

**1. Information about the applicant 申请人资料**

<input type="checkbox"/> Mr. 先生 Last Name 姓 <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Ms. 女士		First and middle names 名	Date of Birth 出生日期	
Mailing address (no. & street name) 邮寄地址 (门牌号及街道)		City 城市	Province 省	Postal Code 邮政编码
Home telephone 住宅电话	Mobile telephone 手提电话	Email address 电邮地址		
Work place (no. & street name) 工作地址 (门牌号及街道)		City 城市	Province 省	Postal Code 邮政编码
Work telephone 工作电话	Website 网址	Email address 电邮地址		

**2. Have you registered with the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia (CTCMA) 你是否已於卑诗省中医师针灸管理局注册?** Yes 是  No 否

If yes, please provide information as below. 如有, 请提供以下资料.

Date of Registration 注册日期	Registration No. 注册号码	Designation 职衔 <input type="checkbox"/> Dr. TCM <input type="checkbox"/> R.TCM.P.	R.Ac. R.TCM.H.
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**3. Years of Experience as a TCM or Acupuncture Practitioner? (Please attach related diploma or certificate if any) 作为中医师或针灸师之年资 (请附上有关文凭或证书)**

Canada 加拿大	Date 日期: From 从 _____ To 至: _____
China, Hong Kong, Taiwan and others 国家 - (中国, 香港, 台湾和其他)	Date 日期: From 从 _____ To 至: _____

**4. Please check (v) therapies that you are qualified to provide 请於你提供之治疗旁划上(v) 号**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Acupuncture 针灸            | <input type="checkbox"/> Acupressure 穴位指压                    | <input type="checkbox"/> Allergy Testing 过敏性测试      |
| <input type="checkbox"/> Aromatherapy 香薰治疗         | <input type="checkbox"/> Auricular Needling 耳穴针灸             | <input type="checkbox"/> Auriculotherapy 耳穴治疗       |
| <input type="checkbox"/> Ayurveda 印度整体综合治疗         | <input type="checkbox"/> Bone-Setting Therapy 跌打             | <input type="checkbox"/> Cupping 拔罐                 |
| <input type="checkbox"/> Dispensing of Herbs 中草药配方 | <input type="checkbox"/> Ear Candling 耳烛                     | <input type="checkbox"/> Electrotherapy 电疗          |
| <input type="checkbox"/> First Aid 急救              | <input type="checkbox"/> Heat Therapy/Treatment 热疗           | <input type="checkbox"/> Herbology 药材治疗             |
| <input type="checkbox"/> Holistic Counseling 整体性治疗 | <input type="checkbox"/> Homeopathy 古法药物治疗                   | <input type="checkbox"/> Magnetic Therapy 磁力治疗      |
| <input type="checkbox"/> Massage Therapy 按摩治疗      | <input type="checkbox"/> Moxibustion 艾炙                      | <input type="checkbox"/> Naturopathy 自然疗法           |
| <input type="checkbox"/> Nutritional Counseling 食疗 | <input type="checkbox"/> Qigong 气功治疗                         | <input type="checkbox"/> Reflexology 反射区治疗          |
| <input type="checkbox"/> Reiki 灵气治疗                | <input type="checkbox"/> Scraping 刮砂                         | <input type="checkbox"/> Shiatsu 日式指压               |
| <input type="checkbox"/> Taichi 太极                 | <input type="checkbox"/> TCM Counseling & Prescription 中草药处方 | <input type="checkbox"/> Therapeutic Touch 人体磁场推拿治疗 |
| <input type="checkbox"/> Tuina 推拿                  | <input type="checkbox"/> Yoga 瑜伽                             |   |

Please provide details if your therapy does not appear in the above list. 如你提供之治疗未有列出, 请在以下提供资料.

