



# SOFTMED Online Platform

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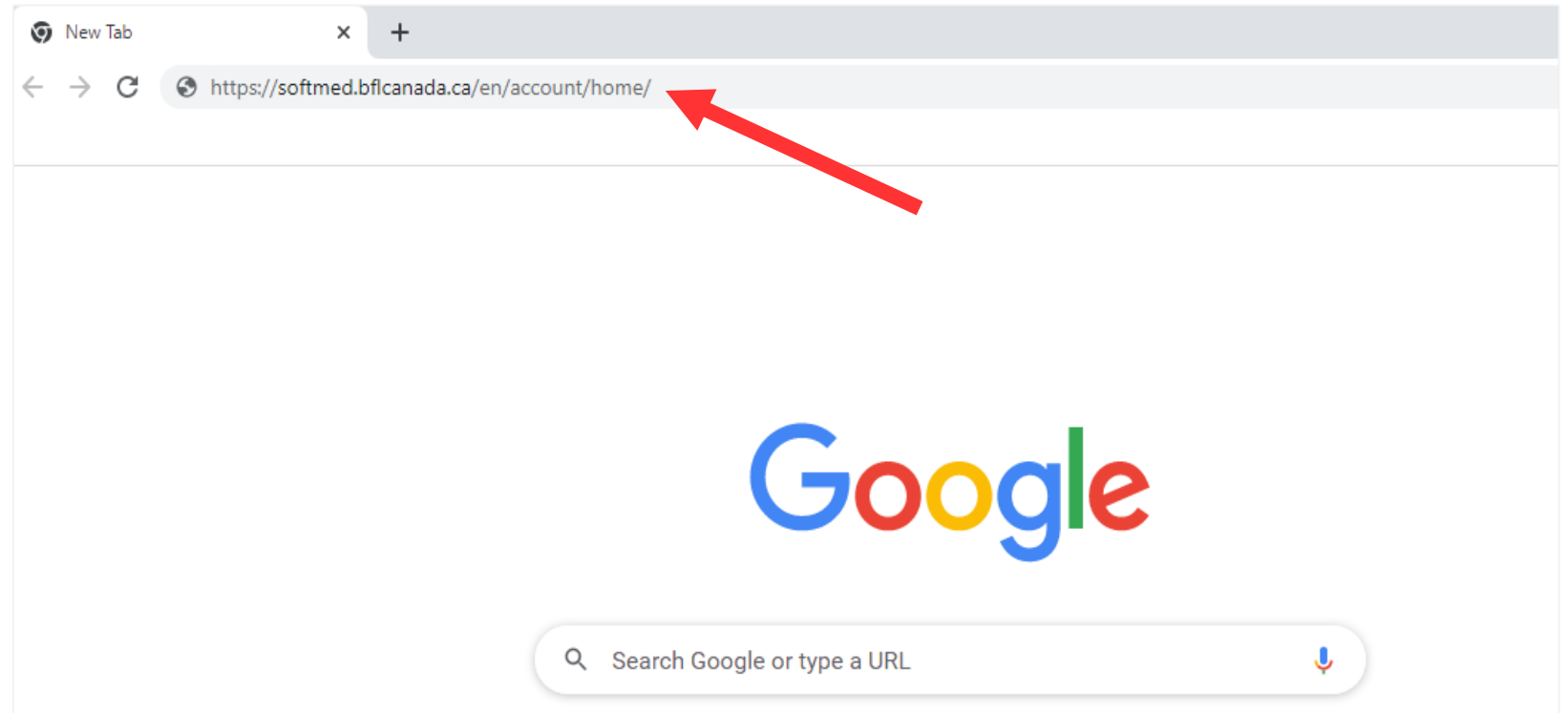
Proceed to your ATCMA Program insurance application on BFL CANADA SOFTMED online platform



