MEMBERS OF THE ASSOCIATION OF NEW BRUNSWICK MASSAGE THERAPISTS INC.
COMMERCIAL GENERAL AND PROFESSIONAL LIABILITY INSURANCE
APPLICATION FORM

NOTE FOR ALL APPLICANTS:

- *You must be a practising or life member of the ANBMT and be registered and in good standing with the provincial regulatory body to purchase insurance through the ANBMT PLI program;*
- *This policy is designed to provide coverage to you as an **individual practitioner**.*
- ***There is no coverage for employees, contractors, business partners or for the operation of a massage therapy office/clinic**.*

All questions must be answered completely. If there is no answer, write "none" or "n/a" in the space provided. Where space provided is insufficient to fully answer, please use and attach separate sheet(s).

1. (a) Name of Applicant: _____

   (b) Mailing Address: _____

   (d) Email Address: _____

   (e) Telephone: _____ (f) Fax: _____

2. (a) Are you a member in good standing with the College of Massage Therapists of New Brunswick? Yes ☐ No ☐

   (b) Are you a member in good standing with the ANBMT? Yes ☐ No ☐

3. (a) Check all that apply:

   ☐ I am an employee / independent contractor / sub-contractor

   ☐ Rent or sub-lease commercial space within another party's massage therapy business/clinic

   Confirm the square footage: _____ square feet

   Confirm the full address for this location: _____

   _____

   If you own or operate a massage therapy business/clinic or if you employ staff, there is no coverage available under this program. You need to contact BFL Canada to arrange separate insurance for your business.

   (b) Are you employed by any sports teams and require additional coverage? Yes ☐ No ☐
   If Yes, contact BFL Canada.

4. Product Sales: This program allows coverage for up to $25,000 in product sales, but only if:
   - The products sold are directly related to your modality; and
   - The products are not manufactured by you; and
   - The products have not been tampered with, changed or re-labelled; and
   - The products are only sold to your existing clients.

   (a) Do you sell more than $25,000 worth of products in any one year? Yes ☐ No ☐

   If 'Yes' – note that there is no coverage in force if the sale of products exceeds $25,000 annually.

   (b) Do you manufacture any products? Yes ☐ No ☐

   If 'Yes' – note that there is no coverage in force for the manufacturing and/or the sale of products made by you.

Limits of Liability / Premium Options:

5. Make your coverage selection:

Type of Coverage	Limits of Liability	Deductibles	Annual Premium
Commercial General Liability Insurance *and* Professional Liability Insurance	$3,000,000 each claim / $5,000,000 Aggregate	$250 CGL $0 PL	$90.00
Commercial Property Insurance - coverage applicable **only** at "***Mailing Address***" listed in Question 1 above	$3,000 Limit of Insurance	$500	$Included
Add coverage for Acupuncture Modality ~ **$150.00** (enclose a copy of your registration):			$
Total Amount Due: *			**$**
**** Excluding any additional modality premiums due***			

6. Have you graduated from a recognized massage therapy school within the last year? Yes ☐ No ☐

   If Yes, please confirm:

   Your graduation date: _____

   Name of School: _____

Additional Modality Coverage:

7. Please check all that apply. Some modalities may require an additional premium charge. Note that you must provide proof, upon request, of up-to-date training and/or certification in the modalities that you are practicing:

Selection	Additional Modalities
☐	Acqua Lymphatic Therapy
☐	Acupressure, using Dolphin Neurostim
☐	Aesthetics (including manicure, pedicure, sugaring, waxing) **
☐	Bowen Therapy
☐	Concussion Therapy **
	➢ *Successful completion of ANBMT concussion therapy course required*
☐	Fitness Instructor **
☐	Gua Sha
☐	Lavashell
☐	Myofascial Cupping
☐	Nutrition Counselling (***excludes*** Dietitian or certified Nutritionist)
☐	Osteopathic Manual Techniques **
☐	Personal Training **
☐	Pilates **
☐	Radial Shockwave
☐	Reflexology (including Foot Reflexology)
☐	Shockwave Therapy **
☐	Sports Massage ***within*** RMT scope
☐	Registered Sport Massage Therapist / Registered Athletic Therapist

