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## Office Insurance Application



What would you do without your phone?

The office insurance master policy is written for a term expiring May 1st. The premium charged is based on a limit

of \$40,000 on office contents and the effective month of the policy as outlined. Higher limits of coverage are available for an additional premium. Please contact our office for information.

### **EXAMPLES**

*ACTUAL CLAIMS WE HAVE PAID UNDER THIS POLICY:*

- ◆ Theft of money from drawer or cash box.
- ◆ Theft of ghetto blaster & CD's
- ◆ Water damage from malfunctioning washing machine.
- ◆ Damage to rented space due to a fire caused by the insured who left a heating pad plugged in.
- ◆ Smoke damage to your unit from a fire in a different unit.

## Can it happen to you?

From fires in British Columbia and floods in Nova Scotia, Lackner McLennan and ING have been called upon to help Therapists rebuild their business after a loss. Without notice your business could be seriously damaged or in the case of the BC fires totally wiped out. You can protect your business and your livelihood for less than a dollar a day. We can protect your contents and your income from events such as fire, theft, water damage and more.



Lackner McLennan Insurance  
450 Frederick St., 3rd Floor  
Kitchener, ON N2H 2P5  
Phone: 1-877-RMT-CANADA (768-2262)  
Fax: 1-519-579-1151  
Email: [rmt@lmicanada.com](mailto:rmt@lmicanada.com)

## RMT Office Contents Policy

Specially designed &  
priced for  
Massage Therapists in  
Canada

## Application



Please complete this section

**\$40,000 OFFICE CONTENTS OF EVERY DESCRIPTION**

(including furniture, equipment, tenants improvements and other property owned by the insured or for which the insured is legally liable including a maximum of \$1,000.00 in retail stock held for sale.)

**ALL RISKS** of physical loss or damage.

**NEW REPLACEMENT COST.**

**\$500.00 DEDUCTIBLE** per occurrence.

(In Ontario only includes sewer backup subject to \$2,500 deductible)

**Excludes laptop computers used off premises.** (If you require a quote for this, please call our office)

**ADDITIONAL COVERAGES INCLUDED IN POLICY**

\$25,000 Extra Expense \$10,000 Valuable Papers  
 \$10,000 Acc'ts Receivable \$ 5,000 Property off Premises\*  
 \$5,000 Property in Transit\* \$ 5,000 Debris Removal  
 \$5,000 Fire Department \$ 500 on Money,Cheques,Stamps  
 5% of contents limit on personal property of employees  
 Exterior Glass and Exterior Signs  
 \$ 2,500 on Building Damage by Theft  
 (\*Transit and Off Premises Coverages would provide protection for a table you would take for an off site treatment.)

**\$50,000 BUSINESS INTERRUPTION INSURANCE**

(LOSS OF INCOME)

**CRIME INSURANCE**

\$ 5,000 Employee Dishonesty  
 \$ 5,000 On Premises Robbery  
 \$ 5,000 Outside Robbery  
 \$ 5,000 Depositors Forgery  
 \$ 5,000 Money Orders & Counterfeit Paper Currency

**LIABILITY INSURANCE** (Excludes Professional Liability)

\$2,000,000 Advertising Injury Liability  
 \$2,000,000 Commercial General Liability  
 \$2,000,000 Personal Injury Liability  
 \$2,000,000 Non-owned Automobile Liability  
 \$ 100,000 Tenants Legal Liability  
 \$ 2,500 Medical Expenses

THE ABOVE IS A DESCRIPTION OF COVERAGES ONLY. PLEASE REFER TO THE POLICY FOR SPECIFIC COVERAGES AND LIMITS

Price List

May to May Premium	\$250.00
June to May Premium	\$250.00
July to May Premium	\$250.00
August to May Premium	\$187.50
September to May Premium	\$187.50
October to May Premium	\$187.50
November to May Premium	\$125.00
December to May Premium	\$125.00
January to May Premium	\$125.00
February to May Premium	\$62.50
March to May Premium	\$62.50
April to May Premium	\$62.50



Company or Clinic Name \_\_\_\_\_

Circle to Indicate Type of Operations: Individual Partnership Corpora-

Name of Owner/Partners \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

Postal Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_

I declare that to the best of my knowledge, the information provided by me is true and complete and Novex Insurance Company (a division of ING Canada) may rely on it in issuing coverage to me. I currently have a professional Liability insurance package in place with Lackner McLennan Insurance Ltd. as I understand that this policy is contingent on maintaining my professional liability.  
 Signed \_\_\_\_\_ Date \_\_\_\_\_

Method of Payment

Check  Master card  Visa

Cardholder will pay total amount shown to card issuer according

Credit Card # \_\_\_\_\_ Exp. date \_\_\_\_\_

Signature \_\_\_\_\_

**PREMIUM CALCULATION**

<b>PREMIUM CHARGED</b>	\$ _____
(FROM CHART TO THE LEFT)	
<b>POLICY FEE</b>	\$ 25.00
<b>Ontario Residents Add 8% PST</b>	\$ _____
<b>TOTAL PAYABLE</b>	\$ _____

Please make your cheque payable to LACKNER MCLENNAN INSURANCE for the total premium including tax (if applicable) and send it with the application to the address below. Coverage will be in effect on the day after the application and payment are received and accepted in our office.

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