## TO CREATE YOUR NEW POLICY

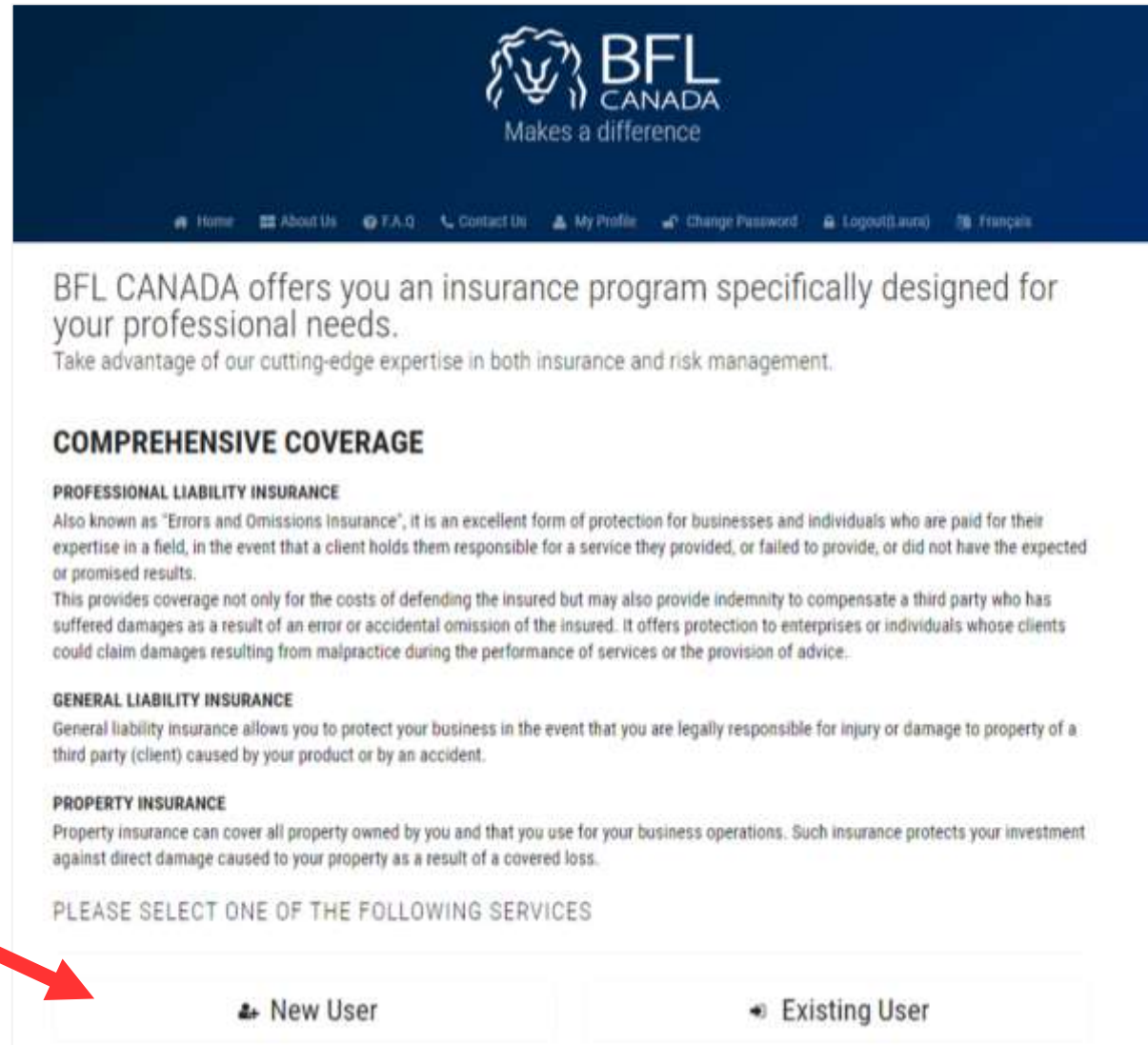
To access the platform, you must enter the following link in the address bar or your browser:

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



# TO CREATE YOUR NEW POLICY

Click New User to set up your profile.



