

REGISTERED MASSAGE THERAPISTS

Application for Professional & General Liability

This Application is for an Occurrence Form Policy

Please return the completed documents by fax, email or mail.
Thank You.



ALL QUESTIONS MUST BE ANSWERED COMPLETELY. INDICATE "N/A" IF A QUESTION IS NOT APPLICABLE. IF THE SPACE PROVIDED IS INSUFFICIENT TO ANSWER A QUESTION FULLY, PLEASE ATTACH A SEPARATE SHEET.

APPLICANT NAME: _____ CMTO #: _____

MAILING ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE: _____ CELL: _____ EMAIL: _____

Do you practice Acupuncture or Traditional Chinese Medicine? Yes No

Do you practice any other complementary modalities? (e.g. Reiki, Aromatherapy, Yoga, Feldenkrais, etc.) Yes No
If so, please attach a copy of your certificate of training.

Do you practice any modalities that fall outside the scope of practice as defined by the CMTO? Yes No
(e.g. Allergy Testing, Bach Flower Therapy, Homeopathy, Orthotics, Osteopathy etc.)

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. 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 **NEW HIGHER LIMITS!**

- \$ 5,000,000 Professional Liability**
- \$ 5,000,000 Commercial General Liability**
- \$ 25,000 Legal Expense Coverage**
- \$ 10,000 Business Protection (Office) Coverage ***
- \$ 10,000 Criminal Expense Coverage**

* (Includes contents, loss of income, theft of money, etc. Please see the policy for a complete list of coverages)

EFFECTIVE DATE OF COVERAGE

Coverage will be in force the day after we receive and approve your application. If you wish to have a specific date in the future, please indicate here.

NOTICE CONCERNING PERSONAL INFORMATION

I hereby consent to Lackner McLennan Insurance to collect, use and disclose personal information required for the purposes of considering my application for insurance for new or renewal insurance coverage. The Broker is authorized to collect, use and disclose personal information and provide such personal information to third parties, as required, including insurance companies. The Broker may also be required to disclose such personal information pursuant to relevant privacy laws or other laws.

WARRANTY STATEMENT

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 the 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 **X** _____ Date **X** _____

Standard Premium's: (Please choose one option from below)

Annual Policy	\$162.00	Includes 8% PST, \$25.00 fee and 25% commission
Six Month Policy	\$86.40	Includes 8% PST, \$17.50 fee and 25% commission
New Graduate Policy	\$135.00	Includes 8% PST, \$25.00 fee and 25% commission

The BEST Deal for New Graduates in Canada!

***For New Graduate Policy only:** By choosing this option, I certify that I have completed the requirements of registration with CMTO in the last 6 months. Check here

CREDIT CARD PAYMENT – If you wish to pay by VISA OR MASTER CARD, please provide information below:
Credit Card # _____ Expiry Date _____

Signature of Cardholder _____

FREQUENTLY ASKED QUESTIONS**I NEED MY CERTIFICATE OF INSURANCE YESTERDAY. HOW FAST CAN I GET IT?**

The fastest way to have your application processed is to apply online at mmlinsurance.com using a credit card for payment. You can also send it to us by express post (\$3.00) or courier (\$15.00). We will process your application the same day we receive it. If you include an email address, we will send the document to you within 24 hours.

CAN I PAY BY CREDIT CARD?

Yes, you may pay by **VISA** or **MASTERCARD**. We will require the card number and expiry date.

CAN LACKNER MCLENNAN FAX IT DIRECTLY TO THE COLLEGE?

The College will not allow us to fax certificates to them directly. You must include the certificate or the information contained on it with your College application or renewal documents.

HOW IS YOUR POLICY DIFFERENT THAN OTHERS?

Our policy includes full legal expense coverage including criminal expense coverage. There is nothing extra to buy. We also include ultrasound at no additional premium.

DO I NEED ANY OTHER INSURANCE?

Our policy includes BOTH professional and commercial general liability with a limit of \$5,000,000 each. It also provides \$10,000 Business Protection (Office) Coverage. You may wish to look at buying additional coverage for Office Protection. We have specially priced policies available.

WHAT HAPPENS TO MY INSURANCE IF I MOVE TO ANOTHER PROVINCE?

Our policy provides coverage CANADA-WIDE. We will even cover you outside of Canada if you are traveling with a Canadian Sports Team or Delegation.

CAN I GET COVERAGE FOR WORKING ON A CRUISE SHIP?

Your existing professional liability policy will cover you anywhere you work in Canada however, we can issue an endorsement form, which will cover you during the time you are working on the cruise ship. This policy change will generate an additional premium. Please contact us for more details.

MY HOME INSURER WILL NOT INSURE ME WHEN I WORK OUT OF MY HOME. CAN YOU INSURE MY HOME?

Yes! While most homeowners' policies exclude businesses that are operated out of the home we have made special arrangements with our insurance company to provide house insurance for RMTs working out of their home.

DEFINITIONS

PROFESSIONAL LIABILITY:

Through your actions or non-actions, you cause "injury" to a third party during the course of your professional service.
(What you do in your treatments)

COMMERCIAL GENERAL LIABILITY:

Bodily injury or property damage you cause to a third party, excluding professional liability.
(Slip and trip claims, massage table collapsing, someone falling off table, etc.)

OCCURRENCE FORM:

Claims that occur during the policy term are covered, regardless of when they are reported. Even if you cancel an occurrence policy, as long as the claim occurred during the period the policy was active, the policy would respond. This is the only form offered by Lackner McLennan Insurance.

DEDUCTIBLE:

The amount you pay before the insurance company starts to pay for a claim.

ABUSE:

Physical, sexual, emotional or verbal abuse to a third party.

LEGAL EXPENSE:

Reimbursement of legal fees for representation for alleged abuse claims where you are found or proven innocent, including criminal charges where you are found not guilty.

Please see our website for further questions/answers, www.rmtinsurance.com