☐	Yamuna Body Rolling
☐	Yoga Instructor – Group Classes (minimum 200 hours recognized training) **
☐	Yoga – for Individual Clients only (minimum 200 hours recognized training) **
☐	Other Modalities:
***** The above Modalities must not constitute more than 30% of the Insured's overall practice***	

Prior Insurance & Activities

8. (a) Has the Applicant ever been declined, non-renewed or cancelled by an insurer for Professional Liability Insurance? Yes ☐ No ☐

   If Yes, explain: _____

   (b) Has the Applicant, or any of the Applicant's employees, ever been investigated by, or suspended from practice by, any governing body of his/her profession? Yes ☐ No ☐

   If Yes, explain: _____

   (c) In the past five years, has the Applicant ever had a claim made arising out of the performance of professional services for which coverage is requested? Yes ☐ No ☐

   If Yes, please provide the following details on a separate sheet:

   (a) Date of Claim (b) Claimant's Name (c) Nature of Claim (d) Current Status of Claim
   (e) Amount of Damages / Defence Costs incurred by or on behalf of the Applicant in respect thereof

THE APPLICANT DOES HEREBY PROVIDE THE FOLLOWING WARRANTY TO THE INSURER

9. Does the Applicant, any of the Applicant's employees or any other person proposed for this insurance have knowledge or information of any fact, circumstance or situation which could reasonably give rise to a claim which would fall within the scope of the proposed insurance? Yes ☐ No ☐

   If Yes, provide details: _____

   It is understood and agreed that if knowledge of any such facts, circumstances or situations exists, whether or not disclosed, any claim or action subsequently arising or developing therefrom shall be excluded from coverage under any policy issued by Trisura Guarantee Insurance Company.

PRIVACY DISCLOSURE AND CONSENT

The undersigned authorized representative acknowledges that any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this Application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of any investigation and inquiry in connection with this Application for insurance and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

FALSE INFORMATION

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals information concerning any fact material thereto for the purpose of misleading any insurance company or other person, commits a fraudulent insurance act which is a crime.

DECLARATIONS AND SIGNATURE

The undersigned authorized representative of the Applicant:

(i) declares, after inquiry, that the statements and representations set forth in this Application, and all materials submitted to or requested by the Insurer in conjunction with this Application, are true;
(ii) acknowledges that these statements, representations, and materials are relied on by the Insurer and that they shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be effected; and
(iii) agrees that if the information supplied in connection with this Application changes between the date of this Application and the effective date of any insurance effected pursuant to this Application, the undersigned will immediately notify

the Insurer of such changes, and the Insurer may withdraw or modify any outstanding indications, quotations and/or authorization or agreement to effect the insurance; and

(iv) acknowledges that any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this Application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of any investigation and inquiry in connection with this Application for insurance and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

COVERAGE CANNOT BE BOUND UNLESS:

- **THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED**
- **THE PAYMENT METHOD HAS BEEN CHOSEN – SEE BELOW**

Name of Applicant:	Date:
Signature	

Payment options:

☐ **Cheque or Money order** - payable to: **BFL CANADA Risk & Insurance Services Inc.**

☐ **Credit Card** - please note that there is a non-refundable system access fee of 2.5%;
A link to make payment will be provided to you.

☐ **Online Banking** - BFL CANADA clients can pay bills online at major Canadian Financial Institutions (noted below). You will only have to enter your customer code in order to proceed (customer code will be provided to you).

PLEASE CHOOSE WHICH METHOD OF PAYMENT YOU WISH TO UTILIZE.

Download, save as a PDF and return this Application Form to BFL Canada:

Kendall Wooding
BFL CANADA
T. 1-416-644-3521
E. anbmtinsurance@bflcanada.ca