

IMPACT

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Insurance Brokers Inc

1600 Steeles Avenue West, Suite 214, Concord, Ontario L4K

Local (905) 660-6170 Fax (905) 660-6175 Toll Free 1-877-238-7054

Health & Wellness Program Underwriters

PREMIER MARINE on behalf of Certain Lloyds

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

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 is provided to the group with limits of \$2,000,000 any single occurrence with an aggregate annual limit of **\$6,000,000** for all claims from the group in one year. 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 at www.premiermarine.com/pages/4793
Please navigate as follows: Wordings – Commercial Lines – Beauty & Spa Program

Please refer to your individual certificate for information on 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.

SPECIAL NOTE – PRODUCTS LIABILITY

Please note that this insurance program is designed to offer coverages for only the products to sell that are associated with a respect to an insured modality. Coverage is not offered for any products manufactured, imported or relabeled.

SPECIAL NOTE – HYPNOTHERAPY

Coverage is not offered for entertainers nor for any past life regression work. Also, hypnotherapy coverage carries as specific sexual abuse exclusion either actual or alleged in the course of treatment or not.

SPECIAL NOTE – HEPATITIS/AIDS EXCLUSION

Please note that this insurance program carries a Hepatitis non A and AIDS/HIV exclusion for all covered modalities.

SPECIAL NOTE – WAIVERS

If you practice any modalities included in Plan 2 or 3 you must secure waivers from all your patients before starting treatment.

Although waivers are not mandatory for modalities included in Plan 1, we still encourage you to include a waiver as part of your patient evaluation process.

Preventative Health Services Group

www.preventativehealthservices.com

george@preventativehealthservices.com

Phone 416-423-2765

Fax 416-429-5658

REGISTRATION FORM FOR PREVENTATIVE HEALTH SERVICES GROUP

Please enroll me in the Preventative Health Services Group.

Mail payments to Preventative Health Services, 15 Vicora Linkway, Suite 602, Toronto ON M3C 1A7

Your Name

Number and Street

City/Town _____ Postal Code

Phone # _____ email _____

Work or Cell. Phone # _____

Schools Attended

_____ Certificate Attached

_____ Certificate Attached

_____ Certificate Attached

Annual Preventative Health Services Membership Fee _____

Option 1 - \$ 30.00

Option 2 - \$ 50.00

Option 3 - \$ 50.00

Payable to Preventative Health Services

Signature

Date