

Health & Wellness Program

PREMIER MARINE on behalf of Certain Lloyds Underwriters

INSURANCE APPLICATION FOR PAID MEMBERS OF PREVENTATIVE HEALTH SERVICES

Make your cheque payable to Preventative Health Services and mail it to:
Preventative Health Services, 15 Vicora Linkway, Suite 602, Toronto ON M3C 1A7 (416)423-2765

New Applications are effective from date application received in our office.
A certificate will be mailed on receipt of this form. Policy Expiry January 1, 2010

Your Name _____

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

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

- Option #1 *Basic Insurance Plan modalities insured*
\$210.60 {\$195 Premium + \$15.60 Retail Sales Tax} +PHSG--Total \$240.60).....January 01 to January 01
- Acupressure Aromatherapy Aquatic Exercise Therapy Ayurveda Massage
- Bach Flower Remedy Biofeedback Body Talk Bowen Technique
- Brine Baths Chair Massage Chakra Balancing Crystal Healing
- Craniosacral Eden Energy Medicine Healing Touch Heller Work
- Hot Stone Massage Hydrotherapy Indian Head Massage Infrared Sauna
- Ionic Foot Detox Iridology Lomi Ancient Massage Nutrition Counseling
- Polarity Therapy Pranic Healing Qi Gong Raindrop Therapy
- Reflexology Reiki RMT (excluding Ontario) Relaxation Massage
- Shiatsu Swedish Massage Tai Chi Thai Massage
- Therapeutic Touch Touch for Health

ADDITIONAL MODALITIES – Please indicate if you are applying for any of these modalities:

- Option #2 *Insurance Plan inclusive of Option #1 and any of the following modalities*
\$275.40 {\$255 Premium + \$20.40 Retail Sales Tax} +PHSG--Total \$325.40).....January 01 to January 01
- Acupuncture – If other modalities are also practiced Bio Energetic Intolerance Elimination
- Emotional Free Tech (EFT) Homeopathy Hydro-massage Hypnotherapy
- Lymphatic Drainage Massage Meditational Yoga Meditation Training Sports / Deep Tissue Massage

- Option #3 *Insurance Plan inclusive of Option #1 & Option #2 and any of the following modalities*
\$ 437.40 (\$ 405.00 + \$ 32.40 Retail Sales Tax) +PHSG --Total \$487.40.... January 01 to January 01

- Animal Massage (Supplementary Application Required) Ear Candling Journey Practitioner
- NLP – Neuro Linguistic Moxibustion Indirect (excludes Direct Moxibustion)
- Theta Healing Trigenics

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

- 4. Contents Limit of Liability \$ 5,000 Add \$ 54.00 (includes tax) to the amount noted above
- 5. Contents Limit of Liability \$10,000 Add \$ 81.00 (includes tax) to the amount noted above

Contents coverage is subject to a locked vehicle warranty
Do you require signed waivers from all clients? ___ no ___ yes / Waivers are mandatory for Additional Modalities

Does your landlord or employer need to be added to the policy as an additional insured. If yes, please provide their name and mailing address.

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