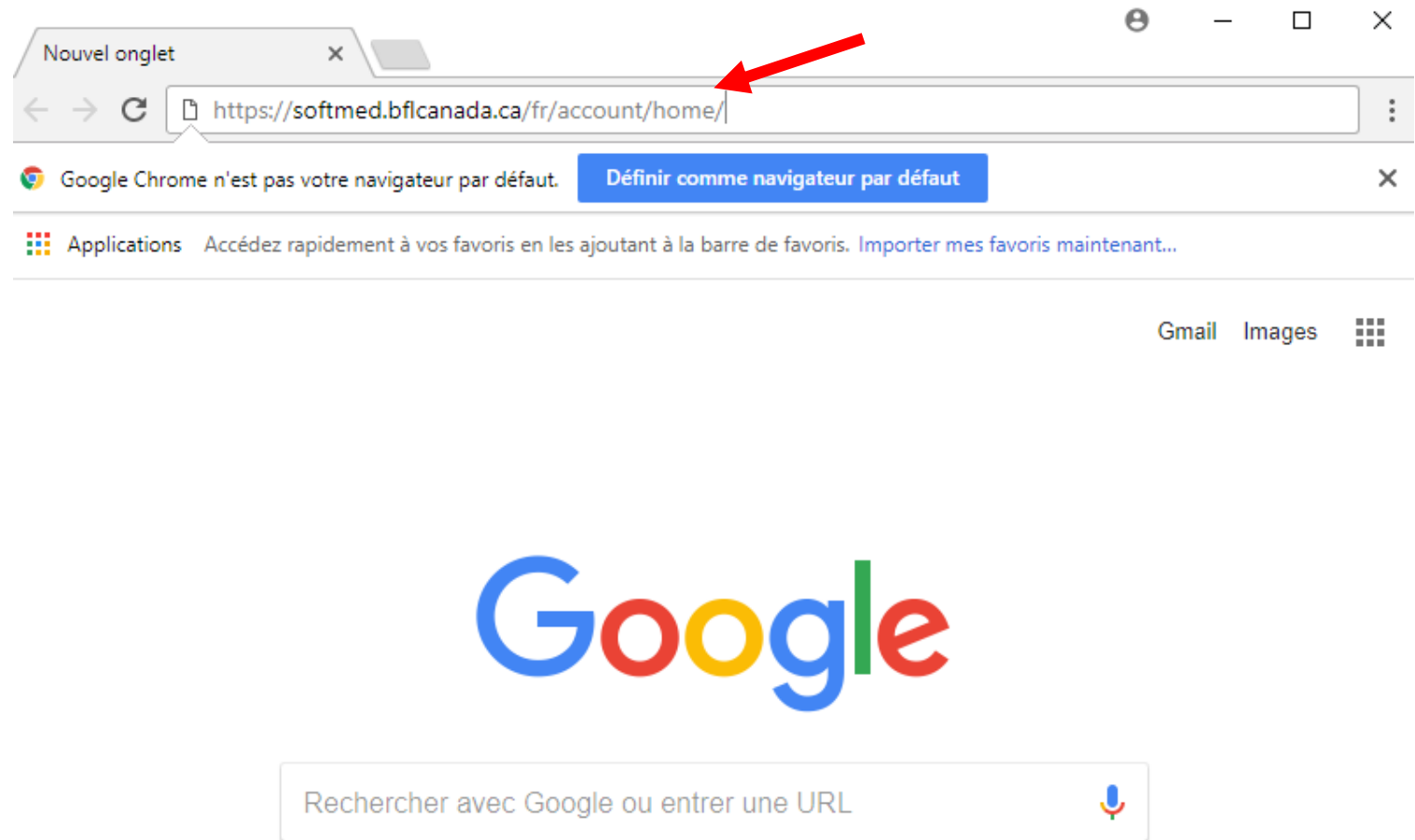
Create your insurance file on the BFL CANADA  
web platform.



