

Professional Liability Insurance Application for IICT Members



Section I: APPLICANT INFORMATION

Allied Health Occupation for which Professional Liability coverage is being applied for:

(Please attach a current license if required or other evidence of your certification as an Allied Health Professional as described above.)

Applicant's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Daytime Phone: _____ Evening Phone: _____

Fax: _____ Date of Birth: ____ / ____ / ____

Section II: EMPLOYMENT/OCCUPATION INFORMATION

Indicate your **total number of years experience** relevant to the profession for which you are seeking coverage.

Total: _____ (Be sure to include any time you may have worked under supervision)

- Employed*
- Self-Employed Full-time (25 hours or greater)**
- Self-Employed Part-time (less than 25 hours a week)**
- Student - Anticipated Graduation Date: ____ / ____ / ____

Student's Permanent Address: _____

City: _____ State: _____ Zip: _____

Student's Permanent E-mail: _____

*Are you or your spouse also a shareholder or have an equity position exceeding 5% in your employer? Yes No

*Are you incorporated (including Sub chapter S Corporations), a partner, owner or officer to your employer? Yes No

**Are there any other individuals, employed or associated with otherwise, providing professional services on your behalf, or on behalf of an entity in which you or your spouse has an ownership interest? Yes No

Highest degree obtained:

- High School | Graduation Date: MM/DD/YY _____
- Associate | Graduation Date: MM/DD/YY _____
- Bachelors | Graduation Date: MM/DD/YY _____
- Masters | Graduation Date: MM/DD/YY _____
- Doctorate | Graduation Date: MM/DD/YY _____

Please indicate your profession for which you are seeking coverage from our listing of eligible covered occupations: _____

1. Does your post High School education qualify you for the profession for which you are seeking coverage? Yes No
If yes, explain: _____
2. Are you a member of any professional association related to your occupation? Yes No
If yes, provide information association name: _____
3. Are you: Licensed Certified N/A
4. Are you able to work in your state without licensure or certification? Yes No
5. Do you provide any professional services to residents in/on the premises of any long-term care facility, i.e. nursing home or residential care facility? Yes No
6. Do you provide any type of youth-focused overnight professional programs such as Outward-Bound, boot camps, etc? Yes No
7. Do you provide any professional services to professional athletes whose annual income is \$25,000 or greater? Yes No

8. Have you used or do you plan to use any life sustaining or critical life monitoring equipment or devices in your practice other than emergency defibrillation devices, i.e. an Automated External Defibrillator (AED)? This includes oxygen and other medical gases used in conjunction with respiratory therapy, dialysis or heart lung machines, SIDS monitors or any other life dependent monitors or equipment or devices that malfunction and could result in death or serious deterioration of a patient's health condition. Yes No
9. Do you perform or plan to perform any jobsite training or consulting such as would normally be performed on a construction jobsite or in a manufacturing or factory setting by a safety inspector, safety trainer, or environmental inspector or consultant? Yes No
10. Will any new services be offered or current services discontinued in the next twelve (12) months? Yes No
11. Have any services been discontinued in the last 24 months? Yes No
12. If you responded "Yes" to any of the questions numbered 5-11 above, please provide full details: _____
- _____
- _____

Section III: PROFESSIONAL LIMITS AND COVERAGE

Indicate the Limits of Liability you would like:

- \$2,000,000 / \$4,000,000 \$1,000,000 / \$3,000,000 \$1,000,000 / \$1,000,000
- \$500,000 / \$500,000 \$250,000 / \$500,000 \$100,000 / \$300,000

Are you listed as the Named Insured under another currently in-force Professional Liability Claims Made Policy covering acts for the same occupation as applied for here? Yes No

Would you like to purchase a policy which provides coverage for acts back to your current policy Prior Acts Retroactive Date? Yes No

(If "Yes" to both questions above, please provide a copy of your current Claims Made Declarations Page and evidence of the prior acts retroactive date which may be listed on the Declarations Page or in an attached endorsement to your policy.)

**NOTE: You will need to provide Underwriters with a copy of your expiring policy to verify your current prior acts retroactive date should a claim be presented in the future under this program.*

If you are Self-employed, the sole owner and have no employees, then your business name can be included at no additional charge.

List business name, if applicable: _____

Section IV: CATEGORIES

Coverage Indicate which individual activities for which coverage is requested.

GROUP 1: Base premium \$117

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> AcuPoint Therapy | <input type="checkbox"/> Group Counseling | <input type="checkbox"/> Narrative Therapy | <input type="checkbox"/> Sandplay Therapies |
| <input type="checkbox"/> Art Psychotherapy | <input type="checkbox"/> Health Counsellor | <input type="checkbox"/> NES Assessment & Treatment | <input type="checkbox"/> Soul Coaching® |
| <input type="checkbox"/> Art Therapy | <input type="checkbox"/> Health Coach - Integrative Healing | <input type="checkbox"/> Nonviolent Communication | <input type="checkbox"/> Speech Pathology † |
| <input type="checkbox"/> Business Coaching | <input type="checkbox"/> Holistic Counselling | <input type="checkbox"/> Ontological Coaching | <input type="checkbox"/> Spiritual Counselling |
| <input type="checkbox"/> Cognitive Behavioural Therapy (CBT) ‡ | <input type="checkbox"/> How to get a Bigger Bite out of Life | <input type="checkbox"/> Programs of the Heart | <input type="checkbox"/> Stress Management † |
| <input type="checkbox"/> Colour Coaching | <input type="checkbox"/> Inner Child Therapy | <input type="checkbox"/> Progressive Counselling | <input type="checkbox"/> Telephone Counselling † |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Inner Personal Development | <input type="checkbox"/> Psychoanalysis | <input type="checkbox"/> Transpersonal Art therapy |
| <input type="checkbox"/> Counselling - Progressive | <input type="checkbox"/> Integrative Coaching | <input type="checkbox"/> Psychodrama | <input type="checkbox"/> Transpersonal Counselling |
| <input type="checkbox"/> Counselling - Supervision | <input type="checkbox"/> Life Coaching | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Transpersonal Medicine Therapy |
| <input type="checkbox"/> Counselling- On-line | <input type="checkbox"/> Lifestyle, Food & Wellness Coaching | <input type="checkbox"/> Pyschodrama | <input type="checkbox"/> Traumatic Incident Reduction |
| <input type="checkbox"/> Effectiveness Training | <input type="checkbox"/> Mediation | <input type="checkbox"/> Pyschophysics | <input type="checkbox"/> TRE (Trauma Release Exercises) |
| <input type="checkbox"/> Goddess for Life Coach | <input type="checkbox"/> Mentor (Counselling) | <input type="checkbox"/> Quantum Emotional Healing™ | |