**BFL CANADA**  
Makes a difference

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

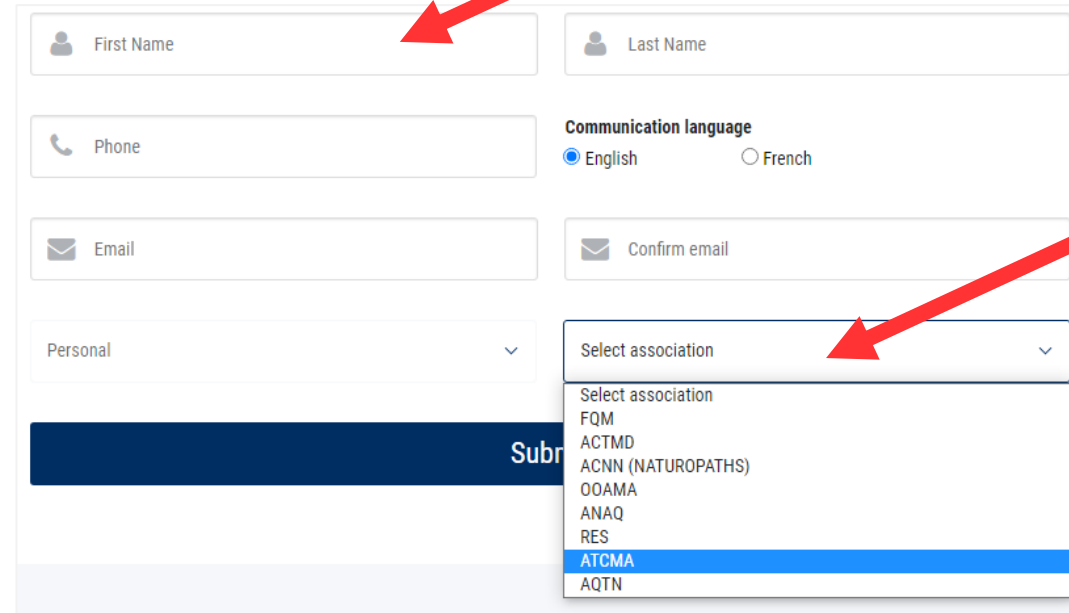
New User  Existing User

# TO CREATE YOUR NEW POLICY

Make sure to put full legal name (middle name can be entered in First Name field), this will be shown on your insurance policy declaration page as a Named Insured.

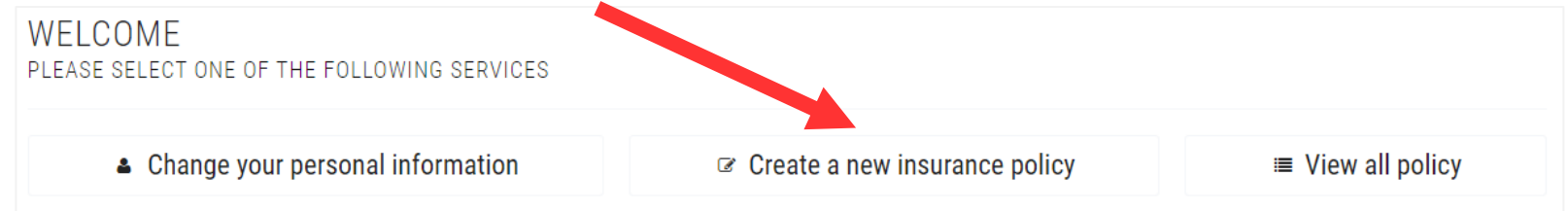
Select ATCMA as your association.

Click the “Create a new insurance policy” option.



Registration form fields:

- First Name
- Last Name
- Phone
- Communication language:  English  French
- Email
- Confirm email
- Personal (dropdown)
- Select association (dropdown menu open, showing options: FQM, ACTMD, ACNN (NATUROPATHS), OOAMA, ANAQ, RES, ATCMA (highlighted), AQTN)
- Submit button



WELCOME  
PLEASE SELECT ONE OF THE FOLLOWING SERVICES

- Change your personal information
- Create a new insurance policy
- View all policy

# TO CREATE YOUR NEW POLICY

Enter your information and click on the Next button of every page.

