REGISTERED MASSAGE THERAPISTS’ ASSOCIATION OF ONTARIO

TRADITIONAL CHINESE MEDICINE APPLICATION

APPLICANTS MUST BE DULY REGISTERED AND IN GOOD STANDING WITH THE RMTAO AND THE TC-CTCMPAO.

1. (a) Name of Applicant:

 (b) Mailing Address:

 Street City

 Province Postal Code

 E-mail Address

 (c) Are you a member of the RMTAO? Yes [ ]  No [ ]

 Provide your membership no.:

 (d) Have you registered with the Transitional Council of the College of Traditional Chinese

 Medicine Practitioners and Acupuncturists of Ontario (“TC-CTCMPAO”)? Yes [ ]  No [ ]

 Provide your registration no.:

 (e) Have you already purchased your Professional Liability Insurance, including the

 Acupuncture modality, through the RMTAO? Yes [ ]  No [ ]

2. Provide the following information:

 Percentage of revenue from Registered Massage Therapy      %

 Percentage of revenue from Traditional Chinese Medicine / Acupuncture      %

3. Confirm the insurance that you are purchasing:

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| --- | --- | --- |
|  **Type of Coverage** | **Limits of Liability** | **Annual Premium** |
| Professional Liability Insurance | $1,000,000 each claim / $5,000,000 Aggregate | $200.00 |
| Modalities included: |  |  |
| Acupuncture | Gua Sha |  |  |
| Chinese Herbal Medicine | Moxibustion |  |  |
| Cupping (Air/Suction) | Qi-gong |  |  |
| Dietary Therapy | Tuina |  |  |
| ***All premiums are 100% retained and non-refundable*** |
| Sub-total: | $ |
| Add 8% P.S.T. | $ |
| Total Amount Due: | $ |

4. Have you ever been subject to disciplinary action by, or suspended from practice by, any

 governing body of your profession? Yes [ ]  No [ ]

 If Yes, explain:

5. Have you ever had a claim made against you arising out of health services? 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

**THE APPLICANT DOES HEREBY PROVIDE THE FOLLOWING WARRANTY TO THE INSURER**

6. 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.

PLEASE NOTE: COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED, AND THE APPLICABLE INSURANCE PREMIUM AND TAXES (IF APPLICABLE) HAVE BEEN PAID IN FULL.

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

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| **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:  |
| Applications can be emailed or faxed along with the credit card authorization to the following address:BFL CANADA Risk & Insurance Services Inc.181 University Avenue, Suite 1605Toronto, Ontario, M5H 3M7Telephone: 1-(800) 668-5901Fax: (416) 599-5458Email: laray@bflcanada.ca or kgaetano@bflcanada.ca  |