

MEMBERS OF THE THERAPEUTIC TOUCH NETWORKS IN CANADA

LIABILITY INSURANCE PROGRAM APPLICATION

POLICY TERM: DECEMBER 1, 2018 – DECEMBER 1, 2019

Please forward Application to: BFL CANADA Risk and Insurance Services Inc.
 181 University Avenue, Suite 1700
 Toronto, Ontario M5H 3M7 Fax: (416) 599-5458

YOU MUST BE A MEMBER IN GOOD STANDING WITH THE THERAPEUTIC TOUCH NETWORKS IN CANADA

1. (a) Name of Applicant: _____
 (b) Address: _____
 Street No. and Name _____
 City and Province _____ Postal Code _____
 (c) Email _____
 Address: _____
 (d) Telephone: _____ (e) Membership No.: _____

2. (a) Summary of Coverage and Premiums:

| Mandatory Coverage Plan | |
|---|------------------|
| Professional Liability: \$2,000,000 Limit per Claim / \$2,000,000 Aggregate Limit \$500 Deductible | \$150.00 |
| Commercial General Liability: \$2,000,000 Limit each occurrence \$500 Deductible | Included |
| Optional Coverage Plan | |
| Enhanced Modality Package Extension: <input type="checkbox"/> selecting this option provides coverage for all of the modalities listed below. | \$75.00 |
| Acupressure | Iridology |
| Aromatherapy | Polarity Therapy |
| Colour Therapy | Qi – Gong |
| Crystal Healing | Raindrop Therapy |
| Energy Work | Reflexology |
| Healing Touch | Reiki |
| Hydrotherapy | Sound Therapy |
| Sub-total: | \$ |
| Retail Sales Tax – Ontario (8%): | \$ |
| Retail Sales Tax – Quebec (9%): | \$ |
| Retail Sales Tax – Manitoba (8%): | \$ |
| Total Amount Due: | \$ |

All premiums are 100% retained and non-refundable

3. (a) Number of years practicing as a Therapeutic Touch professional: _____
(b) Do you require signed waiver forms from all of your clients? Yes No

THE APPLICANT DOES HEREBY PROVIDE THE FOLLOWING WARRANTY TO THE INSURER

4. 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.

Signing of this Application does not obligate the Applicant or the Insurer to effect the insurance, but it is agreed that all materials submitted to or requested by the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. It is further agreed that this Application and all materials submitted to or requested by the Insurer in conjunction with this Application are the basis of and are deemed attached to and incorporated into any policy effected pursuant to this Application.

PLEASE NOTE: COVERAGE WILL NOT BE EFFECTIVE UNTIL THE FULLY COMPLETED, SIGNED AND DATED APPLICATION HAS BEEN RECEIVED AND APPROVED, AND PAYMENT HAS BEEN MADE IN FULL.

| | |
|-----------|-------|
| Applicant | Date |
| Signature | Title |

| | |
|---|------------------------------|
| CREDIT CARD AUTHORIZATION (VISA or MASTERCARD ONLY) | |
| () Cardholder hereby authorizes BFL CANADA Risk & Insurance Services Inc. to withdraw funds from the credit card stated below for the payment of insurance coverage. | |
| Please check one: () VISA () MASTERCARD | Card Number: _____ |
| Expiry Date: (MM/YY): _____ / _____ | Amount: \$ _____ |
| Cardholders First Name: _____ | Cardholders Last Name: _____ |
| <p>Applications can be emailed or faxed along with the credit card authorization to the following address:</p> <p style="text-align: center;">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</p> <p style="text-align: center;">***Please note all premiums are 100% minimum retained and non-refundable***</p> | |