GROUP 2: Base premium \$178

<input type="checkbox"/> Aerobics Instruction	<input type="checkbox"/> Exercise Advice (as part of overall treatment)	<input type="checkbox"/> NIA Technique	<input type="checkbox"/> Tai Chi for arthritis
<input type="checkbox"/> Ageless Grace	<input type="checkbox"/> Exercise Physiology	<input type="checkbox"/> Personal Training	<input type="checkbox"/> Tai Chi for diabetes
<input type="checkbox"/> Antigravity Yoga	<input type="checkbox"/> Fitness Instruction	<input type="checkbox"/> Pilates	<input type="checkbox"/> Tantra
<input type="checkbox"/> Artistic Eurythmy	<input type="checkbox"/> Five Tibetan Rites	<input type="checkbox"/> Pilateyko Pilates Angel Swimming	<input type="checkbox"/> The Art of Feminine Presence™
<input type="checkbox"/> Bones For Life	<input type="checkbox"/> Gitananda Yoga	<input type="checkbox"/> Pole Pilates	<input type="checkbox"/> Tone N Go Yoga
<input type="checkbox"/> Callanetics Exercise Method	<input type="checkbox"/> Gyrotonic/ Gyrokinesis	<input type="checkbox"/> Posture Dynamics	<input type="checkbox"/> Vibrational Exercise Therapy
<input type="checkbox"/> Chair Yoga	<input type="checkbox"/> Hasya Yoga (Laughter Yoga)	<input type="checkbox"/> Power Yoga	<input type="checkbox"/> Wellbeing Consultancy and Coaching
<input type="checkbox"/> Chi Moves	<input type="checkbox"/> Hatha Yoga	<input type="checkbox"/> Prenatal Yoga	<input type="checkbox"/> Wellness Consultancy and Coaching
<input type="checkbox"/> Chi Running®	<input type="checkbox"/> Healing Dance	<input type="checkbox"/> Purna Yoga	<input type="checkbox"/> Whole Woman®
<input type="checkbox"/> Chi Walking®	<input type="checkbox"/> Iso-Chi	<input type="checkbox"/> Rainbow Children	<input type="checkbox"/> Wu Tao
<input type="checkbox"/> ChiBall	<input type="checkbox"/> Kids Yoga	<input type="checkbox"/> Rosen Method Movement	<input type="checkbox"/> Yoga
<input type="checkbox"/> Corrective Exercises	<input type="checkbox"/> Kriya Yoga	<input type="checkbox"/> Sports Coaching	<input type="checkbox"/> YogaBugs
<input type="checkbox"/> Dance Movement Therapy	<input type="checkbox"/> Kundalini Yoga	<input type="checkbox"/> Sports Training - Fitness †	<input type="checkbox"/> Yogalates
<input type="checkbox"/> Dancing for Birth	<input type="checkbox"/> Laughter Yoga	<input type="checkbox"/> Stillness in Movement	<input type="checkbox"/> Zumba ‡
<input type="checkbox"/> Eutony	<input type="checkbox"/> Natural Breastcare	<input type="checkbox"/> Tai Chi	

