

MEMBERS OF THE MASSAGE THERAPIST ASSOCIATION OF SASKATCHEWAN
COMMERCIAL GENERAL AND PROFESSIONAL LIABILITY INSURANCE
APPLICATION FORM

NOTE FOR ALL APPLICANTS:

- You must be a member in good standing with MTAS;
- 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. Are you a member in good standing with MTAS? 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/clinicConfirm the square footage: _____ square feet
Confirm the full address for this location: _____

Please note that this program does not include business insurance for a clinic. If you require business insurance for a massage therapy clinic, please contact BFL Canada to arrange separate business insurance.

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

5. **Limits of Liability / Premium Options:**

Option 1:

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 <u>only</u> at " Mailing Address " listed in Question 1 above	\$3,000 Limit of Insurance	\$500	\$Included

Option 2:

Type of Coverage	Limits of Liability	Deductibles	Annual Premium
Commercial General Liability Insurance and Professional Liability Insurance	\$5,000,000 each claim / \$5,000,000 Aggregate	\$250 CGL \$0 PL	\$120.00
Commercial Property Insurance - coverage applicable <u>only</u> at " Mailing Address " listed in Question 1 above	\$3,000 Limit of Insurance	\$500	\$Included

Acupuncture:

Add coverage for Acupuncture Modality ~ \$150.00 (enclose a copy of your registration):		\$	
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Total Amount Due: *		\$	*
<i>* Excluding any additional modality premiums due</i>			

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
<input type="checkbox"/>	Acupressure
<input type="checkbox"/>	Active Release
<input type="checkbox"/>	Access Bars
<input type="checkbox"/>	Alexander Method
<input type="checkbox"/>	Aquatic Massage Therapy (\$100)
<input type="checkbox"/>	Aqua Lymphatic Therapy (\$100)
<input type="checkbox"/>	Aromatherapy
<input type="checkbox"/>	Aesthetics
<input type="checkbox"/>	Athletic Taping and Bracing

<input type="checkbox"/>	Bowen Therapy
<input type="checkbox"/>	Callanetics (\$100)
<input type="checkbox"/>	Canine Massage (\$100) – Note: \$25,000 maximum value per canine
<input type="checkbox"/>	Certified Athletic Therapist / Sports Therapist (\$100)
<input type="checkbox"/>	Cranial Sacral Therapy
<input type="checkbox"/>	Cupping (NO Heat)
<input type="checkbox"/>	Deep Muscle Therapy
<input type="checkbox"/>	Eden Energy Medicine (\$100)
<input type="checkbox"/>	Equine Massage (\$100) – Note: hobby horses only with a \$25,000 maximum value
<input type="checkbox"/>	Essentrics (\$100)
<input type="checkbox"/>	Feldenkrais Technique
<input type="checkbox"/>	Fitness Instructor (\$100) – Note: weights must be no more than 20 pounds
<input type="checkbox"/>	Graston Technique
<input type="checkbox"/>	Healing Touch
<input type="checkbox"/>	Hot Stone Therapy (industry-standard equipment must be used)
<input type="checkbox"/>	Hydrotherapy
<input type="checkbox"/>	Indian Head / Foot Massage
<input type="checkbox"/>	Infant Massage
<input type="checkbox"/>	Infrared Sauna
<input type="checkbox"/>	Instrument Assisted Soft Tissue Manipulation (IASTM)
<input type="checkbox"/>	Integrative Manual Therapy
<input type="checkbox"/>	Joint Mobilization
<input type="checkbox"/>	Kinesiology (\$100)
<input type="checkbox"/>	Ki-hara Resistance Stretching (\$100)
<input type="checkbox"/>	Laser Therapy
<input type="checkbox"/>	Lensen Technique
<input type="checkbox"/>	Lomi-Lomi Massage
<input type="checkbox"/>	Low Intensity Laser Therapy
<input type="checkbox"/>	Lymphatic Drainage Therapy
<input type="checkbox"/>	Manual Lymphatic Drainage
<input type="checkbox"/>	Muscle Activation Technique (\$100)
<input type="checkbox"/>	Muscle Energy Technique
<input type="checkbox"/>	Myofascial Cupping
<input type="checkbox"/>	Neuromuscular Therapy
<input type="checkbox"/>	Nordic Pole Walking (\$100)
<input type="checkbox"/>	Nutrition Counselling (\$100) – Note: excludes registered Dietitian or certified Nutritionist
<input type="checkbox"/>	Oncology Massage
<input type="checkbox"/>	Onsen Techniques
<input type="checkbox"/>	Personal Training (\$100)
<input type="checkbox"/>	Pilates (\$100)
<input type="checkbox"/>	Pre- and Post-Natal Massage
<input type="checkbox"/>	Raindrop Therapy
<input type="checkbox"/>	Reflexology

<input type="checkbox"/>	Relaxation Massage
<input type="checkbox"/>	Reiki
<input type="checkbox"/>	Shiatsu Massage
<input type="checkbox"/>	Shockwave Therapy
<input type="checkbox"/>	Sleep Consultant (\$100)
<input type="checkbox"/>	Spin Instructor (\$100)
<input type="checkbox"/>	Sports Massage including Athletic Taping and Bracing (\$100) Note: <i>amateur athletes only</i> ; No professional athletes)
<input type="checkbox"/>	Strain / Counterstrain
<input type="checkbox"/>	Structural Integration
<input type="checkbox"/>	Swedish Massage
<input type="checkbox"/>	TENS Therapy
<input type="checkbox"/>	Therapeutic Touch
<input type="checkbox"/>	Therapeutic Massage
<input type="checkbox"/>	Touch for Health/RESET
<input type="checkbox"/>	Traditional/Thai/Thai Yoga Massage
<input type="checkbox"/>	Trager Approach
<input type="checkbox"/>	Trigger Point
<input type="checkbox"/>	Ultrasound Therapy
<input type="checkbox"/>	Visceral Manipulation
<input type="checkbox"/>	Watsu (\$100)
<input type="checkbox"/>	Yamuna Body Rolling (\$100)
<input type="checkbox"/>	Yoga Instructor (\$100) – Note: minimum 200 hours recognized training. NO aerial, baby-wearing, dream nor suspension yoga, NO yoga therapy
<input type="checkbox"/>	Yoga Therapy (\$200)
<input type="checkbox"/>	Zumba (\$100)
<input type="checkbox"/>	Other Modalities:

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.

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;
- (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
- A COPY OF THE NECESSARY REGISTRATION/MEMBERSHIP CERTIFICATES ARE ENCLOSED

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.

**MEMBERS OF THE MASSAGE THERAPIST ASSOCIATION OF SASKATCHEWAN
COMMERCIAL GENERAL AND PROFESSIONAL LIABILITY INSURANCE**

Complete, sign, date and return this Application Form to BFL CANADA:

Attention: Claire Cosme

BFL Canada

Email: mtasinsurance@bflcanada.ca

Toll Free: 1 800 668 5901 x 3102

If paying by cheque, please send your completed application and cheque payment as follows:

Cheque payable to:

BFL CANADA Risk and Insurance Services Inc.

Address:

BFL CANADA Risk and Insurance Services Inc.

181 University Avenue, Suite 1700
Toronto, ON M5H 3M7