



**MTAS**

Massage Therapist  
Association of Saskatchewan



**Dusyk & Barlow**  
INSURANCE BROKERS LTD

## MTAS INSURANCE PROGRAM

**1. Name:** \_\_\_\_\_

**2. Email:** \_\_\_\_\_ **Phone (work/cell):** \_\_\_\_\_

**3. Address:** \_\_\_\_\_

(Please include number, street name, city, province, and postal code)

**4. Business Name (if applicable):** \_\_\_\_\_

If you require coverage for a business for which you are an owner, please list the full business name and the names of all owners (NOTE: a separate General Liability policy will be required for coverage for your business name). Employees requiring liability require their own policy

**5. MTAS Membership Number:** \_\_\_\_\_

(You must be an active member in good standing. If you do not yet have a number, but are in the process of applying, please indicate so here)

**6. Please clearly list all modalities practiced where indicated on page 2 (note that certificates of completion for all modalities must be submitted to MTAS). **Failure to inform us of a modality that you are practicing may result in denial of coverage arising from a claim resulting from the practice of that modality.****

**7. Do you sell any products?** Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes," describe product(s): \_\_\_\_\_

**8. Do you work part-time, full-time or are you contracted to work with any sports team?** Yes \_\_\_\_\_ No \_\_\_\_\_

**9. Do you have knowledge of any negligent act, error or omission, 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 \_\_\_\_\_

**I am an active member in good standing with the MTAS, or I am applying for registration with MTAS.**

By submitting this application, you attest that the application has been completed accurately and honestly. No disciplinary action has been taken 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 if making false statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

January 2017

 **Dusyk & Barlow**  
INSURANCE BROKERS LTD

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