GROUP 3: Base premium \$193

<input type="checkbox"/> Access Consciousness (Access Bars)	<input type="checkbox"/> Aromatherapy	<input type="checkbox"/> Body Composition Test ‡	<input type="checkbox"/> Chinese Nutrition	<input type="checkbox"/> Diamond Light Practitioner
<input type="checkbox"/> Access Bars	<input type="checkbox"/> Aromatherapy (Flower Essences)	<input type="checkbox"/> Body Electronics Point Holding	<input type="checkbox"/> Chiron Healing	<input type="checkbox"/> Direction Technique
<input type="checkbox"/> Access EFT	<input type="checkbox"/> Aromatherapy on Horses	<input type="checkbox"/> Body Mind Resolution (BMR) Healing	<input type="checkbox"/> Clairvoyants	<input type="checkbox"/> Didgeroo Doo Sound Healing
<input type="checkbox"/> Accusense 232 Assessment	<input type="checkbox"/> Aromatic Medicine	<input type="checkbox"/> Body Network & Beyond	<input type="checkbox"/> Coffee/ Tea reading	<input type="checkbox"/> Dietary Consultant (Nutritional Counselling)
<input type="checkbox"/> Accusonic Plus Ultrasound Machine	<input type="checkbox"/> Ashati	<input type="checkbox"/> Body Psychotherapy	<input type="checkbox"/> Colour Therapy	<input type="checkbox"/> Diversional Therapy
<input type="checkbox"/> Acu-energetics	<input type="checkbox"/> Aston Patterning	<input type="checkbox"/> Body Stress Release	<input type="checkbox"/> Coral Essences	<input type="checkbox"/> Divine Source Enhancement Healing
<input type="checkbox"/> Acutonics	<input type="checkbox"/> Astrology (incl. Chinese Astrology)	<input type="checkbox"/> Body Talk Systems	<input type="checkbox"/> Core Energetics	<input type="checkbox"/> DLF Therapy
<input type="checkbox"/> African Drumming	<input type="checkbox"/> Asyra Device	<input type="checkbox"/> Brain Gym	<input type="checkbox"/> Core Energetix System	<input type="checkbox"/> Down Size Me Food Coaching
<input type="checkbox"/> Aka Lani	<input type="checkbox"/> Audio Sound	<input type="checkbox"/> Brainwave Optimisation®	<input type="checkbox"/> Cosmos Child	<input type="checkbox"/> Dowsing (Energy Healing only)
<input type="checkbox"/> Alexander Technique	<input type="checkbox"/> Aura-Soma®	<input type="checkbox"/> Breathwork	<input type="checkbox"/> Cranial Electronics Point Holding	<input type="checkbox"/> Dream Work/Interpretation
<input type="checkbox"/> Angel Card Reading	<input type="checkbox"/> Autogenic Training	<input type="checkbox"/> Breathworks Mindfulness	<input type="checkbox"/> Crystal Awakening-Rachelle Charman	<input type="checkbox"/> Drum Circle Facilitation
<input type="checkbox"/> Angelic Healing	<input type="checkbox"/> Avatar Assessment	<input type="checkbox"/> Brennan Healing	<input type="checkbox"/> Crystal Dreaming™	<input type="checkbox"/> Drum Making
<input type="checkbox"/> Angel Intuitive	<input type="checkbox"/> BabyCalm™	<input type="checkbox"/> Bush Flowers	<input type="checkbox"/> Crystal Energy Healing	<input type="checkbox"/> Egyptian Emotional Clearing Technique
<input type="checkbox"/> Angel Therapy Practitioner	<input type="checkbox"/> Bach Flower Remedies	<input type="checkbox"/> California Flowers	<input type="checkbox"/> Crystal Light Bed Therapy	<input type="checkbox"/> EMDR Eye Movement Desensitization & Reprocessing
<input type="checkbox"/> Animal B.E.S.T. (Bio-Energetic Synchronization Technique)	<input type="checkbox"/> Bicom Instrument	<input type="checkbox"/> Calmbirth® †	<input type="checkbox"/> Crystal Light Healing	<input type="checkbox"/> EMF Balancing Technique
<input type="checkbox"/> Animal Communication	<input type="checkbox"/> Biodanza	<input type="checkbox"/> Celluloid Mineral therapy	<input type="checkbox"/> Crystal O Therapy (Crystal Awareness)	<input type="checkbox"/> Emotion Code, The
<input type="checkbox"/> Animal Dreaming	<input type="checkbox"/> Bio Energetics Medicine	<input type="checkbox"/> Chakra and Aura Therapy	<input type="checkbox"/> Crystal Power Healing	<input type="checkbox"/> Emotional Rescue®
<input type="checkbox"/> Animal Training - Dogs & Cats	<input type="checkbox"/> Bio Feedback	<input type="checkbox"/> Chakra Balancing	<input type="checkbox"/> Crystal Remote Viewing	<input type="checkbox"/> Emotionally Focused Therapy
<input type="checkbox"/> Anthroposophy (spiritual philosophy)	<input type="checkbox"/> Biograph Assessment	<input type="checkbox"/> Chakra Balance - Relax.Nurture.Inspire	<input type="checkbox"/> Crystal Resonance Healing	<input type="checkbox"/> Energetic/ Energy Healing
<input type="checkbox"/> Aqua Detox	<input type="checkbox"/> Bioimpedance Analysis	<input type="checkbox"/> Channelling	<input type="checkbox"/> Crystal Shamanism-Rachelle Charman	<input type="checkbox"/> Energy Medicine
<input type="checkbox"/> Aqua Detox Medical Unit	<input type="checkbox"/> Bioresonance Therapy	<input type="checkbox"/> Chi Kung	<input type="checkbox"/> Crystal Sound Therapy	<input type="checkbox"/> Eq4/Listen/Orion Assessment
<input type="checkbox"/> Aquarian Healing	<input type="checkbox"/> Biosenetics	<input type="checkbox"/> Childbirth Education/Educators †	<input type="checkbox"/> Crystal Therapy	<input type="checkbox"/> Ergonomics
<input type="checkbox"/> Aquatic Bodywork	<input type="checkbox"/> Birth Skills™	<input type="checkbox"/> Childrens Wellbeing Courses	<input type="checkbox"/> CVT Crystal Vibrational Therapy	<input type="checkbox"/> Esoteric Healing (Spiritual Healing)
<input type="checkbox"/> Arolo	<input type="checkbox"/> Body Acceptance & appreciation for women †	<input type="checkbox"/> Chinese Astrology	<input type="checkbox"/> Cytology	<input type="checkbox"/> Essence Of Angels
<input type="checkbox"/> Arolo Tifar	<input type="checkbox"/> Body Acceptance & appreciation for youth †	<input type="checkbox"/> Chinese Herbal Medicine	<input type="checkbox"/> Demartini Method	<input type="checkbox"/> Essences of the Ancient Civilisations

