聯合保險 BrokerTeam INSURANCE SOLUTIONS INC.

1550 16th Ave., Bldg F, Unit 100
Richmond Hill, ON L4B 3K9
Bus: (905) 770-5511 Fax: (905) 770-5533
Toll Free: 1-866-323-8828 Email: tcm@brokerteam.ca

1. Information about the applicant

☐ Mr. ☐ Mrs. ☐ Ms. Last Name	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 Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO) 安省中醫師針灸師管理局?

☐ Yes ☐ No

If yes, please provide information as below.

Date of Registration	Registration No.	Designation ☐ R. TCMP ☐ R. AC

3. Years of Experience as a TCM or Acupuncture Practitioner? (Please attach related diploma or certificate if any)

Date : From To:	Country - (Canada)
Date: From To	Country - (China, Hong Kong, Tai Wan and others)

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

☐ Acupuncture 針灸
☐ Aromatherapy 香薰治療
☐ Ayurveda 印度整體綜合治療
☐ Dispensing of Herbs 中草藥配方
☐ First Aid 急救
☐ Holistic Counseling 整體性治療
☐ Massage Therapy 按摩治療
☐ Nutritional Counseling 食療
☐ Reiki 靈氣治療
☐ Taichi 太極
☐ Tuina 推拿
☐ Acupressure 穴位指壓
☐ Auricular Needling 耳穴針灸
☐ Bone-SettingTherapy 跌打
☐ Ear Candling 耳燭
☐ Heat Therapy/Treatment 熱療
☐ Homeopathy 古法藥物治療
☐ Moxibustion 艾炙
☐ Qigong 氣功治療
☐ Scraping 刮砂
☐ TCM Counseling & Prescription 中草藥處方
☐ Yoga 瑜伽
☐ Allergy Testing 過敏性測
☐ Auriculotherapy 耳穴治療
☐ Cupping 拔罐
☐ Electrotherapy 電療
☐ Herbology 藥材治療
☐ Magnetic Therapy 磁力治療
☐ Naturopathy 自然療法
☐ Reflexology 反射區治療
☐ Shiatsu 日式指壓
☐ Therapeutic Touch 人體磁場推拿治療

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

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 yourprofession? ☐ Yes ☐ No

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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:**

12. **Did you previously purchase 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**

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

18.The Ontario Government 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 Ontario. This takes effect as of April 1, 2013 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 <u>WILL NOT RESPOND TO ANY UNLAWFUL ACT OF ACTS.</u>

_____ _____

Date **Signature**

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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	$1,000	$300	$
$2,000,000 any one claim, $5,000,000 aggregate	$1,000	$450	$
$3,000,000 any one claim, $5,000,000 aggregate	$1,000	$550	$
$5,000,000 any one claim, $5,000,000 aggregate	$1,000	$700	$
Please check If the following activity is performed, the professional liability premium will be increased as below			
☐ Teaching Instructor	Loading - add 25% of above Premium		$
☐ 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 - $100)			$
8% PST of Total Premiums			$
Policy Fee (Non Refundable)			$ **25**
Total Payable			$

20. Payment Options

☐ Cash (payment in full) - Payment delivered to **1550 16th Ave., Bldg. F, Unit 100, Richmond Hill, Ontario L4B 3K9**
☐ Cheque/ Money Order (payment in full) - payable to BrokerTeam Insurance Solutions Inc. and send the payment to the above address
☐ Credit Card

☐ Visa ☐ Master Card Credit Card No.:	Expiry Date (mm/yy):
Name as Shown on Card: Cardholder's Signature:	

Company Use