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**5. Do you provide TCM/Acupuncture teaching or instructing? If yes, please provide details 你有否对于中医师或针灸提供教学或指导? 如有请提供以下资料**  Yes 有  No 否

Approx. no. of student per year 每年学生的大概数量	Approx. no. of hours per week 每周教学/指导的大概小时数	Estimate Annual Income from teaching 每年教学/指导的大概收入
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**6. Have you ever been the subject of any criminal action as a result of your profession? 您是否曾因您的专业而被提出刑事诉讼?**  Yes 有  No 否

**7. Have you ever been the subject of investigation by, or suspended from practice by, any association or governing body of your profession? 您是否曾因您的专业而接受任何机构或政府部门之调查或停牌?**  Yes 有  No 否

8. Have you ever had a claim made against you arising out of the performance or professional services?  Yes 有  
您是否曾因您提供之专业服务而被提出指控/索赔?  No 否
9. Have you ever been cancelled, declined, non-renew or accept on special terms by an insurance company for professional liability or medical malpractice insurance?  Yes 有  
您是否曾被保险公司因职业责任或医疗事故而被取消保险, 拒绝承保, 拒绝续保, 或於特别条款下承保?  No 否
10. Are you aware of any circumstance which may result in a potential claim against you?  Yes 有  
您是否知悉有任何事实或情况, 有对您提出指控/索赔的可能性?  No 否

11. If the answer to any 7-10 above is YES, please provides details: 如於以上7-10项的答案是'有', 请於以下提供资料:

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12. Did you previously purchase TCM & Acupuncture Professional Liability and/or Medical Malpractice Insurance before joining this program? If yes, please attach a copy of declaration page of the most current policy showing the details or advise of the following 在加入此计划前您有否购买过中医及针灸职业责任或医疗事故保险? 如有请附上最新之保险声明, 请务必提供或列出以下资料  Yes 有  
 No 否

Insurance Company 保险公司	Policy Number 保单号码	Expiry Date 保险到期日	Retroactive Date 追溯日期

13. Please provide your gross revenue from your TCM & Acupuncture practice(s) 请提供您的中医及针灸总收入

Gross annual income from last year 去年年度总收入	Projected gross revenue for current year 今年预计总收入

14. Do you require Commercial General Liability Coverage? 您是否需要商业一般责任保险?  Yes是  No 否

15. Policy Period 保单有效日期

Effective Date 生效日期	Expiry Date 到期日

16. 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 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 setting claims, detecting and preventing fraud, and acting as required or authorized by law.

签署人知悉有关申请保险而提交之个人资料, 包括但不限於本申请中之资料, 是於所有适用之私隐条例下所收集. 签署人确认为此投保申请有关而作出之调查及咨询而收集, 运用及披露之资料, 以及, 如适用的话, 调查和索赔设置, 检测和防止欺诈行为, 并根据需要或法律授权采取行动, 已获得相关之同意书。

17. It is understood and agreed by the undersigned that if knowledge of any such facts, circumstances or situation exists, whether or not disclosed, any claim or action subsequently arising or developing therefrom shall be excluded from coverage under any policy issued by Lloyd's.

签署人了解并同意如所知道之事实, 情况或情形, 不论已披露与否, 任何因而产生或发展之索赔案件均排除於Lloyd's发出之任何保单的承保范围之外。

18. The Government of British Columbia has passed a law which requires all Chinese Medical Practitioners and/or Acupuncturists must be a registrant of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia. This takes effect as of April 12, 2003 and it is against the law for anyone to practise the said trade(s) without such recognition thereafter. It is understood and agreed by the undersigned that the indemnity provided by the policy **WILL NOT RESPOND TO ANY UNLAWFUL ACT OF ACTS.**

卑诗省政府已通过要求所有中医师与及/或针灸师都必须於卑诗省中医师及针灸师管理局注册之条例. 此条例於2003年4月12日生效, 任何人如属此等行业, 有此管理局之认可而行医即属违法. 签署人了解并同意保险公司所提供之保单并不会对任何违法行为作出应对。

