

INSURANCE APPLICATION FOR INDIVIDUAL MEMBERS IN GOOD STANDING WITH THE PREVENTATIVE HEALTH SERVICES ASSOCIATION

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

For Renewal applications please complete fully and remit payment prior to January 1, 2012 in order to secure coverage. Policy Expiry January 1, 2013. New Applications are effective from date application received in our office.

Your Name (PRINT) _____

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

{ \$165 Premium + \$25 Policy Fee + \$15 Broker Fee + \$18.40 HST + PHSF \$30 (Total \$253.40) MODALITIES INSURED

All therapies involving Registered, Relaxation and Therapeutic Massage and Services to Bring Relaxation to the Body and related Energy Healing Services in which the technician is certified in.

The follow additional Modalities are included in the Basic option #1 Plan:

- | | | | |
|---|--|--|------------------------------------|
| <input type="checkbox"/> Body Wraps | <input type="checkbox"/> Baths/Steam | <input type="checkbox"/> Exfoliations by hand | <input type="checkbox"/> Facials |
| <input type="checkbox"/> Hydrotherapy/massage | <input type="checkbox"/> Infrared Sauna | <input type="checkbox"/> Ionization Detoxification | <input type="checkbox"/> Iridology |
| <input type="checkbox"/> Tai Chi/Qi Gong | <input type="checkbox"/> ** Do you Teach/Certify Option #1 Modalities – See supplementary application. | | |

Option 2. Basic Insurance Plan plus and any of the following modalities

{ \$225 Premium + \$25 Policy Fee + \$15 Broker Fee + \$23.20 HST + PHSF \$50 (Total \$ 338.20)

- | | | |
|--|---|--|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Aquatic Exercise | <input type="checkbox"/> Ear Candling |
| <input type="checkbox"/> Homeopath ** see "Special Notes) below page #1 and Page #3 | <input type="checkbox"/> Hypnotherapy | |
| <input type="checkbox"/> NLP – Neuro Linguistic | <input type="checkbox"/> Theta Healing | <input type="checkbox"/> Waxing / Sugaring |
| <input type="checkbox"/> Nutritional Consulting ** see "Special Notes" below page #1 and Page #3 | | |

Option 3. Basic Insurance Plan plus any modalities listed in options #2 and option #3

{ \$ 375.00 + \$25 Policy Fee + \$15 Broker Fee + \$ 35.20 HST + PHSF \$50 (Total \$ 500.20)

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Heilkunst | <input type="checkbox"/> Trigenics | <input type="checkbox"/> Indirect Moxibustion (please refer to Preventative Health Services) |
| <input type="checkbox"/> Animal Massage - Minimum \$650 premium (please refer to Preventative Health See "Special Notes" below page #3 | | |

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

- | | |
|---|---|
| <input type="checkbox"/> Contents Limit of Liability \$ 5,000 | Add \$75.00 plus \$ 6.00 tax to the amount noted above |
| <input type="checkbox"/> Contents Limit of Liability \$10,000 | Add \$100.00 plus \$8.00 tax to the amount noted above |

**** Contents Coverage is subject to a locked vehicle warranty.**

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.

**** Do you require signed waivers from all clients? no yes / Waivers are mandatory for Modalities in option #2 or option #3**

**** I have read and understand everything within pages 1, 2 & 3 of this application and understand the terms of insurance. I have enclosed my payment of \$ _____**

Practitioner Signature

Dated

Agreement: I hereby agree that all fees/premiums paid to Premier Marine and/or 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 deemed operations and/or services 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. It is understood and agreed that this policy is for one (1) individual and premium per individual.

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. 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.

SPECIAL NOTE – PRODUCTS LIABILITY

Please note that this insurance program is designed to offer coverage for only the products you sell that are associated with an insured modality. No Coverage will be offered for any products manufactured, mixes, blended, imported or relabeled other than Aromatherapy.

SPECIAL NOTE – No coverage will be offered on this policy for manufacturing, relabeling, blending or mixing of any product by the insured.

SPECIAL NOTE – HYPNOTHERAPY AND RELATED HYPNOTHERAPY OPERATIONS

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 – ACUPUNCTURE DIRECT MOXIBUSTION EXCLUSION

Please note that this insurance program will not cover/insure and loss caused by Direct Moxibustion Acupuncture. Indirect Moxibustion operations must be referred to the underwriter prior to binding coverage. **No coverage** is offered if the underwriter has not agreed and listed the coverage on the policy.