GROUP 3 CONTINUED: Base premium \$193

<input type="checkbox"/> Estall Therapy (Voice Dialogue)	<input type="checkbox"/> Intuitive Counselling	<input type="checkbox"/> Original 7 Level System of Reiki	<input type="checkbox"/> QXCI Assessment	<input type="checkbox"/> Spiritual Empowerment
<input type="checkbox"/> Eurythmy Therapy	<input type="checkbox"/> Intuitive Dynamix	<input type="checkbox"/> Orion /EQ4/Listen Assessment	<input type="checkbox"/> Rachele Charman's Crystal Awakening	<input type="checkbox"/> Spiritual Healing
<input type="checkbox"/> Expressive Therapies	<input type="checkbox"/> Jungian Analysis	<input type="checkbox"/> Orion Healing Technique	<input type="checkbox"/> Rachele Charman's Crystal Shamanism	<input type="checkbox"/> Spiritual Knowledge & Philosophy
<input type="checkbox"/> Extended DISC System ‡	<input type="checkbox"/> Kryslantium Healing	<input type="checkbox"/> OSHO Meditation Instruction	<input type="checkbox"/> Radical Forgiveness	<input type="checkbox"/> Sports Training (remedial/nutrition, not fitness)
<input type="checkbox"/> Eye Movement Desensitization & Reprocessing (EMDR)	<input type="checkbox"/> Labyrinth Facilitation	<input type="checkbox"/> OSHO Multiversity Modalities	<input type="checkbox"/> Rebirthing	<input type="checkbox"/> Starflower's Spiritual Alchemy
<input type="checkbox"/> Face Readings	<input type="checkbox"/> Life Field Therapy (LFT)	<input type="checkbox"/> OSHO Neo-Reiki	<input type="checkbox"/> Reconnective Healing	<input type="checkbox"/> Systemic Constellations
<input type="checkbox"/> Facial Diagnostics ‡	<input type="checkbox"/> Life Sparkle	<input type="checkbox"/> Palmistry	<input type="checkbox"/> Reference Point Therapy	<input type="checkbox"/> Tarot Card Readings
<input type="checkbox"/> Facial Harmony	<input type="checkbox"/> Lifeline Technique *†	<input type="checkbox"/> Palm Energy Reading	<input type="checkbox"/> Regression Therapy	<input type="checkbox"/> The Derafield
<input type="checkbox"/> Feng Shui	<input type="checkbox"/> Lightworker Practitioner	<input type="checkbox"/> Parapsychology	<input type="checkbox"/> Rekindled Ancient Wisdom	<input type="checkbox"/> The Emotional Code
<input type="checkbox"/> Figure Diagnosis	<input type="checkbox"/> Listen/EQ4/Orion Assessment	<input type="checkbox"/> Past Life Healer	<input type="checkbox"/> Relax Kids	<input type="checkbox"/> The En-Orgone Method
<input type="checkbox"/> Flame Tree	<input type="checkbox"/> Living Authentically®	<input type="checkbox"/> Past Life Regression (Therapy)	<input type="checkbox"/> Relaxation Breathing	<input type="checkbox"/> The Inner Compass®
<input type="checkbox"/> Flower Essence Therapy	<input type="checkbox"/> Living Love	<input type="checkbox"/> Past, Parrallel, Future Life Therapy (PPFLT)	<input type="checkbox"/> Resonance Repatterning	<input type="checkbox"/> The Journey
<input type="checkbox"/> Flower Reading	<input type="checkbox"/> Mace Energy Method	<input type="checkbox"/> Pasture Management	<input type="checkbox"/> Rising Star Healing System	<input type="checkbox"/> The Mace Energy Method
<input type="checkbox"/> Free to Be Me	<input type="checkbox"/> Magnetobiology	<input type="checkbox"/> Path of Love	<input type="checkbox"/> Runes	<input type="checkbox"/> The Pendulum
<input type="checkbox"/> Gem Essences	<input type="checkbox"/> Manifestation Coaching	<input type="checkbox"/> Peak States Therapy	<input type="checkbox"/> Ryodoraku Assessment	<input type="checkbox"/> The Work of Byron Katie
<input type="checkbox"/> Geomancy	<input type="checkbox"/> Meditation	<input type="checkbox"/> Pellowah Healings	<input type="checkbox"/> Sacred Kurradji Science & Wisdom	<input type="checkbox"/> Therapeutic Touch
<input type="checkbox"/> Gestalt Therapy	<input type="checkbox"/> Mediums / Channeling	<input type="checkbox"/> Phenolics	<input type="checkbox"/> Samassati Colour Light Therapy	<input type="checkbox"/> Thermology
<input type="checkbox"/> Hahnemann Healing	<input type="checkbox"/> Meliae Intuitive Healing	<input type="checkbox"/> Phrenology	<input type="checkbox"/> Scerology	<input type="checkbox"/> Theta Healing
<input type="checkbox"/> Hakomi	<input type="checkbox"/> Metatronia Therapy®	<input type="checkbox"/> Plant Spirit Medicine	<input type="checkbox"/> Seichim Healing	<input type="checkbox"/> Thought Field Therapy (TFT)
<input type="checkbox"/> Heal Your Life	<input type="checkbox"/> Mickel Therapy	<input type="checkbox"/> Polarity Therapy	<input type="checkbox"/> Sekham	<input type="checkbox"/> Time Line Therapy
<input type="checkbox"/> Heart Energetics	<input type="checkbox"/> Mind Colour	<input type="checkbox"/> Power of Sound	<input type="checkbox"/> Serenity Neuromeditation	<input type="checkbox"/> ToddlerCalm™
<input type="checkbox"/> Heart Resonance Therapy	<input type="checkbox"/> Mind Detox Method	<input type="checkbox"/> Pranic Healing	<input type="checkbox"/> Serenity Vibration Healing & Enlightenment	<input type="checkbox"/> Tomatis Method
<input type="checkbox"/> Hexagram of Balance	<input type="checkbox"/> Mindfulness (Children and Adolescents)	<input type="checkbox"/> Precognitive Therapy (previously Souls purpose)	<input type="checkbox"/> Shamanic Bodywork	<input type="checkbox"/> Transcendental Meditation
<input type="checkbox"/> Holistic Energy Care	<input type="checkbox"/> Mindfulness-based approaches	<input type="checkbox"/> PrimalSoul Dance Meditation	<input type="checkbox"/> Shamanic Healing	<input type="checkbox"/> Trimetrix EQ
<input type="checkbox"/> Holistic Healing	<input type="checkbox"/> Monocrom Light & Colour	<input type="checkbox"/> Prime Tuning Of Cells	<input type="checkbox"/> Shamanic Studies	<input type="checkbox"/> Tuning of Cells
<input type="checkbox"/> Holographic Repatterning / Resonance Repatterning	<input type="checkbox"/> Moving Beyond Stress	<input type="checkbox"/> Primus Activation Technique	<input type="checkbox"/> Shamanism and Transformational Mask	<input type="checkbox"/> Unconditional Love Healing
<input type="checkbox"/> Homoeopathy	<input type="checkbox"/> Music Therapy	<input type="checkbox"/> Prismology	<input type="checkbox"/> Shell Essences	<input type="checkbox"/> Vastu Shastra
<input type="checkbox"/> Hypnofertility	<input type="checkbox"/> Myers Briggs Type Indicator Device	<input type="checkbox"/> Provision of Antenatal & Postnatal -(Education Only)	<input type="checkbox"/> Shi Liao	<input type="checkbox"/> Vibemed Balance
<input type="checkbox"/> Hypnotherapy	<input type="checkbox"/> Native American Indian Drumming	<input type="checkbox"/> PSH Therapy	<input type="checkbox"/> Shifting Gears®	<input type="checkbox"/> Vibrational Breath Therapy
<input type="checkbox"/> I-Ching Readings	<input type="checkbox"/> Natural Spiritual Healing	<input type="checkbox"/> Psychic Artist	<input type="checkbox"/> Sleep Therapy	<input type="checkbox"/> Vibrational Medicine
<input type="checkbox"/> Ignite Your Spirit	<input type="checkbox"/> Neuro Linguistic Programming (NLP)	<input type="checkbox"/> Psychics	<input type="checkbox"/> Somatic Integration Therapy	<input type="checkbox"/> Vibrational Oneness
<input type="checkbox"/> IMI Maternity & Child Sleep Consultant	<input type="checkbox"/> Numerology	<input type="checkbox"/> PSYCH-K®	<input type="checkbox"/> Somatic Therapy	<input type="checkbox"/> Visionary Intuitive Healing®
<input type="checkbox"/> Ink Brush Painting	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Psychometry	<input type="checkbox"/> Somato Emotional Release	<input type="checkbox"/> Whole Hearted Healing
<input type="checkbox"/> Inner Space Interactive Sourcing (ISIS)	<input type="checkbox"/> Nutrition for Cats and Dogs	<input type="checkbox"/> Psychophysical Healing	<input type="checkbox"/> SoulLife Therapy™	<input type="checkbox"/> Zenith Omega
<input type="checkbox"/> Integrated Bio-Dynamics	<input type="checkbox"/> Nutrition for Horses	<input type="checkbox"/> Qi Gong	<input type="checkbox"/> Soul Focused Psychotherapy	<input type="checkbox"/> ZPoint Process, The
<input type="checkbox"/> Intergrated Self Empowerment Therapy	<input type="checkbox"/> Nutritional Therapies	<input type="checkbox"/> Quantum Healing Hypnosis Therapy (QHHT)	<input type="checkbox"/> Soul Regression Therapy	
<input type="checkbox"/> Integrated Healing	<input type="checkbox"/> Oneness	<input type="checkbox"/> Quantum Stress and Trauma Release	<input type="checkbox"/> Sound Healing	
<input type="checkbox"/> Internal Fitness	<input type="checkbox"/> Oracle Card Reading	<input type="checkbox"/> Quantum Vortex	<input type="checkbox"/> Space Clearing	
<input type="checkbox"/> Intuitive Card Reading	<input type="checkbox"/> Orb of Life	<input type="checkbox"/> Quit Cigarettes in 60 Minutes	<input type="checkbox"/> Spiritual Artist	

