



in association with:



NACORA TRADITIONAL CHINESE MEDICINE PROGRAM PROFESSIONAL LIABILITY INSURANCE APPLICATION

THIS APPLICATION IS FOR A CLAIMS MADE POLICY.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. DO NOT LEAVE ANY SPACE BLANK. INDICATE "N/A" IF A QUESTION IS INAPPLICABLE. IF THE SPACE PROVIDED IS INSUFFICIENT TO ANSWER A QUESTION FULLY, PLEASE ATTACH DETAILS ON A SEPARATE SHEET. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT NACORA INSURANCE BROKERS AT 905-405-8827. PLEASE NOTE THAT BINDING OF COVERAGE IS SUBJECT TO TO REVIEW AND ACCEPTANCE BY CREECHURCH INTERNATIONAL UNDERWRITERS.

A) Name of Practitioner: _____
 B) Mailing Address: _____

 Phone No. _____ Fax No. _____

C) Location of Practice: _____

D) Please pick your Coverage Option, then check the appropriate box for your Limit choice:

Limits and Coverages:	Annual Premium:
OPTION 1: <i>Medical Malpractice Liability only</i>	
<input type="checkbox"/> \$1,000,000 Medical Malpractice	\$350
<input type="checkbox"/> \$2,000,000 Medical Malpractice	\$600
OPTION 2: <i>Medical Malpractice Liability and Commercial General Liability</i>	
<input type="checkbox"/> \$1,000,000 Medical Malpractice and \$1,000,000 Commercial General Liability	\$600
<input type="checkbox"/> \$2,000,000 Medical Malpractice and \$2,000,000 Commercial General Liability	\$950
OPTION 3: <i>Medical Malpractice Liability, Commercial General Liability and Commercial Property</i>	
<input type="checkbox"/> \$1,000,000 Medical Malpractice, \$1,000,000 Commercial General Liability and Property	\$750
<input type="checkbox"/> \$2,000,000 Medical Malpractice, \$2,000,000 Commercial General Liability and Property	\$1,100

E) Specialization: _____
 F) Duties Performed: _____
 G) Other Practices: _____
 H) Years of Experience: _____
 I) Degree Held: _____
 J) Other Qualifications: _____
 K) Membership Number: _____
 L) What client records are kept? _____
 M) How long are records kept? _____

N) During the last five (5) years, has the Practitioner carried Professional Liability insurance? YES NO
 If YES, please complete the following for all previous policies:

INSURER	TERM	LIMIT	DEDUCTIBLE	PREMIUM

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O) If you have carried Professional Liability in the past 12 months, please attach a copy of your current Professional policy Declaration page.

P) Has continuous claims made insurance coverage been in effect since this date? YES NO
If NO, please contact Nacora Insurance Brokers Ltd at (905) 405-8827.

Q) Has the Practitioner ever been declined, non-renewed or cancelled by any insurer for Professional Liability insurance? If YES, please explain: YES NO

R) Has the Practitioner ever been refused membership or had his/her membership rescinded in any professional association? If YES, please explain: YES NO

S) Please list all Associations that the Practitioner is a member of: _____

T) During the past five (5) years has any claim been made against the Practitioner in respect of professional services performed? YES NO

If YES, please complete the following:

DATE	CLAIMANT	CAUSE	PAID	RESERVE	OPEN?

U) Is the Practitioner aware of any situation or circumstance, which may reasonably result in a claim? YES NO
 If YES, please complete the following:

DATE	PATIENT	CAUSE

Without limitation of any other remedy available to the Insurer, it is hereby agreed that if there be knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating therefrom is excluded from coverage under the proposed insurance.

NOTICE CONCERNING PERSONAL INFORMATION

By purchasing insurance from Creechurch International Underwriters Ltd. (Creechurch) through Lloyd’s of London (Lloyd’s), a customer provides Creechurch with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with Lloyd’s underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law.

For the purposes identified above, personal information may be disclosed to Creechurch’s and Lloyd’s related or affiliated companies and service providers.

Further information about Creechurch’s personal information protection policy may be obtained by contacting their privacy officer at 416-601-2155.

WARRANTY STATEMENT

The following section is to be completed by all practitioners performing any form of Acupuncture Treatment.

I hereby confirm that only single use (disposable) needles are used in my operation and that these needles are disposed in a safe and proper manner. I also confirm that no form of laser acupuncture is used as part of the treatment provided.

SIGNED: _____
(Authorized Representative)

DATED: _____

NAME (Please Print): _____

TITLE/POSITION: _____

WARRANTY STATEMENT

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. The undersigned also warrants that they have not suppressed or misstated any material facts.

If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants he or she will immediately report such changes to the Insurer.

Signing of this Application does not bind the undersigned to purchase this insurance, nor does it bind the Insurer to complete this insurance. However, should the Insurer bind and issue a policy, this Application shall serve as the basis of such contract and will be attached to and form part of the policy.

SIGNED: _____
(Authorized Representative)

DATED: _____

NAME (Please Print): _____

TITLE/POSITION: _____

PLEASE ENSURE THAT COMPLETED AND SIGNED APPLICATION IS SENT ALONG WITH PAYMENT TO:

**Nacora Insurance Brokers Ltd.
6451 Northwest Drive
Mississauga, Ontario L4V 1K2**

All cheques should be made payable to: Nacora Insurance Brokers Ltd.

POUR LES RÉSIDENTS DU QUÉBEC SEULEMENT:

Je confirme que ma demande pour la présente assurance ainsi que la proposition et tout autre document et correspondance soient en anglais.

QUEBEC RESIDENTS ONLY:

I hereby confirm my request that the present document and any other document and correspondence pertaining to the present insurance be in the English language.

NOM/NAME: _____

SIGNATURE/SIGNATURE: _____

SCHEDULE OF INSURED MODALITIES

The following modalities are automatically covered provided the practitioner is qualified. This list may be modified by the Insurer at their discretion.

Acupuncture (excluding Laser Acupuncture)

Acupressure

Auriculotherapy

Counselling

Cupping

Electro Therapy (Acupuncture only)

Heat Therapy

Herbology (Chinese Herbal Medicine)

Magnetic Therapy

Moxibustion

Qi Gong

Skin Scraping

Tai Chi

Therapeutic Touch

Tui-Na (Chinese Massage)

Yoga