SPECIAL NOTE – DEDUCTIBLES

Please note that a \$2500 bodily injury deductible will apply to the following modalities (all other insured modalities will be subject to a \$1000 bodily injury deductible).

**Acupuncture Bowen Technique Ear Candling Massage Treatment using any heating method including but not limited to Cupping,
Hot Stone Massage, Hot Stem Massage/Facials**

IMPACT

Insurance Brokers Inc

Health & Wellness Program

1600 Steeles Avenue West, Suite 214, Concord, Ontario L4K 4M2

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

PREMIER MARINE on behalf of Certain Lloyds Underwriters

INSURANCE APPLICATION FOR INDIVIDUAL MEMBERS IN GOOD STANDING WITH THE PREVENTATIVE HEALTH SERVICES ASSOCIATION

SPECIAL NOTE – EXCLUSION TO TEACHING/CERTIFICATION TRAINING OPERATION GREATER THAN 20%

Please note that this insurance program will not respond to any claim of teaching &/or certifying any modality within option #1 (above) if the total gross receipts of the named insured exceed 20% of the overall gross receipts of services offered.

SPECIAL NOTE –TEACHING/CERTIFICATION TRAINING

Please note that this insurance program will not respond to any claim of teaching &/or certifying any modality within or outside of the modalities listed within option #1 (above).

SPECIAL NOTE – ANIMAL MASSAGE

Please note that a separate “Animal Massage” supplementary application must be completed prior to binding coverage. All animal massage operations must be referred to the underwriter prior to binding coverage. No coverage is afforded until the underwriter has agreed in writing to accept the operations and listed “Animal Massage” on the policy/Binder.

The maximum value sub limit will be \$50,000 maximum any one incident.

A \$5,000 bodily injury deductible applies to this operation.

SPECIAL NOTE – WAIVERS

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

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

SPECIAL NOTE – SALE OF WEIGHT LOSS/GAIN SUPPLEMENTS / NUTRITIONAL CONSULTING / HOMEOPATHY

Please note that there is no coverage for claims brought against you for the distribution or sale of weight loss or weight gain supplements. There is no coverage in this policy for any Nutritional Consulting operations offering ingestible foods and/or supplements other than following the “Canada Food Guide”

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.

Revised: November 2, 2011

Supplemental Questionnaire for Teaching Extension

(Teaching Extension not required if you are teaching Yoga/Qi Gong/Tai Chi and you are not certifying students for teaching the modality to others)

Teaching definition: any teaching to certify and/or qualify another to teach others.

Your policy does not extend coverage to the actions of your students. Examples of this would be:

- i) a student injuring another student during practical lessons,
- ii) a student or graduate causes harm to a patient and an allegation is made that the damages were in whole or in part as a result of insufficient or deficient lessons.

1. If you wish to add the *Teaching Extension* to your policy, please complete the questionnaire below and return it to Preventative Health. This extension offers you protection for such occurrences, but does not protect the student's interest.
2. Alternatively, we have made provisions that students may join the insurance program once they have completed the non-practical portion of the course. The policy would provide them with the same level of protection as your current policy.
3. Lastly, waivers can be obtained from the students, prohibiting them from taking action against you. While these forms are not foolproof and don't prevent persons from initiating legal actions against you, they are strong considerations for the courts.

- ** Teaching/Certifying Option 1 modalities to others but not exceeding 5% of total gross receipts
Please add \$25.00 + \$2.00 PST
- ** Teaching/Certifying Option 1 modalities to others but not exceeding 10% of insured total gross receipts
Please add \$30.00 + \$2.40 PST
- ** Teaching/Certifying Option 1 modalities to others but not exceeding 20% of total gross receipts
Please add \$50.00 + \$4.00 PST

Total Anticipated Gross Revenues : \$ _____

Total Teaching/Certification Receipts \$ _____

SPECIAL NOTE – EXCLUSION TO TEACHING/CERTIFICATION TRAINING OPERATION GREATER THAN 20%

Please note that this insurance program will not respond to any claim of teaching &/or certifying &/or qualifying another any modality within Option #1 (above) if the total gross receipts of the named insured exceed 20% of the overall gross receipts of services offered.

Signature and date is required only if requesting teaching coverage. Page #1 must also be signed and dated.

Practitioner Signature

Dated