GROUP 4: Base premium \$220

<input type="checkbox"/> Advanced Skin Care	<input type="checkbox"/> Action Potential Stimulation Therapy (APS) †	<input type="checkbox"/> Acupressure	<input type="checkbox"/> Akupunkt Massage	<input type="checkbox"/> Allergy Testing
<input type="checkbox"/> Acrylic Nails ‡	<input type="checkbox"/> Active Release Technique	<input type="checkbox"/> Airbrush Makeup ‡	<input type="checkbox"/> Algotherapy ‡	<input type="checkbox"/> Animal Healing

GROUP 4 CONTINUED: Base premium \$220

<input type="checkbox"/> Animal Homeopathy	<input type="checkbox"/> Chilled Rock Massage	<input type="checkbox"/> Electrolysis	<input type="checkbox"/> Forensic Healing	<input type="checkbox"/> Joint Anchor Technique
<input type="checkbox"/> Animal Osteopathy - Dogs & Horses	<input type="checkbox"/> Chinese Acupressure	<input type="checkbox"/> Electroregeneration	<input type="checkbox"/> Function Fascial Taping	<input type="checkbox"/> JOYA Crystal Massage
<input type="checkbox"/> Applied Lingua-physiology	<input type="checkbox"/> Chinese Massage	<input type="checkbox"/> Emmett Technique	<input type="checkbox"/> Functional Integration Awareness	<input type="checkbox"/> Ka Huna Massage
<input type="checkbox"/> AromaTouch™ Technique	<input type="checkbox"/> Cleopatra Skin Advanced Quantum Healing	<input type="checkbox"/> Emmett Technique on Animals	<input type="checkbox"/> Galvanism	<input type="checkbox"/> Kahuna Bodywork
<input type="checkbox"/> Attractor Field Therapy	<input type="checkbox"/> Cleopatra Skin Back Relief Yoga	<input type="checkbox"/> Emotional Freedom Technique	<input type="checkbox"/> Gas Discharge Visualisation (GDV) Camera	<input type="checkbox"/> Kanetika™ Structural Balancing
<input type="checkbox"/> Auro-Kinetic Training	<input type="checkbox"/> Cleopatra Skin Face Lift Yoga	<input type="checkbox"/> ENAR Device	<input type="checkbox"/> Gel Nails ‡	<input type="checkbox"/> Karuna Reiki
<input type="checkbox"/> Ayurveda	<input type="checkbox"/> Cleopatra Skin Natural Face Lift Massage	<input type="checkbox"/> ENAR Therapy	<input type="checkbox"/> Genetic Counselling ‡	<input type="checkbox"/> Ka-Tone Deep Tissue
<input type="checkbox"/> Baby Reflexology	<input type="checkbox"/> Cleopatra Skin Natural Family Healing	<input type="checkbox"/> Endermology	<input type="checkbox"/> Gerontology ‡	<input type="checkbox"/> Ki Massage
<input type="checkbox"/> Balinese Massage	<input type="checkbox"/> Cleopatra Skin Hot Spot Body Rock	<input type="checkbox"/> Energy Balance Massage	<input type="checkbox"/> Glycolic Facial ‡	<input type="checkbox"/> Kinergetics
<input type="checkbox"/> Balneotherapy ‡	<input type="checkbox"/> Cleopatra Skin Quantum Healing	<input type="checkbox"/> Epidermabrasion	<input type="checkbox"/> Gommage	<input type="checkbox"/> Kinesiology
<input type="checkbox"/> Bamboo Massage	<input type="checkbox"/> Cleopatra Skin Tummy Tuck Yoga	<input type="checkbox"/> Equine and Canine Rehabilitation and Training	<input type="checkbox"/> Gyrotory Massage	<input type="checkbox"/> Kodo Massage
<input type="checkbox"/> Bates Method	<input type="checkbox"/> Cleopatra Skin Voice and Sound Healing	<input type="checkbox"/> Equine Body Therapy	<input type="checkbox"/> H.E.C. Remedial therapy	<input type="checkbox"/> Kyda Muscle Therapy
<input type="checkbox"/> Beauty Therapists	<input type="checkbox"/> Cleopatra Wrinkle Reduction Massage	<input type="checkbox"/> Equine Hoof Care	<input type="checkbox"/> Hakomi Massage	<input type="checkbox"/> Lactation Consulting
<input type="checkbox"/> B.E.ST. (Bio-Energetic Synchronisation System)	<input type="checkbox"/> Clinical Camouflage Make-up	<input type="checkbox"/> Equine Muscle Release Therapy (EMRT)	<input type="checkbox"/> Halo Therapy ‡	<input type="checkbox"/> Life Alignment
<input type="checkbox"/> Best System Assessment	<input type="checkbox"/> Clinical Laser Therapy (non thermal)	<input type="checkbox"/> Equine Myofunctional Therapy	<input type="checkbox"/> Hatchards Way	<input type="checkbox"/> Live Blood Analysis ‡
<input type="checkbox"/> Bindi Bodywork ‡	<input type="checkbox"/> Collagen Facial	<input type="checkbox"/> Equine Naturopathy	<input type="checkbox"/> Healing Touch Practitioner	<input type="checkbox"/> Lomi Lomi Massage
<input type="checkbox"/> Bio Energy Detox Foot Spa	<input type="checkbox"/> Complex Lymphatic Drainage	<input type="checkbox"/> Equine Photonic Therapy	<input type="checkbox"/> Heller Work	<input type="checkbox"/> Loofah Scrub
<input type="checkbox"/> Bio Lifting ‡	<input type="checkbox"/> Complex Lymphatic Therapy	<input type="checkbox"/> Equine Podio-Therapy	<input type="checkbox"/> Hemaview (Live Blood Analysis)	<input type="checkbox"/> Looyen Work
<input type="checkbox"/> Bio Magnetic Synchronisation Technique BMS	<input type="checkbox"/> Compression Wrap	<input type="checkbox"/> Equine Shiatsu	<input type="checkbox"/> Herbal Medicine for Dogs & Cats	<input type="checkbox"/> Low Level Laser Therapy ‡
