

APPLICATION FOR INSURANCE
Submitted by : La Souveraine, Compagnie d'Assurance Générale

Please print clearly. Complete the form in ink.

Last name : _____		First name : _____	
Street address : _____			Telephone : _____
Apartment or Suite : _____	City : _____	Cellular : _____	
Province _____	Postal Code : _____		
Risk Address : _____			Other : _____
(if different from postal address)			
City : _____		Province : _____	
Postal Code : _____		Email Address : _____	

Please select One of the following options:			
OPTION A – Professional Liability		OPTION B – Civil General Liability and Professional Liability	
<input type="checkbox"/> Maximum limit of \$1,000,000.00	<input type="checkbox"/> Maximum limit of \$2,000,000.	<input type="checkbox"/> Maximum limit of \$1,000,000.	<input type="checkbox"/> Maximum limit of \$2,000,000.
\$95.00 + 9% tax + fees =	\$142.00 + 9% tax + fees =	\$166.00 + 9% tax + fees =	\$250.00 + 9% tax + fees =
\$113.05	\$168.98	\$197.54	\$297.50

OPTION C : Additional Disciplines : Reflexology Orthotherapy Kinesiotherapy (\$29.75 additional premium for each additional discipline)

OPTION D – Commercial Property Insurance (Optional)	
<input type="checkbox"/> D – Miscellaneous Contents Minimum limit : \$5, 000.00 - \$91.63 (77.00 \$ + 9% tax + coast) <input type="checkbox"/> Please increase my limit for Miscellaneous Contents for and additional premium or \$17.85 (\$15.00 + 9% tax + fees) per each increment of \$1,000.00 \$_____ X 0.1666 = \$_____ Please add thi additional sum to the amount stipulated in the column hereof.	91.63 \$ + \$ <hr/> = \$
<input type="checkbox"/> E – Open Policy Minimum Limit : \$2,000.00 - \$ 91.63 (77.00 \$ + 9% tax + coast) <input type="checkbox"/> Please increase my limit for Miscellaneous Contents for and additional premium or \$17.85 (\$15.00 + 9% tax + fees) per each increment of \$1,000.00 \$_____ X 0.1666 = \$_____ Please add this additional sum to the amount stipulated in the column hereof.	91.63 \$ + \$ <hr/> = \$
<input type="checkbox"/> E – Endorsement Extension 91.63\$ (77.00 \$ + tax 9% + fees) Extra expense: 3 000 \$ Value paper: 1 000 \$ Property in transit: 1 000 \$ Glass: 2 500 \$ Signs: 2 000 \$ Professional Fees: 2 000 \$	91.63 \$

Calculation of Total Premium (applicable taxes and costs included)	
Please fill in the amount of the premium selected under Option A or Option B:	\$ _____
If applicable, fill in the amount of the premium under Option C:	+ \$ _____
If applicable, fill in the amount(s) of the premium(s) under Option D and/or Option E :	+ \$ _____
Total Premium, minimum and as selected :	= \$ _____

Please forward your total payment together with this form duly completed, signed and dated
<input type="checkbox"/> By cheque (made to Invessa Assurances Generals) ; OR
<input type="checkbox"/> Credit card (please provide the following information) : <input type="checkbox"/> Visa or <input type="checkbox"/> MasterCard : Card Number: _____
Expiry Date (Month and Year) ____ / ____ Security number: _____

CONDITIONS TO BE ELIGIBLE TO THE INSURANCE PROGRAM:

- 1) Be a member in good standing of a recognized professional association;
- 2) Coverage has to apply only to a member as an individual, and only for so long as certificate is in force ;
- 3) Professional activities and professional services apply only to the following recognized and certified disciplines: **massage therapy, orthotherapy, kinesiotherapy and reflexology.**

IMPORTANT : PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS :

1) a) You are member of a massage therapy association since (please provide date) _____
b) Are you a member of another professional association? <input type="checkbox"/> No <input type="checkbox"/> Yes. If so, provide name of such association _____ and membership number _____
2) Your sales figure with respect to massage therapy is : <input type="checkbox"/> between \$0 à \$25,000.00 <input type="checkbox"/> between \$26,000.00 à \$50,000.00 <input type="checkbox"/> \$50,000.00 or more
3) Have you ever been the subject or disciplinary actions from your Association or any other professional association? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide circumstances : _____
4) If available, specify eligibility number for your current insurance : _____
5) In the pas 12 months, did you have professional liability coverage from another insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name of insurance company, policy number, and coverage period: _____ _____
6) During the past 5 years, were you or threatened to be the subject of any claims with respect to professional services, civil general liability or property insurance ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: _____
7) In the past 5 years, were you refused coverage with respect to professional services, civil general liability or property insurance ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: _____
8) Does all your professional activities take place in the Province of Québec? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide percentage of time, and where outside of Province of Québec, your practice takes place: _____ _____ _____

AUTHORIZATION AND SIGNATURE

The undersigned hereby declares that all the above information, and the information contained in the documents attached hereto are accurate and true. This proposal in no obligates applicant to contact insurance with insurer specified herein.

SIGNATURE : _____ Date : _____