Make sure to select a date on or after 31 of August 2022.

Add an additional insured work location by clicking on the yellow button if you work at more than one clinic location.

**CONTACT INFORMATION**

Effective Date of your Insurance Policy  
31-Aug-2022

What is your mailing address? \*

Suite City \* Province \*  
Postal code \*

Email \* Phone \*

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

What is your work address? \*

Suite City \* Postal code \* Province \* Construction Type \*  
Concrete building generally falls under Fire Resistive/Non-Combustible.

**ADDITIONAL INSURED WORK LOCATION**

Add additional work locations

# TO CREATE YOUR NEW POLICY

Do you own and manage a clinic?

If you are the clinic owner and would like to purchase insurance to cover the clinic operation, please check “yes” on Q5 and Q5(A).

Clicking this option triggers a 2<sup>nd</sup> clinic policy application that you can complete after payment of this Individual policy (see slide 9).

## UNDERWRITING QUESTIONS

1. Are you a member in good standing with CTCMA?

yes  no

2. Are you a current ATCMA member? 25% premium surcharge applied if the answer is no.

yes  no

3. Are you a Registered Massage Therapist in British Columbia?

yes  no

4. Do you supervise any Students during their training sessions?

yes  no

5. Do you own and manage a clinic?

yes  no

**If yes please apply for a clinic policy in addition to this Individual policy**

5(A). Do you require Commercial General Liability and/or Property coverage for the clinic you manage?

Yes  No

# TO CREATE YOUR NEW POLICY

When the application is complete, select your payment method. Note 2.5% access fee will be added for the credit card payment option.

Single bank withdrawal means a direct withdrawal from your bank account. Please enter your chequing or saving account information.

PAYMENT

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

**PAYMENT METHODS**

Total Payment

**NO PAYMENT BY CHEQUE WILL BE ACCEPTED**

SINGLE BANK WITHDRAWAL **PAY NOW**

PAYMENT BY CREDIT CARD **PAY NOW**

## TO CREATE YOUR NEW POLICY

When payment is complete you will be directed to the certificate page.

These documents will also be emailed to you along with the individual policy wording, disclosure notice and a Markel legal advice wallet card.

### CERTIFICATE VIEW

CONTACT CLIENT    APPLICATION    APPLICATION    REVIEW    PAYMENT    GENERATE CERTIFICATE (ACTIVE)

#### CERTIFICATES

- Full Application-Individual
- Policy Declaration Page-Individual

Invoices

- Invoice - 2022-08-03 17:10:56

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](mailto:digitalsupport@bflcanada.ca)

