

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 GROUP

Payment, copies of your certificates and this application must be mailed to:

Preventative Health Services, 15 Vicora Linkway, Suite 602, Toronto ON M3C 1A7 (416)423-2765 f-416-429-5658

Your Name _____

Street & Number _____ Is this your residence? __Yes__ No

City/Town _____ Prov. _____ Postal Code _____

Phone # _____ e-mail _____

1. Insurance Plan

\$210.60 {\$195 Premium + \$15.60 Retail Sales Tax, plus PHSG fee} January 01/2008 to January 01/2009

MODALITIES INSURED

Acupressure	Aromatherapy	Aquatic Exercise Therapy	Ayurveda Massage
Bach Flower Remedy	Biofeedback	Body Talk	Bowen Technique
Brine Baths	Chair Massage	Chakra Balancing	Crystal Healing
Craniosacral	Healing Touch	Heller Work	Hot Stone Massage
Hydrotherapy	Indian Head Massage	Iridology	Lomi Ancient Massage
Nutrition Counseling	Polarity Therapy	Pranic Healing	Qi Gong
Raindrop Therapy	Reflexology	Relaxation Massage	Registered Massage Therapy
Reiki	Shiatsu	Swedish Massage	Tai Chi
Thai Massage	Therapeutic Touch	Touch for Health	

2. Insurance Plan

\$275.40 {\$255 Premium + \$20.40 Retail Sales Tax, plus PHSG fee} January 01/2008 to January 01/2009

MODALITIES INSURED

Acupuncture – If other modalities are also practiced	Bio Energetic Intolerance Elimination
Deep Tissue Treatments	Sports Medicine
Homeopathy	Hypnotherapy
	Yoga Meditational

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

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

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

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