# Step 1

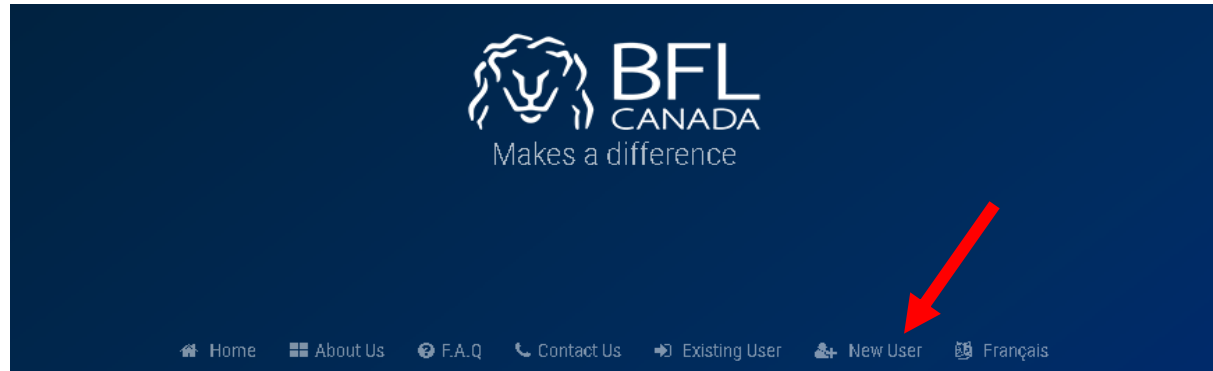
To access the platform, you must enter the following address in the search engine:

<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

Please select your association from the list of our partner associations

### SELECT ASSOCIATION








<b>ACNN (NATUROPATHS)</b>  MEMBERS OF ACADEMY OF NATUROPATHS & NATUROPATHISTS OF CANADA	<b>ACTMD</b>  Canadian Association of Therapists in Complementary Medicine	<b>AMQ</b>  L'ASSOCIATION DES MASSOTHÉRAPEUTES DU QUÉBEC (AMQ)
<b>ANBMT</b>  MEMBERS OF THE ASSOCIATION OF NEW BRUNSWICK MASSAGE THERAPISTS INC.	<b>ANPQ-ANQ-RMQ</b>  For the Listed Associations: ANPQ, ANQ, RMQ	<b>APD</b>  L'ASSOCIATION DES PODOLOGUES DIPLOMÉS
<b>AQTN</b>  L'ASSOCIATION QUÉBÉCOISE DES THÉRAPEUTES NATURELS	<b>ATCMA</b>  ASSOCIATION OF TRADITIONAL CHINESE MEDECINE AND ACUPUNCTURE OF BC	<b>CKC</b>  Canadian Kennel Club Package Liability Insurance Program
<b>CNA</b>  CANADIAN NATUROLOGICAL ASSOCIATION	<b>CPOQ</b>  Corporation des professionnels ostéopathes du Québec	<b>FQM</b>  Fédération Québécoise des Massothérapeutes
<b>Independent RMT</b>  Independent Registered Massage Therapist Non-Association Members	<b>MTAS</b>  MEMBERS OF THE MASSAGE THERAPIST ASSOCIATION OF SASKATCHEWAN	<b>OMP</b>  OSTEOPATHIC MANUAL PRACTITIONERS
<b>PESC</b>  Programmes d'Enseignement Sportif et Culturel	<b>RES</b>  Regroupement For Somatique Education / CANSTAT	<b>RITMA</b>  RITMA

## 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

 First Name	 Last Name
 Phone	
 Email	 Confirm email
Personal 	Select association 
Submit	

# Step 5

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

## SET YOUR PASSWORD

ENTER YOUR PASSWORD AND CONFIRM PASSWORD HERE

 Password

 Confirm Password

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

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 Barthelémy at 1-800-465-2842 or by email at [dbarthelemy@bflcanada.ca](mailto:dbarthelemy@bflcanada.ca)

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# 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

☐ Massage therapy center

☐ Rented local

☐ Spa / Care Centers

☐ Home's client

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

☐ Massotherapy

☐ Acupressure

☐ Reiki

☐ Shiatsu

☐ Naturopathy / Naturotherapy

☐ Chair massage

☐ Kinesitherapy

☐ Kinesiology

☐ Iridology

☐ Hypnotherapy

☐ Chiropractice (< 20%)

☐ Energy work

☐ Craniosacral therapy

☐ Aromatherapy

☐ Reflexology

☐ Yoga

☐ Tai chi / Qi Gong

☐ Foot care

☐ Aquafitness

☐ Esthetic care

☐ Pilates

☐ Yoga Thai

☐ Crystal healing

☐ Therapeutic touch

☐ Hydrotherapy

☐ Biofeedback

☐ Tuina

☐ Orthotherapy

☐ Nutritional consulting

☐ Homeotherapy

☐ Ionization

☐ Detox

☐ Chinese medicine

☐ Herbology

☐ Osteopathy

☐ Laser acupuncture

☐ Gua Sha

☐ Heat treatment

☐ Moxibustion

☐ Cupping

☐ Bowen therapy

☐ Physiotherapy

☐ Chiropractice (> 20%)

☐ 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 Barthelémy 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	<input type="text" value="1,000,000.00 \$"/>	250.00 \$ Per occurrence	85 \$	<input type="text" value="85 \$"/>

### OPTIONAL COVERAGE

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

### OPTIONAL COVERAGE

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

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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	1,000,000.00\$	250.00 \$ Per occurrence	85.00 \$

OPTIONAL COVERAGE

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

SUB-TOTAL PREMIUM

(for Mandatory and any Optional Coverage(s) Selected)

115.00\$

PROVINCIAL SALES TAXES (9%)

10.35\$

Professional Fees

5.00\$

TOTAL AMOUNT PAYABLE

130.35\$

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# Step 13

Choose your payment option.

