

PROFESSIONAL & GENERAL LIABILITY FOR MEMBERS OF NEW BRUNSWICK MASSAGE THERAPISTS

Application

2010

Applicants Name _____ Email _____

Mailing address _____

City _____ Province _____ Postal Code _____

Daytime Phone _____ Evening Phone _____

Membership No. _____

PLEASE COMPLETE THE QUESTIONS BELOW:

Do you practice Acupuncture or Traditional Chinese Medicine? Yes No

Do you practice any other complementary modalities, e.g. reflexology, aromatherapy, cranial sacral? Yes No

Do you practice any modalities that fall outside the scope of practice as defined by the Association?
(Allergy testing, bach flower therapy, homeopathy, orthotics, osteopathy etc.) Yes No

Do you blend or manufacture any products or devices? Yes No

Do you have any knowledge or information of any negligent act, any error or omissions, or breach of duty that might give rise to a claim against you, or any reason to anticipate that a claim might be brought against you? Yes No

Provide details of all liability losses in the past 3 years on separate sheet. If none, check here

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE DETAILS ON A SEPARATE SHEET AND ATTACH TO THIS APPLICATION.

Your Policy will include:

\$5,000,000 Professional Liability, **\$5,000,000** General Liability, **\$25,000** Full Legal Expense, **\$5,000** Criminal Expense, **\$250,000** Tenants Legal liability and **\$5,000** Office Coverage (Including contents, loss of income, theft of money Etc.) *(Please see the policy for a complete list of coverages)*

By submitting this Application, you attest that the application has been completed accurately and honestly. No disciplinary action has been or is pending against you. You have never been the subject of any investigation, either civil or criminal, in connection with any sexual act, conduct, molestation and/or assault. You understand that your insurance certificate will provide evidence that you have been added as an individual participant with respect to the coverage and limits of the Master Policy. You understand that the coverage provided by your insurance certificate is subject to all the terms, conditions and exclusions contained in the Master Policy. You further understand that Novex Insurance Company will rely on the information you have provided in the Application. Failure to pay required premiums and/or false statements on this Application or subsequent renewals shall void this Application and render your insurance coverage null and void and you may be subject to further legal action for making false statements.

Signature		Dated	
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LACKNER MCLENNAN INSURANCE LTD.

423 King Street, North
Waterloo, ON N2J 2Z5
1-800-265-2625, Ext. 405 FAX 1-519-579-1151
EMAIL gsmith@lmcanada.com



For a full description of the policy coverage, please refer to the Association website.

If you have any questions regarding the coverage, please do not hesitate to contact our office.