

1. Information about the applicant

<input type="checkbox"/> Mr. Last Name <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		First and middle names	Date of Birth	
Mailing address (no. & street name)		City	Province	Postal Code
Home telephone	Mobile telephone	Email address		
Work place (no. & street name)		City	Province	Postal Code
Work telephone	Website	Email address		

2. Have you registered with the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia (CTCMA)? If yes, please provide information as below. Yes No

Date of Registration	Registration No.	Designation <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)

Canada	Date : From	To:
China, Hong Kong, Taiwan and others	Date : From	To:

4. Please check (v) therapies that you are qualified to provide

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|---|--|--|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Acupressure | <input type="checkbox"/> Allergy Testing |
| <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> Auricular Needling | <input type="checkbox"/> Auriculotherapy |
| <input type="checkbox"/> Ayurveda | <input type="checkbox"/> Bone-Setting Therapy | <input type="checkbox"/> Cupping |
| <input type="checkbox"/> Dispensing of Herbs | <input type="checkbox"/> Ear Candling | <input type="checkbox"/> Electrotherapy |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Heat Therapy/Treatment | <input type="checkbox"/> Herbology |
| <input type="checkbox"/> Holistic Counseling | <input type="checkbox"/> Homeopathy | <input type="checkbox"/> Magnetic Therapy |
| <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Moxibustion | <input type="checkbox"/> Naturopathy |
| <input type="checkbox"/> Nutritional Counseling | <input type="checkbox"/> Qigong | <input type="checkbox"/> Reflexology |
| <input type="checkbox"/> Reiki | <input type="checkbox"/> Scraping | <input type="checkbox"/> Shiatsu |
| <input type="checkbox"/> Taichi | <input type="checkbox"/> TCM Counseling & Prescription | <input type="checkbox"/> Therapeutic Touch |
| <input type="checkbox"/> Tuina | <input type="checkbox"/> Yoga | |

Please provide details if your therapy does not appear in the above list.

5. Do you provide TCM/Acupuncture teaching or instructing? Yes No
If yes, please provide details

Approx. No. of student per year	Approx. no. of hours per week	Estimate Annual Income from teaching
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6. Have you ever been the subject of any criminal action as a result of your profession? Yes No

7. Have you ever been the subject to investigation by, or suspended from practice by, any association or governing body of your profession? Yes No

8. Have you ever had a claim made against you arising out of the performance or professional services? Yes No
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 No
10. Are you aware of any circumstance which may result in a potential claim against you? Yes No

11. If the answer to any 7-10 above is YES, please provide details:

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12. Did you previously purchase TCM & Acupuncture Professional Liability and/or Medical Malpractice Insurance before joining this program? Yes No

If yes, please attach a copy of declaration page of the most current policy showing the details or advise of the following

Insurance Company	Policy Number	Expiry Date	Retroactive Date

13. Please provide your gross revenue from your TCM & Acupuncture practices

Gross annual income from last year	Projected gross revenue for current year

14. Do you require Commercial General Liability Coverage? Yes No

15. Policy Period

Effective Date	Expiry Date

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.

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 there from shall be excluded from coverage under any policy issued by Lloyd's.

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.

Date

Signature

19. Premium Calculations

Professional Liability Limit (Claims Made Form), please choose the limit required			
	Deductible	Premium	Premium
\$1,000,000 any one claim, \$5,000,000 aggregate	\$500	\$270	\$
\$2,000,000 any one claim, \$5,000,000 aggregate	\$500	\$365	\$
\$3,000,000 any one claim, \$5,000,000 aggregate	\$500	\$450	\$
\$5,000,000 any one claim, \$5,000,000 aggregate	\$500	\$650	\$
Please check if the following activity is performed, the professional liability premium will be increased as below			
<input type="checkbox"/> Teaching Instructor	Loading - add 25% of above Premium		\$
<input type="checkbox"/> Annual Gross Receipt more than \$80,000	Loading - add 10% of above Premium		\$
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.			
	Deductible	Premium	Premium
\$1,000,000 any one claim, \$1,000,000 aggregate	\$1,000	\$60	\$
\$2,000,000 any one claim, \$2,000,000 aggregate	\$1,000	\$100	\$
\$3,000,000 any one claim, \$3,000,000 aggregate	\$1,000	\$150	\$
\$5,000,000 any one claim, \$5,000,000 aggregate	\$1,000	\$250	\$
Commercial General Liability Insurance (Occurrence Form) for Corporation or Clinic, please contact our office for quotation			
Please add up all premiums			
Total Premium (Minimum & Retained Premium in the Event of Cancellation – 25%)			\$
Policy Fee (Non Refundable)			\$ 25
Total Payable			\$

20. Payment Options

- Cash (payment in full) - Payment delivered to 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
- Credit Card

<input type="checkbox"/> Visa	Credit Card No.:	Expiry Date (mm/yy):
<input type="checkbox"/> Master Card		
Name as Shown on Card:		Cardholder's Signature:

Company Use