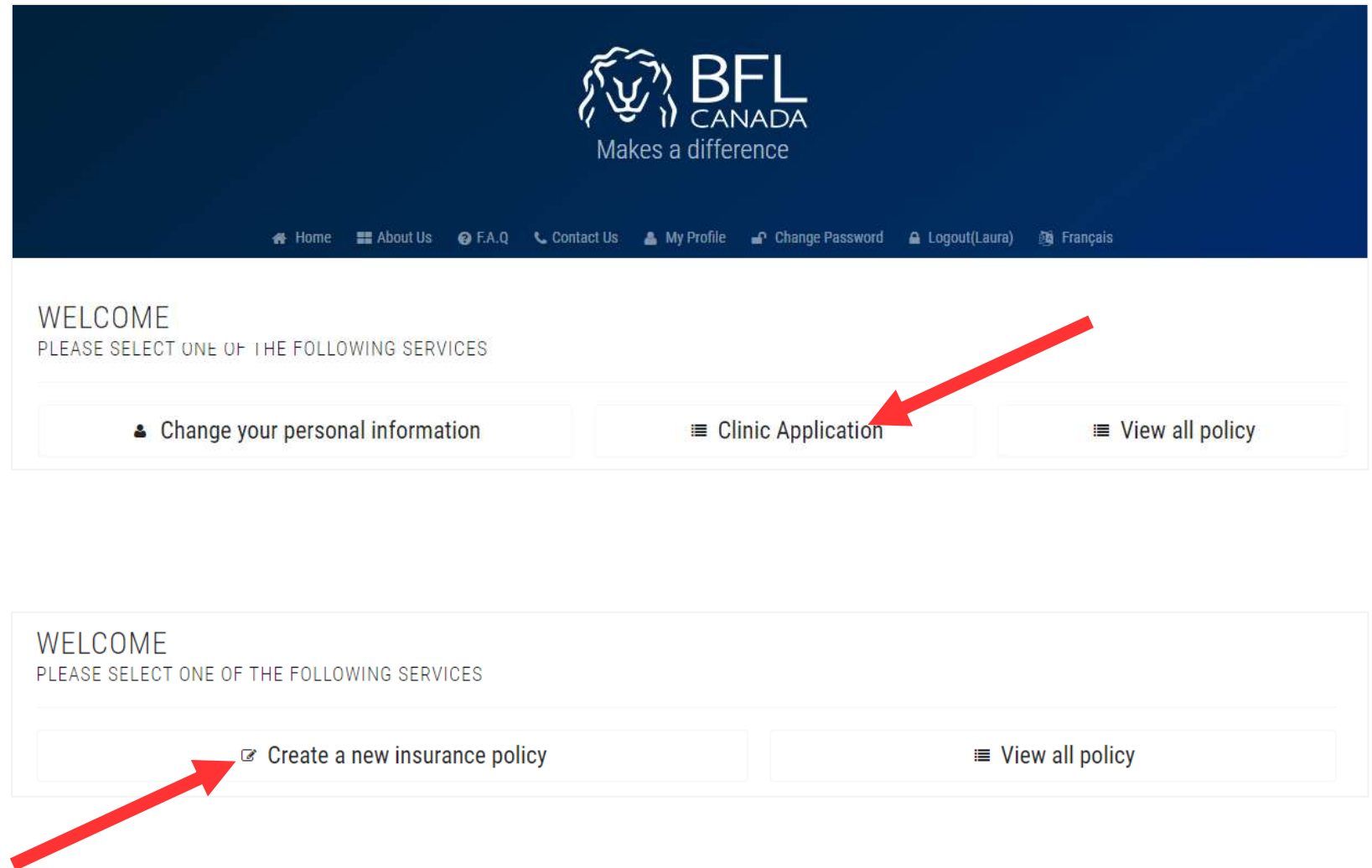
[Previous](#) [Finish](#)



## TO CREATE YOUR NEW POLICY

If you selected the “own and manage your own clinic” option (see slide 6), you will be directed to fill out a new clinic policy application.

If you are not automatically directed, click Home page, Clinic Application, and Create a new insurance policy.



The image shows two screenshots of the BFL Canada website interface. The top screenshot displays the website header with the BFL Canada logo and tagline "Makes a difference". Below the header is a navigation bar with links for Home, About Us, F.A.Q, Contact Us, My Profile, Change Password, Logout(Laura), and Français. The main content area shows a "WELCOME" message and a prompt to "PLEASE SELECT ONE OF THE FOLLOWING SERVICES". Three buttons are visible: "Change your personal information", "Clinic Application" (highlighted with a red arrow), and "View all policy". The bottom screenshot shows the same "WELCOME" message and prompt, but with two buttons: "Create a new insurance policy" (highlighted with a red arrow) and "View all policy".

# TO CREATE YOUR NEW POLICY

Fill out the application form.

“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.

Mailing address can be either your personal/home or clinic address.

## APPLICATION FORM



### CONTACT INFORMATION

Effective Date of your Insurance Policy

31-Aug-2022

Name of clinic owner \*

Clinic operating name \*

Registered clinic corporate name (If Applicable)

Name Of All Subsidiaries And Affiliates That Insurance Is To Be Included

Email \*

laurabicknell@bflcanada.ca

Phone \*

Year Incorporated

Website

What is your mailing address? \*

Province \*

Select

Suite

City \*

Postal code \*

# TO CREATE YOUR NEW POLICY

Are you required to add your landlord as an Additional Insured on your General Liability coverage by lease agreement or other written contracts?

