



MASSAGE THERAPY CLINIC PROGRAM BUSINESS PROPERTY AND LIABILITY INSURANCE APPLICATION

APPLICANTS MUST BE DULY REGISTERED AND IN GOOD STANDING WITH THEIR PROVINCIAL MASSAGE THERAPY ASSOCIATION.

1.	(a)	(a) Name of Applicant:								
	(b)	(b) Business Name:								
	(c)									
			Street			С	ity			
			Province			P	ostal Cod	<u> </u>		
	(d)	Applicantis:	☐ Sole Proprieto	or 🗆 Corp	oration	☐ Partner	ship [Other:		
	(e) Confirm which provincial Massage Therapy Association you are a member of:									
		☐ Registered Massage Therapists' Association of Ontario								
		☐ Massage Thera	apy Association of I	Manitoba Inc.						
		☐ Massage Thera	apist Association o	f Alberta						
		☐ Association of	New Brunswick Ma	ıssage Thera _l	pists Inc.					
		☐ Massage Thera	apist Association o	f Saskatchew	an					
		☐ Other – confirm	n:							
	(f)	Confirm your Memb	ership Number:							
2.	Cor	Confirm the following information for the Business / Clinic:								
	(a)	(a) Confirm the Gross Annual Revenue of the Business: \$								
		(b) Does the Business provide any services, treatments or modalities in addition to Massage Therapy? Yes ☐ No ☐								
		If 'Yes', describe or list all of the treatments or modalities:								
3.	(a)	Do all of the massa	• 1	•	essionals th	hat you em _l	ploy purch	nase Yes 🗆] No □	
	(h)	their own Profession Do you obtain proof	-	•	bacic?			res ∟ Yes □		
	(D)	Do you obtain proo	or unis coverage c	ni ali aliliuali	Dasis:			163] 140 🖂	
4.	Pro	Provide the following details for the location to be insured:								
	A	Address of Location	n to be insured	Rent or Own?	Square Footag e		No. of Storie s	Fire Hydrant within 300m?	Fire Hall within 8 km?	
	l	s this location within	your home?	Yes 🗆	No 🗆	1			l	
	p	s this location in con premises, such as a p office complex?		Yes 🗆	No 🗆					

Does this location have:	Automatic Sprinkler SystemYes		No 🗆
	Burglar Alarm	Yes □	No 🗆
	Fire Alarm	Yes □	No 🗆
	Smoke/Heat Detector	Yes □	No 🗆
If this location is more than 25 years	Plumbing:	Heating:	
old, estimate the dates of upgrades:	Wiring:	Roofing:	

5. Coverage and Limits of Insurance for the insured location:

(a)	If you are a Tenant in a clinic or office environment at this location, does your lease cont requirements, such as the requirement at add your landlord as Additional Insured under your landlord		е
	Business Insurance Policy?	Yes 🗆	No 🗆
	If Yes, confirm your landlord's full name and address:		

(b) Confirm which coverage option you wish to purchase:

Important Notes:

- Those members with home-based businesses should not include personal contents nor the residence building values under this application. This application is intended to include coverage for BUSINESS PROPERTY ONLY.
- The Policy contains a 90% co-insurance clause with respect to your property assets this means you must insure to within at least 90% of the replacement value (equipment, tenant's improvements, computer) or cost inventory at each location, otherwise in the event of a claim, you could have your claim reduced to the extent of the under-insurance.
- (i) Standard Business Insurance Package ~ This option includes the following:

STANDARD BUSINESS INSURANCE PACKAGE			
Coverage Description	Coverage Limits	Annual Premium	
Business Contents	\$25,000	Included	
'Off Premises Property' for Massage Table	\$2,000	Included	
Business Interruption (Business Income and Extra Expense)	Included	Included	
Crime:			
Employee Dishonesty (Form A)	\$25,000	Included	
Money & Securities	\$10,000	Included	
Commercial General Liability:			
Each Occurrence & General Aggregate	\$1,000,000	Included	
Total Annual Premium		\$530	

(ii) Higher Limits ~ If you need to purchase higher limits, please indicate below:

Select	Coverage Description	Coverage Amount
	Business Contents To determine the "Value", estimate the current replacement costs for office furniture, clinical equipment, equipment, computers, tenant's improvements and cost price for inventory.	Value: \$

			Building Coverage To determine the "Value", estimate the current replacement cost of the Building	Value: \$	_			
		\$2,000,000 each Occurrence/General Aggregate						
			\$3,000,000 each Occurrence/General Aggregate					
			\$5,000,000 each Occurrence/General Aggregate					
			Professional Liability for Massage Therapy – Clinic Owners					
			\$1,000,000 each Occurrence/General Aggregate					
			\$2,000,000 each Occurrence/General Aggregate					
6.		-	ce been refused or cancelled in the past five years?	Yes □	No 🗆			
	If Ye	es, provide d	etails:					
7.		ne past five ye in cidents)?	ears, has the Applicant had any claim (include closed and open claims	Yes □	No 🗆			
	If Ye	es, please pro	e provide the following details on a separate sheet:					
	(b)	Date of Clair Claimant's N Nature of Cla	lame					
	(-)	Amount of D						
(e) Current Status of Claim								
PLI	EASE	AN	VERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN D DULY SIGNED AND DATED, AND THE APPLICABLE INSURANCE P APPLICABLE) HAVE BEEN PAID IN FULL.					
Αţ	plica	ant	Date					
Signature			Title					
Δ.	an!!:	otiono con le	ampailed a respect to the following and direct.					
A	pplica	ations can be	emailed or faxed to the following address: BFL CANADA Risk & Insurance Services Inc. 181 University Avenue, Suite 1700 Toronto, Ontario, M5H 3M7 Telephone: 1-(800) 668-5901 Fax: (416) 599-5458 Email: ccosme@bflcanada.ca or kgaetano@bflcanada.ca					

PAYMENT INSTRUCTIONS:

Sel	ect <u>one</u> of the following three options:
	Cheque or Money order: Make payable to: BFL CANADA Risk & Insurance Services Inc.
	Credit Card : Please note that there is a non-refundable system access fee of 2.5%. Payment link will be provided should this option be selected.
	Online Banking : Add <i>BFL CANADA</i> as <i>Payee</i> and do a "one-time transaction/payment" and pay the invoice online at major Canadian Financial Institutions (see below). You will only have to enter your customer code in order to proceed. Customer code to be provided, should this option be selected.
	CIBC LAURENTIAN Desjardins BANQUE NATIONALE ROYal Bank BMO C Scotiabank*