

IMPACT

Insurance Brokers Inc

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Health & Wellness Program

PREMIER MARINE on behalf of Certain Lloyds Underwriters

INSURANCE APPLICATION FOR PAID MEMBERS OF PREVENTATIVE HEALTH SERVICES ANIMAL MASSAGE PRACTITIONER

INDICATE – SINGLE APPLICATION or SUPPLEMENTARY APPLICATION

Payment and this entire application must be mailed to:

Preventative Health Services, 15 Vicora Linkway, Suite 602, Toronto ON M3C 1A7 (416)423-2765

Please complete fully and remit full payment prior to January 1, 2011 in order to secure coverage.
A certificate will be mailed on receipt of this form and your payment.

Your Name _____

Street & Number _____ Is this your residence? Yes No
City/Town _____ Prov. _____ Postal Code _____
Phone # _____ e-mail _____

Are you a member of any Body Work/Massage Association? _____

Please include a copy of your Education Certificate

I am applying for the following coverage (please check appropriate box(es)):

1 Insurance Plan – Animal Massage
\$ 500.20

Optional Contents Insurance Protection – All Risk & Replacement Cost Basis / \$1,000 Deductible

2. Contents Limit of Liability \$ 5,000 Add \$ 81.00 (includes tax) to the amount noted above
 3. Contents Limit of Liability \$10,000 Add \$ 108.00 (includes tax) to the amount noted above
Contents Coverage is subject to a locked vehicle warranty.

COVERAGE RESTRICTIONS FOR ANIMAL MASSAGE PRACTITIONERS

- Coverage is not available to members of the IEBWA (International Equine Body Worker Assoc.)
- This application confirms that any animals visiting your premises must have all vaccination shots up to date prior to entering your property.
- Maximum Limit for Damage to any one animal \$50,000 in any one incident.

Agreement: I hereby agree that all fees/premiums paid to Impact Insurance Brokers in regards to this application for insurance are non-refundable. I state that I have no knowledge of any incident, pending claims or legal suits, nor have any been filed against me related to my practice as a complementary practitioner. I also understand that this insurance will not respond to any claims or suits arising from any modality/practice deemed outside of this policy. I understand that any false statements made in this application or future renewals shall void this application and render my insurance null and void.

I have read and understand the terms of insurance and enclose my payment of \$ _____

Practitioner

Dated

**Health & Wellness Program
Underwriters**

PREMIER MARINE on behalf of Certain Lloyds

INSURANCE APPLICATION FOR PAID MEMBERS OF PREVENTATIVE HEALTH SERVICES (SEE APPLICATION BELOW)

We are pleased to offer Professional Malpractice and General Liability Insurance. Only Practitioners of the Modalities specified, having successfully completed the requisite training and certified by an applicable School or Association, while practicing in Canada are insured under the policy.

Coverage provides a \$2,000,000 limit of liability for any single occurrence with an aggregate annual limit of \$6,000,000. Your policy is subject to the Terms, Conditions and Exclusions of the Master Policy that has been filed with Preventative Health Services. You may also access the policy wordings by visiting www.premiermarine.com

Please refer to your individual certificate of insurance for the deductible that applies to your policy.

IMPORTANT NOTICE – CLAIMS OR OCCURRENCES DURING POLICY TERM

Your malpractice coverage is a Claims Made form. All claims **MUST** be reported during the policy period in which you are first aware of a possible claim. Please ensure that any occurrence (even if no action against you has commenced) that **MAY** result in legal action is reported to Impact Insurance Brokers immediately. Failure to report an occurrence in the year in which it occurred/or when you were first aware of same will negate your insurance protection.

PLEASE NOTE – information relating to insurance applications forms.

Applicants agree to notify the company of any material change in the answers to the questions posed on the application, which may arise during the course of the policy and further understand that claims may be denied if information regarding these material changes was not provided.

The purpose of the application is to assist in the underwriting process. Information contained therein is specifically relied on in the determination of insurability. You, therefore, warrant that the information contained therein is true and accurate to the best of your knowledge, information and belief. The application shall be the basis of any insurance policy that is issued and forms part of the policy. A consumer report containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or any renewal, extension or variation thereof. Signing this form does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this form shall be the basis for the contract should a policy be issued.