If Yes, click Yes on this page and then provide the landlord's full legal company name and mailing address. Insured location address should match with the location owned by this landlord.

An Additional Insured endorsement and Certificate of Insurance (COI) issued to your landlord will be generated at the end of the renewal process.

**LANDLORD INSURANCE REQUIREMENT**

5. Do you have any landlord requiring you to add them as Additional Insured on your Clinic Commercial General Liability coverage? \*

Yes  No

If yes, please provide the landlord's full legal company name and mailing address

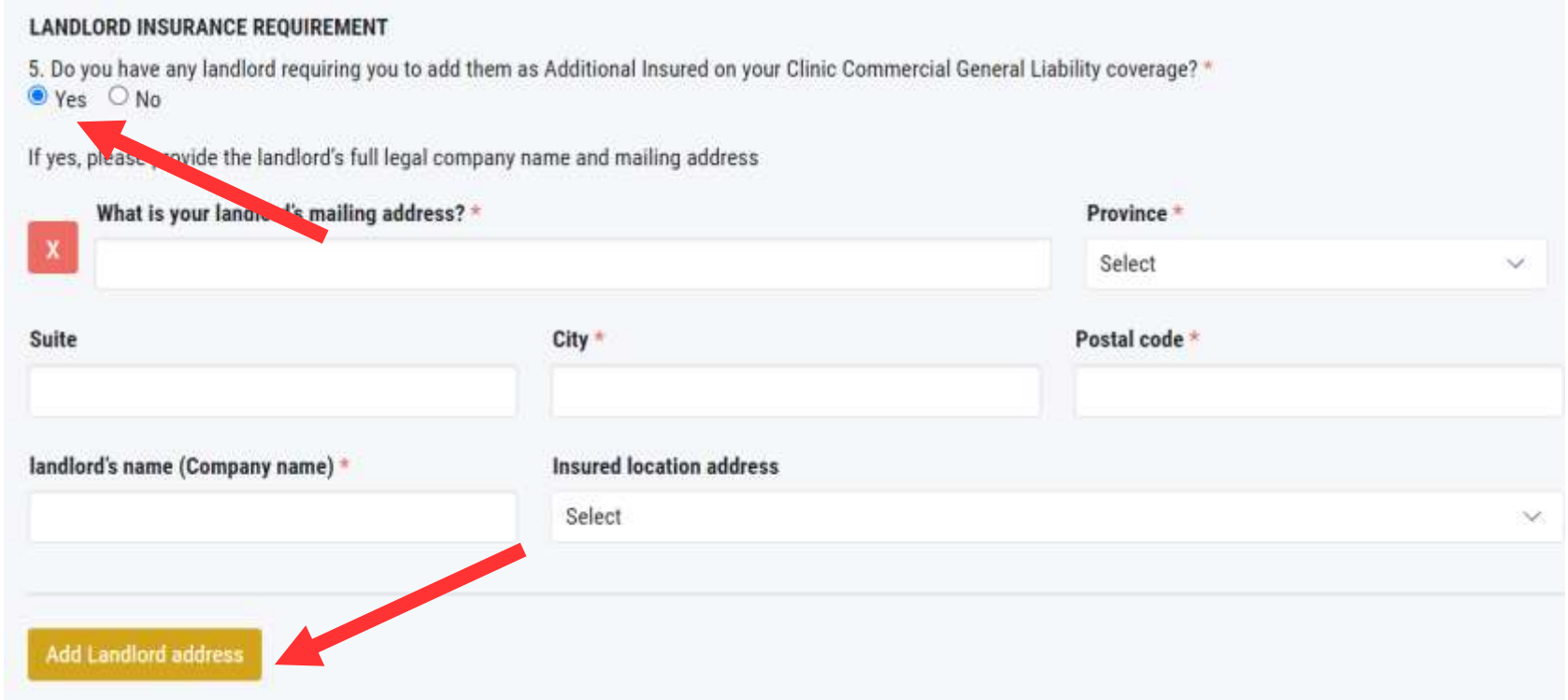
What is your landlord's mailing address? \*

Province \*

Suite City \* Postal code \*

landlord's name (Company name) \* Insured location address

Add Landlord address



# TO CREATE YOUR NEW POLICY

When payment is complete you will be directed to the certificate page.

