

SOFTMED Online Platform

Proceed to your ATCMA Program insurance renewal on BFL CANADA SOFTMED online platform



To access the platform, you must enter the following link in the address bar or your browser:

https://softmed.bflcanad a.ca/en/account/home/





Click Existing User to move on.



🚓 Home 📲 About Us 🛛 @ F.A.Q 🔍 Contact Us 🔮 My Profile 🔐 Change Password 🔒 Logout(Laura) 🚳 Français

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.

PLEASE SELECT ONE OF THE FOLLOWING SERVICES

4+ New User

Existing User



Click on the FORGOT PASSWORD link



ACCOUNT AUTHENTICATION ENTER YOUR EMAIL TO LOGIN YOUR ACCOUNT



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Enter your email address (the same email address you receive our notification email) then click the **REQUEST NEW PASSWORD** button to receive by email a link to reset your password.

🛛 🚜 Home 📲 About Us 🛛 P.A.Q 🔍 Contact Us 🚽 Existing User 🛛 🚑 New User 🔯 Français

RESET PASSWORD REQUEST

WE WILL SEND YOU A TEMPORARY PASSWORD TO YOUR EMAIL ADDRESS ENTERED BELOW. BE ADVISED THAT CERTAIN FREE EMAILS (@YAHOO.COM, @HOTMAIL.COM, ETC.) HAVE VERY STRICT SPAM FILTERS, AND MAY CAUSE SENDING EMAILS TO THESE ADDRESSES TO BE TREATED AS SUCH. PLEASE USE AN ALTERNATE EMAIL ADDRESS, LIKE @GMAIL.COM INSTEAD, FOR CASES LIKE THESE.







After clicking the link in your email, it will bring you back to this page to reset your password. Choose a password, confirm it then click the UPDATE PASSWORD button.

RESET PASSWORD PLEASE ENTER A NEW PASSWORD BELOW





TO RENEW YOUR POLICY

Select EXISTING USER.



🚓 Home 📰 About Us 🛛 🚱 F.A.Q 🔍 Contact Us 🛔 My Profile 🖬 Change Password 🔒 Logout(Laura) 🖄 Français

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PLEASE SELECT ONE OF THE FOLLOWING SERVICES

A+ New User

Existing User



Log in using your email address and your newly chosen password.





TO RENEW YOUR ATCMA INDIVIDUAL POLICY

Click the PROCEED WITH YOUR RENEWAL button to renew your Individual policy. Follow the onscreen instructions and complete your payment.





NOTE**

If you do not currently have a Clinic Policy but need to add one this year, make sure you answer YES to question 5: "Do you own and manage a clinic" and question 5(A) when you process your Individual Policy. The **Clinic Application will** then show on the home page once you have completed your individual policy renewal.

5. Do you own and manage a clinic? *
● yes ○ no



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Change Password

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Home

About Us

F.A.Q

📞 Contact Us

TO RENEW YOUR ATCMA INDIVIDUAL POLICY

You must verify your information, update it if necessary and click on the Next button of every page until the payment step.

CONTACT CLIENT (ACTIVE)	APPLICATION	RATES & COVERAGE	REVIEW	PAYMENT	GENERATE CERTIFICATE

CONTACT INFORMATION

Effective Date of your Insurance Policy		
31-Aug-2022		
What is your mailing address? *		Province *
7 - 5725 Wharf Avenue		British Colombia \sim
Suite	City *	Postal code *
	Sechelt	VON 3A0
Email *	Phone *	
iohndoe@gmail.com	612 111 1111	

Check this box if your work address is the same as mailing address.

What is your work address? * 7 - 5725 Wharf Avenue			Province *
			British Colombia ~
Suite	City *	Postal code *	Construction Type *
	Sechelt	VON 3A0	Select
			Concrete building generally falls under Fire

Resistive/Non-Combustible.



TO RENEW YOUR ATCMA INDIVIDUAL POLICY

Once the payment of your premium is completed, your policy documents will be sent to you by email and will also be available for download.



PAYMENT METHODS

Total Payment	367.00 \$
Payment Paid	367.00 \$
Payment Due	0.00 \$

NO PAYMENT BY CHEQUE WILL BE ACCEPTED

* IMPORTANT - Your payment has been successfully completed,

Your policy documents are being generated and will be sent to you by email

At any time, you can communicate with one of our brokers who can provide you with additional information or advice regarding this insurance program. Contact Digital Support at 1-855-235-1889 (toll-free) or by email at digitalsupport@bflcanada.ca

TO RENEW YOUR ATCMA CLINIC POLICY

If you previously had a Clinic Policy, it will be available for renewal once you complete the payment for your Individual Policy.

TO RENEW YOUR ATCMA CLINIC POLICY

You must verify your information, update it if necessary and click on the Next button of every page until you complete the payment step.

Note: "Clinic operating name" is the business operating name you use but not necessarily a registered company name, for example, "ABC Acupuncture Clinic". It is a mandatory field. If you don't have a specific name you call your clinic, you can enter your personal name. "Registered clinic corporate name" is your full legal company name with Ltd./Inc./Corp. etc. registered for this operation. If you do have one, please make sure you enter it.

APPLICATION FORM

CONTACT CLIENT (ACTIVE)	APPLICATION	PATES & COVERAGE	REVIEW	PROMENT	CENERATE CERTIFICATE
CONTACT INFORMATIC	N				
Effective Date of your Insurance	Policy	Name of clinic owner *		Clinic operating name *	
31-Aug-2022	11	John Doe		Doe Clinic	
Registered clinic corporate nam	e (If Applicable)	Name Of All Subsidiaries And	Affiliates That Insura	ince is To Be included	
John Doe Herbs & Acupunct	are Ltd.				
Email *		Phone *		Year Incorporated	
johndoe@gmail.com					
Website					
What is your mailing address? *				Province *	
207 - 4885 Kings Court				British Colombia	~
Suite		City *		Postal code *	
		Burnahu		VSH 4T2	

NOTE **

If you see a "Referral to admin" message appear during your application process, it means something entered must be further reviewed by admin to be approved.

You will receive an email when the administrator completes the review and you can continue your application.

For any inquiry, contact Selina Zhang at 1-778-331-8627 or by email <u>szhang@bflcanada.ca</u>