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

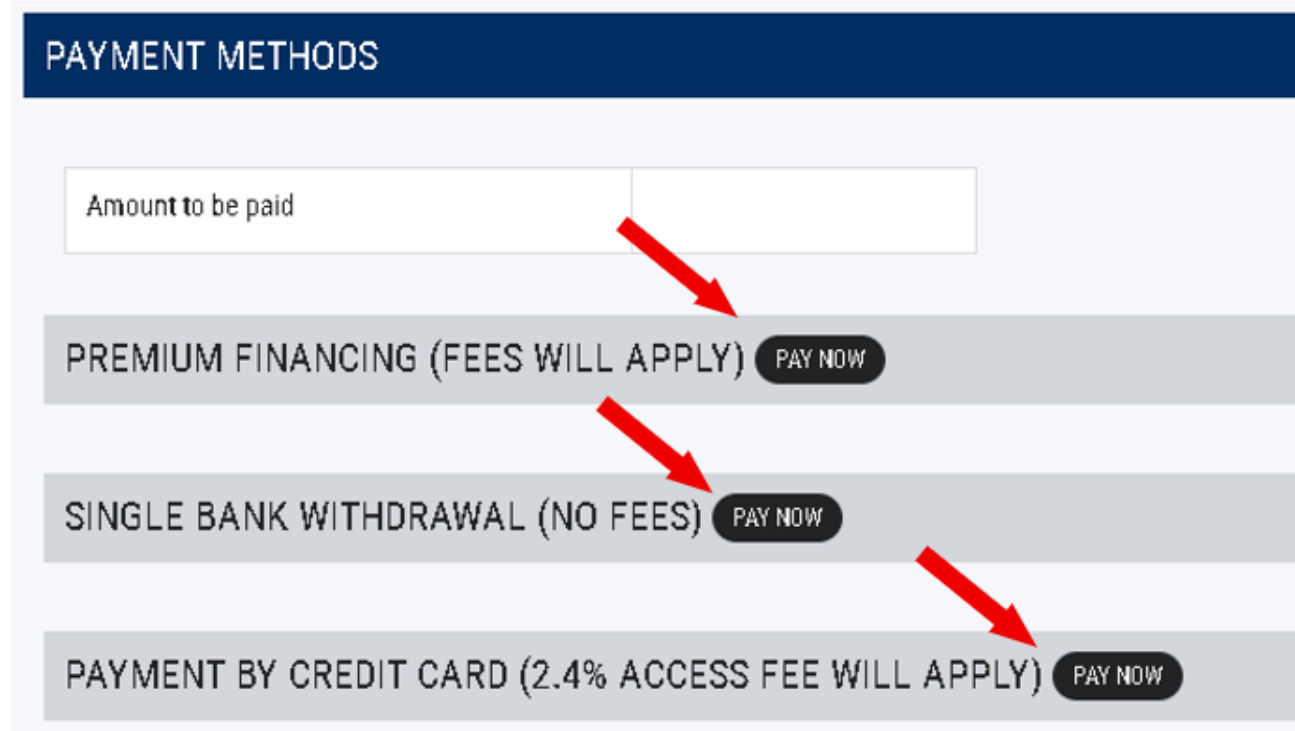
**PAYMENT METHODS**

Amount to be paid

**PREMIUM FINANCING (FEES WILL APPLY)** **PAY NOW**

**SINGLE BANK WITHDRAWAL (NO FEES)** **PAY NOW**

**PAYMENT BY CREDIT CARD (2.4% ACCESS FEE WILL APPLY)** **PAY NOW**



# Step 14

You must click  
*Generate Certificate.*

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

**PAYMENT METHODS**

Amount to be paid	
Amount Paid	
Balance	

**\* IMPORTANT - Your transaction has been successfully completed,**  
Click the **GET YOUR CERTIFICATE** button below to generate your documents and receive them by email

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Get your Certificate



For any questions, please contact  
Digital at 438 260 1889  
[digitalsupport@bflcanada.ca](mailto:digitalsupport@bflcanada.ca)

