

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

SUPPLEMENTARY APPLICATION

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

Please complete fully and remit full payment prior to January 1, 2010 in order to secure coverage.

A certificate will be mailed on receipt of this form along with your payment to PREVENTATIVE HEALTH SERVICES.

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

Annual Premium \$ 498.20

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

Premium Breakdown (Premium \$ 375.00 + Company and Broker Fees \$ 40.00 + Retail Sales Tax \$ 33.20 + Preventative Health Membership \$ 50.00) = \$ 498.20