

## INSURANCE APPLICATION FOR COLLEGE OF MASSAGE THERAPISTS OF ONTARIO

The insurance program is designed for individual Registered Massage Therapists practicing in Ontario. The coverage provides for a \$2,000,000 limit of liability and satisfies the requirements set forth by your College. We now cover all "Complementary Modalities" as part of your standard policy.

- Eligibility** - Applicants must be members in good standing of the College of Massage Therapists of Ontario
- Completion of an application does not bind the insurance company to issue coverage. It is possible an applicant may not be accepted based upon the information provided in the application.
  - Coverage becomes effective on the date the completed application and premium are received. No backdating is permitted.

Read this application carefully and complete where required. Your compliance entitles you to participate in the Professional Malpractice and General Liability Policy established for practitioners licensed by the College.

### Insured Modalities – **NEW for 2011**

In addition to the practice of registered massage therapy, the following modalities are included as insured practices: **Alexander Technique, Aromatherapy; Reflexology; Cranial Sacral** (excluding spinal manipulation/chiropractic treatments); **Feldenkrais, Electrical Therapies, Guided Imagery, Inhalation Therapy, Kinesiology, Meditation , Osteopathy** (excluding spinal manipulation/chiropractic treatments); **Pilates, Reiki** (first degree); **Therapeutic Touch, Touch for Health, Trager, Yoga.**

### Important Notice

This policy excludes all coverage for claims resulting from any alleged or actual sexual abuse or molestation, including defense costs for criminal abuse charges. The practice of Acupuncture is NOT covered by this program.

### Claims or Occurrences – New Policies

Any known situations, prior to the inception of your coverage, that may result in legal action are deemed to be outside of this policy and are not covered.

You are required by the College to confirm renewal of your policy by November 1<sup>st</sup> or at time of licensing.

Please detach and return the completed form below along with your payment to **Impact Insurance Brokers Inc.** Your certificate confirming coverage will be mailed on receipt of the return portion and premium payment.

### Premium Summary – ALL PREMIUMS ARE FULLY EARNED AND RETAINED

Policy Term	Premium	HST	Total Due
Insurance			Cheques are payable to Impact
November 1, 2011 – November 1, 2012	\$ 200.00	\$ 16.36	\$ 216.00

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Impact Insurance Brokers  
214-1600 Steeles Ave. W., Concord ON L4K 4M2  
Ph (905)660-6170 Fx (905)660-6175

Name \_\_\_\_\_

Number and Street \_\_\_\_\_

City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_ email \_\_\_\_\_

Agreement: I hereby agree that all fees paid to Impact Insurance Brokers in relation to this application 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 registered massage therapist. I also agree and understand that this insurance will not respond to any claims or suits arising from any modality/practice deemed outside this policy. I understand that any false statements made in this application or subsequent 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 \$ \_\_\_\_\_  
Returned cheques will be charged a \$25.00 administration fee.

\_\_\_\_\_  
Signature (required) Date

**Please confirm if you practice**      Yoga       Pilates   
**Please include certificates of course completion.**