<input type="checkbox"/> Biomagnetic Pairs Therapy	<input type="checkbox"/> Counselling - Financial (other than work requiring fin serv. Licence)	<input type="checkbox"/> Equine Sports Massage	<input type="checkbox"/> Herbal Medicine for Horses	<input type="checkbox"/> Lymphatic Drainage Massage
<input type="checkbox"/> Biodynamic Massage	<input type="checkbox"/> CPT Complex Physical Therapy	<input type="checkbox"/> Equine Touch	<input type="checkbox"/> Herbalism/ Herbal Medicine	<input type="checkbox"/> Magnetic Therapy
<input type="checkbox"/> Bloodscan	<input type="checkbox"/> Craniosacral Therapy	<input type="checkbox"/> Equinology	<input type="checkbox"/> Hoffman Massage	<input type="checkbox"/> Magnified Healing
<input type="checkbox"/> Body Scrub ‡	<input type="checkbox"/> Cycloid Vibration Therapy	<input type="checkbox"/> Equus Muscle Management	<input type="checkbox"/> Holistic Massage	<input type="checkbox"/> Makeup ‡
<input type="checkbox"/> Body Wrap	<input type="checkbox"/> Cross Fibre Mobilisation	<input type="checkbox"/> Esalen Massage	<input type="checkbox"/> Holistic Pulsing	<input type="checkbox"/> Manicures ‡
<input type="checkbox"/> Bodyflow Machine	<input type="checkbox"/> Cupping	<input type="checkbox"/> Esogetic Colourpuncture	<input type="checkbox"/> Homotoxicology	<input type="checkbox"/> Manual Lymphatic Drainage
<input type="checkbox"/> Bowen Therapy	<input type="checkbox"/> Daavid Therapy	<input type="checkbox"/> Facial Hair Removal - Threading ‡	<input type="checkbox"/> Horstmann Technique	<input type="checkbox"/> Mary Staggs Foot Detox
<input type="checkbox"/> Bowen Therapy on Animals	<input type="checkbox"/> Darkfield Microscopy (live blood analysis)	<input type="checkbox"/> Facial Hair Removal - Tweezing ‡	<input type="checkbox"/> Hoshino Therapy	<input type="checkbox"/> Mask and Traditional Healing
<input type="checkbox"/> Buteyko	<input type="checkbox"/> Deep Penetrating Light Therapy	<input type="checkbox"/> Fascial Kinetics	<input type="checkbox"/> Hot Stone Therapy	<input type="checkbox"/> Massage
<input type="checkbox"/> Canine Myofunctional Therapy	<input type="checkbox"/> Deep Sea Mud Treatment	<input type="checkbox"/> Facials ‡	<input type="checkbox"/> Hydration Facial	<input type="checkbox"/> Massage in Schools Program
<input type="checkbox"/> Canine Rehabilitation	<input type="checkbox"/> Deep Tissue Massage	<input type="checkbox"/> Fango Body Treatment	<input type="checkbox"/> Hydrotherapy	<input type="checkbox"/> Medical Intuition
<input type="checkbox"/> Canine Remedial Massage	<input type="checkbox"/> Denas Therapy	<input type="checkbox"/> Faradism	<input type="checkbox"/> IFAS High Frequency Electrical Treatment ‡	<input type="checkbox"/> Meridian Psychotherapy
<input type="checkbox"/> Canine Touch	<input type="checkbox"/> Di Morrow Method	<input type="checkbox"/> Feather Wand	<input type="checkbox"/> Indian Head Massage	<input type="checkbox"/> Metamorphic
<input type="checkbox"/> Cat and Canine Muscle Release Therapy (CCMRT) ‡	<input type="checkbox"/> Dietitian	<input type="checkbox"/> Feldenkrais	<input type="checkbox"/> Infant Massage	<input type="checkbox"/> Metatronic Energy
<input type="checkbox"/> Cathodermie ‡	<input type="checkbox"/> Dog Clipping & Grooming	<input type="checkbox"/> Financial Counselling	<input type="checkbox"/> Infra Red Therapy	<input type="checkbox"/> Micro Current
<input type="checkbox"/> Chakra (energy massage)	<input type="checkbox"/> Dorn Therapy	<input type="checkbox"/> Finch Therapy	<input type="checkbox"/> Infrared Body Wrap	<input type="checkbox"/> Microdermabrasion ‡
<input type="checkbox"/> Champissage	<input type="checkbox"/> Doula (including light domestic duties)	<input type="checkbox"/> Fingernails - Acrylic Fingernails ‡	<input type="checkbox"/> Intense Pulsed Light IPL	<input type="checkbox"/> Mobilising Massage
<input type="checkbox"/> Chavutti Thai Massage	<input type="checkbox"/> Dry Blood Analysis	<input type="checkbox"/> FIR Blanket ‡	<input type="checkbox"/> Interior Alignment	<input type="checkbox"/> Mora Therapy
<input type="checkbox"/> Chavutti Thirumal ‡	<input type="checkbox"/> Dry Brushing	<input type="checkbox"/> First Aid facilitator	<input type="checkbox"/> Interlinked Healing Technique	<input type="checkbox"/> Motion Analysis Clinical Massage
<input type="checkbox"/> Chi Kung Massage	<input type="checkbox"/> Dry Needling	<input type="checkbox"/> Fit Genes DNA Profiling	<input type="checkbox"/> Ionic Foot bath (Mary Staggs Detox)	<input type="checkbox"/> Mud treatment ‡
<input type="checkbox"/> Chi Nei Tsang	<input type="checkbox"/> Electrical Stimulation (eg TENS)	<input type="checkbox"/> Floatation tank	<input type="checkbox"/> Iridology	<input type="checkbox"/> Myofascial Release Therapy
<input type="checkbox"/> Chi Reflexology	<input type="checkbox"/> Electro-dermal Screening	<input type="checkbox"/> Foot and Hand Care	<input type="checkbox"/> James Method for Asthma	<input type="checkbox"/> Myofascial Release Therapy for Horses & Dogs
<input type="checkbox"/> Chi-Acupressure Massage	<input type="checkbox"/> Electrology ‡ (shortwave, diathermy and blend)	<input type="checkbox"/> Foot Care	<input type="checkbox"/> Jin Shin Jyustu®	<input type="checkbox"/> Myopractic