\_\_\_\_\_  
Date 日期

\_\_\_\_\_  
Signature 签名

19. Premium Calculations 保险费计算

Professional Liability Limit (Claims Made Form), please choose the limit required 专业责任上限 (索赔制), 请选择所需之上限			
	Deductible 自付额	Premium 保险费	Premium 保险费
\$1,000,000 any one claim, \$5,000,000 aggregate \$1,000,000 每次最高索赔, \$5,000,000 每年最高索赔	\$500	\$270	\$
\$2,000,000 any one claim, \$5,000,000 aggregate \$2,000,000 每次最高索赔, \$5,000,000 每年最高索赔	\$500	\$365	\$
\$3,000,000 any one claim, \$5,000,000 aggregate \$3,000,000 每次最高索赔, \$5,000,000 每年最高索赔	\$500	\$450	\$
\$5,000,000 any one claim, \$5,000,000 aggregate \$5,000,000 每次最高索赔, \$5,000,000 每年最高索赔	\$500	\$650	\$
Please check if the following activity is performed, the professional liability premium will be increased as below 请确认会否进行以下项目, 如有保险费将如下增加			
<input type="checkbox"/> Teaching Instructor 教学导师	Loading - add 25% of above Premium 加收额外保险费 - 以上之保险费加上25%		\$
<input type="checkbox"/> Annual Gross Receipt more than \$80,000 每收入总额超过\$80,000	Loading - add 10% of above Premium 加收额外保险费 - 以上之保险费加上10%		\$
Commercial General Liability Insurance (Occurrence Form) for Individual, please choose the limit required. This does not apply to TCM Practitioner and Acupuncturist who has clinic, herbal store or various medical centre. 个人商业一般责任保险 (事故发生制), 请选择以下所需之上限。这不适用于设有诊所, 中草药店或各种医疗中心的中医师或针灸师			
	Deductible 自付额	Premium 保险费	Premium 保险费
\$1,000,000 any one claim, \$1,000,000 aggregate \$1,000,000 每次最高索赔, \$1,000,000 每年最高索赔	\$1,000	\$60	\$
\$2,000,000 any one claim, \$2,000,000 aggregate \$2,000,000 每次最高索赔, \$2,000,000 每年最高索赔	\$1,000	\$100	\$
\$3,000,000 any one claim, \$3,000,000 aggregate \$3,000,000 每次最高索赔, \$3,000,000 每年最高索赔	\$1,000	\$150	\$
\$5,000,000 any one claim, \$5,000,000 aggregate \$5,000,000 每次最高索赔, \$5,000,000 每年最高索赔	\$1,000	\$250	\$
<b>*Commercial General Liability Insurance (Occurrence Form) for Corporation or Clinic, please contact our office for quotation*</b> <b>*公司或诊所商业一般责任保险 (事故发生制), 请与我方办公室联络有关估价*</b>			
Please add up all premiums 请将所有保险费加上			
Total Premium (Minimum & Retained Premium in the Event of Cancellation - 25%) 保险费合计 (如取消保单时之最少及自留保险费 - 25%)			\$
Policy Fee (Non Refundable) 保单费用 (不获退还)			\$ 25
Total Payable 应付总额			\$

20. Payment Options 付款方式

- Cash (payment in full) - Payment delivered to 1736 Davie Street, Vancouver, B.C. V6G 1W2  
 现金 (全额付款) - 将总额交至 1736 Davie Street, Vancouver, B.C. V6G 1W2
- Cheque/Money Order (payment in full) - payable to Admiral Insurance Services Inc. and send the payment to the above address  
 支票/汇票 (全额付款) - 抬头 Admiral Insurance Services Inc. 及寄至以上地址
- Credit Card 信用卡

<input type="checkbox"/> Visa	Credit Card No. 信用卡号码:	Expiry Date (mm/yy) 到期日 (月/年):
<input type="checkbox"/> Master Card		
Name as Shown on Card: Cardholder's Signature 卡上所显示之持卡人姓名: 持卡人签名:		

Company Use 职员使用