

**APPLICATION FOR
PROFESSIONAL & COMMERCIAL GENERAL LIABILITY**

NAME OF APPLICANT: _____

MAILING ADDRESS: _____

_____ POSTAL CODE _____

PHONE # _____ HOME _____ BUSINESS _____

PLEASE COMPLETE THE QUESTIONS BELOW. CIRCLE THE CORRECT ANSWER

1. Do you practice any modalities other than massage therapy? YES NO
2. Do you sell any products? YES NO
3. Do you have any knowledge or information of any negligent act, any error or omissions, or breach of duty that might give rise to a claim against you or any reason to anticipate that a claim might be brought against you? NO YES
4. Provide details of all losses in the past three years? If none, check here: _____ If yes, please provide details.

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE DETAILS ON A SEPARATE SHEET AND ATTACH TO THIS APPLICATION.

By submitting this application, you attest that the application has been completed accurately and honestly. No disciplinary action has been or is pending against you. You have never been the subject of any investigation, either civil or criminal, in connection with any sexual act, conduct, molestation, and/or assault. You understand that your insurance certificate will provide evidence that you have been added as an individual participant with respect to the coverage and limits of the Master Policy. You understand that the coverage provided by your insurance certificate is subject to all the terms, conditions and exclusions contained in the Master Policy. You further understand that the Insurance Company will rely on the information you have provided in the application. Failure to pay required premiums and/or false statements on this application or subsequent renewals shall void this application and render your insurance coverage null and void and you may be subject to further legal action for making false statements.

Signature _____ Date

YOUR POLICY WILL INCLUDE: (please see policy for complete list of coverages)

\$3,000,000 Professional Liability	\$3,000,000 Commercial General Liability
Occurrence Form, No Deductible	Occurrence Form, No Deductible
\$25,000 Legal Expense for "Abuse" Claims	\$250,000 Tenants Legal Liability

Please indicate when you would like the policy to begin _____

This policy is provided to our members by:
LACKNER MCLENNAN INSURANCE LTD.

**450 FREDERICK ST., 3RD FLOOR,
KITCHENER, ON N2P 2H5
1-800-265-2625, EXT. 350/ FAX 519 579-1151
EMAIL: gsmith@lacknermclennan.com**



OFFICE CONTENTS INSURANCE IS ALSO AVAILABLE DIRECTLY FROM LACKNER MCLENNAN