GROUP 4 CONTINUED: Base premium \$220

- | | | | | |
|--|--|---|--|--|
| <input type="checkbox"/> Myorthotics | <input type="checkbox"/> Ortho-Bionomy | <input type="checkbox"/> Reiki | <input type="checkbox"/> Sports Massage | <input type="checkbox"/> Trichology |
| <input type="checkbox"/> Myotherapy - excluding Dry Needling | <input type="checkbox"/> Orthoptics | <input type="checkbox"/> Reiki on Animals | <input type="checkbox"/> Sports Therapy | <input type="checkbox"/> Trigger Point Therapy |
| <input type="checkbox"/> NAET (Nambudripads Allergy Elimination Technique) | <input type="checkbox"/> OSHO Craniosacral | <input type="checkbox"/> Relaxation Massage | <input type="checkbox"/> Spray Tanning ‡ | <input type="checkbox"/> Tuina Massage |
| <input type="checkbox"/> Natural Vision Improvement | <input type="checkbox"/> OSHO Rebalancing | <input type="checkbox"/> Remedial Massage | <input type="checkbox"/> Steam Sauna | <input type="checkbox"/> Tuning Fork |
| <input type="checkbox"/> Naturopathy | <input type="checkbox"/> Paraffin treatment | <input type="checkbox"/> RESET (Kinergetics) | <input type="checkbox"/> Structural Integration | <input type="checkbox"/> Ultra Sonic |
| <input type="checkbox"/> Neuro Muscular Transmission | <input type="checkbox"/> Pedicures † | <input type="checkbox"/> Rolfing | <input type="checkbox"/> Sunbeds and Solariums | <input type="checkbox"/> Universal Contour Wrap |
| <input type="checkbox"/> Neuro Psychological Immunity & Vibrational medicine | <input type="checkbox"/> Photonic Therapy | <input type="checkbox"/> Rosen Method Bodywork | <input type="checkbox"/> Swedish Massage | <input type="checkbox"/> Vega Testing (Allergy Testing) |
| <input type="checkbox"/> Neuro Skeletal Therapy | <input type="checkbox"/> Phototherapy | <input type="checkbox"/> Rotai Pain Relief (Aust) | <input type="checkbox"/> Swiss Ball | <input type="checkbox"/> Vibrational Kinesiology |
| <input type="checkbox"/> Neuro Structural Integration | <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Salt Scrub ‡ | <input type="checkbox"/> Tapas Acupressure Technique - (TAT) | <input type="checkbox"/> Vibrosaun |
| <input type="checkbox"/> Neurodevelopmental Therapy | <input type="checkbox"/> Point of Care (live blood analysis) | <input type="checkbox"/> Salt Therapy ‡ | <input type="checkbox"/> TAT for Weight Loss | <input type="checkbox"/> Visceral Manipulation (excluding spinal manip.) |
| <input type="checkbox"/> Neuromodulation Technique | <input type="checkbox"/> Postural Integration | <input type="checkbox"/> Sanctum MindSpa | <input type="checkbox"/> TENS Machine | <input type="checkbox"/> Virbomuscular Harmonization Technique |
| <input type="checkbox"/> Neuro-Training | <input type="checkbox"/> Pre & Post Natal Therapy † | <input type="checkbox"/> Scenar Professional Device | <input type="checkbox"/> Thai Massage | <input type="checkbox"/> Vita Flex Technique |
| <input type="checkbox"/> Neurovascular Massage | <input type="checkbox"/> Pregnancy Massage | <input type="checkbox"/> Scotch House Massage | <input type="checkbox"/> Thai Yoga Massage | <input type="checkbox"/> Vocational Rehabilitation |
| <input type="checkbox"/> Niblett Technique | <input type="checkbox"/> Psychic Massage | <input type="checkbox"/> Sea Clay Body Wrap ‡ | <input type="checkbox"/> Thalasso Therapy | <input type="checkbox"/> Vodder Technique Man. Lymph. Drainage |
| <input type="checkbox"/> NST Equine | <input type="checkbox"/> Psychosomatic Therapy | <input type="checkbox"/> Seated Massage | <input type="checkbox"/> The Arvigo Techniques of Maya Abdominal Therapy | <input type="checkbox"/> Watsu |
| <input type="checkbox"/> O2 Detox foot bath | <input type="checkbox"/> Quantum BioEnergetics | <input type="checkbox"/> Seaweed Wrap ‡ | <input type="checkbox"/> Thermal Therapy | <input type="checkbox"/> Weight Management |
| <input type="checkbox"/> O2 Detox Spa | <input type="checkbox"/> Quantum Touch | <input type="checkbox"/> Shen Therapy | <input type="checkbox"/> Tibetan Pulsing | <input type="checkbox"/> Weightloss Consultant † |
| <input type="checkbox"/> Occupational Health, Safety & Ergonomics | <input type="checkbox"/> Raindrop Technique® | <input type="checkbox"/> Shiatsu | <input type="checkbox"/> Touch for Health | <input type="checkbox"/> Zentai Therapy |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Raynor Technique | <input type="checkbox"/> SimplyHealed Method | <input type="checkbox"/> Traditional Chinese Medicine | <input type="checkbox"/> Zero Balancing |
| <input type="checkbox"/> Oceanic Body Work | <input type="checkbox"/> Recreation Therapy | <input type="checkbox"/> Slimtronic Body Toning | <input type="checkbox"/> Traditional Eastern Cupping | |
| <input type="checkbox"/> Oncology Massage *† | <input type="checkbox"/> Reflexology | <input type="checkbox"/> SLM Bodywork | <input type="checkbox"/> Transcendence Massage | |
| <input type="checkbox"/> Onsen Technique | <input type="checkbox"/> Reichian Massage | <input type="checkbox"/> Sound Massage | <input type="checkbox"/> Tribal Massage | |