These documents will also be emailed to you along with the clinic policy wording and disclosure notice. If you request to add landlord as Additional Insured, you will also receive an Additional Insured Endorsement (for your file only) and a Certificate of Insurance (COI) issued to your landlord.

## CERTIFICATE VIEW



### CERTIFICATES

Full Application-Clinic

Policy Declaration Page-Clinic

### Invoices

Invoice - 2022-08-03 19:37:09

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](mailto:digitalsupport@bflcanada.ca)

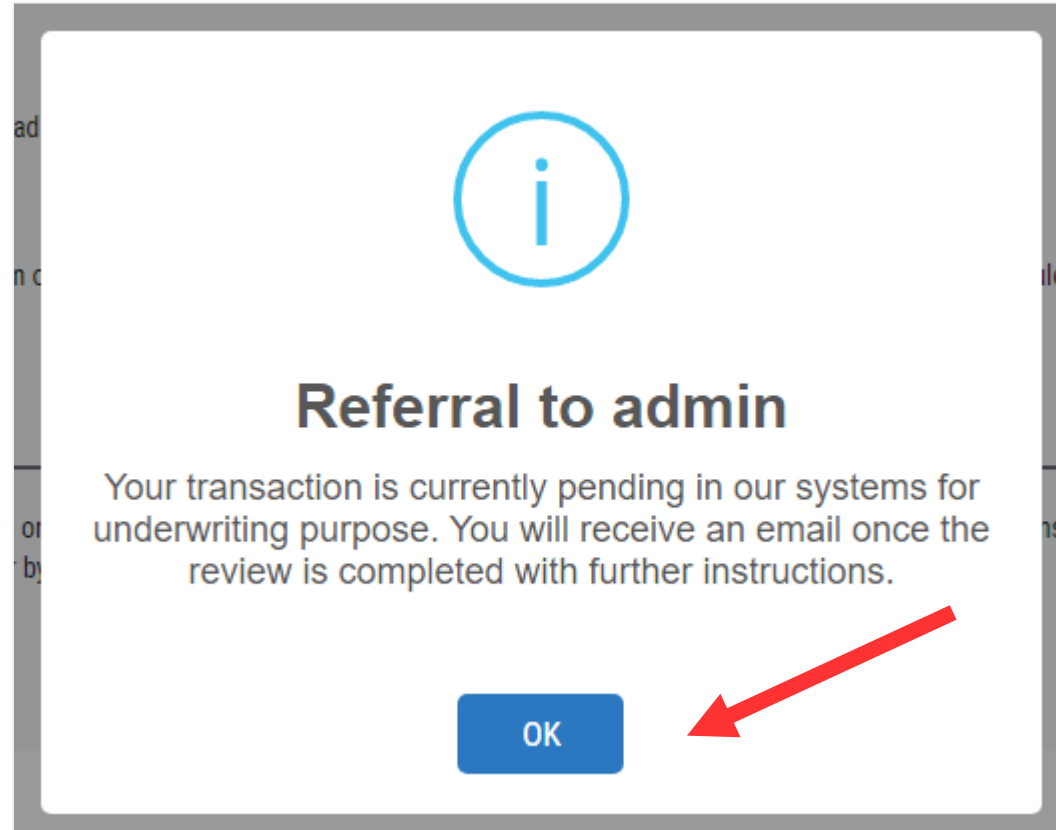
Previous

Finish

## 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 [szhang@bflcanada.ca](mailto:szhang@bflcanada.ca)