Section V: ADDITIONAL INSURED TO BE INSURED

(Additional Insured Coverage is subject to a valid insurable interest and written requirement for coverage of the Additional Insured on your insurance)
Describe the business relationship/insurable interest of Additional Insured to you from the list below.*

Name of Additional Insured	Complete Address of Additional Insured	Business Relationship/Insurable Interest: (enter the applicable number (s) from the list provided below or explain)

- (1) Co-Owner Of Insured Premises (2) Grantor Of Franchise (3) Land Owner Lessor Of Leased Equipment Lessor of Premises
(4) Managers of Premises used for providing Professional Services (5) Mortgagee, Assignee, Or Receiver (6) Owner Or Other Interests From Whom Land Has Been Leased
(7) I am in a contractual agreement with the requested Additional Insured to name them as such (8) They are my employee or independent contractor (9) Other: please describe.

Section VI: WARRANTY QUESTIONS

("You" means any individual proposed for this insurance including any current or past employee, independent contractor or additional insured on your behalf.)

- Within the last 10 years, have you ever had any of the following revoked, suspended, refused, denied renewal, cancelled, placed on probation, voluntarily surrendered or is such pending?
 - State license, certification or registration Yes No
 - Malpractice insurance Yes No
- Within the last 10 years, has a claim or suit for alleged malpractice been brought against you or are you aware of any incident that might reasonably lead to such a claim or suit? Yes No
- Have you ever been convicted (as an adult) of a felony or is any such case pending? Yes No
- Within the last 10 years, have you had any complaints or charges brought against you by any licensing board or professional ethics body? Yes No

IMPORTANT: If any answer above is "Yes", please attach a detailed explanation including dates, names of parties involved, allegations, your written response to the allegations if applicable and a copy of any formal ruling or notice by any regulator, licensing body, professional ethics board or insurer.

Section VII: SIGNATURE / DATE

I hereby declare that the preceding statements and particulars contained in this application are true and that I have not suppressed or misstated any material facts and I agree that this declaration shall be the basis of the contract between me and the underwriters. SIGNING THIS FORM OR SUBMISSION OF PAYMENT DOES NOT BIND THE APPLICANT OR UNDERWRITER TO COMPLETE THE INSURANCE. HOWEVER, IF COVERAGE IS BOUND, THIS APPLICATION BECOMES A PART OF THE POLICY.

PLEASE TAKE NOTICE THAT:

1. Lockton may receive compensation from an insurer or other intermediary as a result of the sale of insurance to you.
2. The compensation received by Lockton may differ depending on the product, insurer and/or other intermediary.
3. Lockton may receive additional compensation from the insurer and/or other intermediary based upon other factors, such as premium volume placed with a particular insurer or through a particular intermediary and loss or claims experience.

I request that my insurance become effective on: ____ / ____ / ____

(Effective date may not be earlier than the date the application is received by the administrator and not more than 45 days from the date of this application.)

Signature _____

Date ____ / ____ / ____

Payment Options

1. Fax your completed application and credit card information toll free to (888) 886-7488
2. Mail completed application with check or credit card information payable to:

Lockton Affinity, LLC
PO Box 876114
Kansas City, MO 64187-6114

Questions?

Website: www.locktonmedicalliabilityinsurance.com | Email: lockton_info@locktonaffinity.com

Phone: (800) 253-5486 | Fax: (913) 652-3966

Method of Payment: MasterCard Visa Discover

Account #: _____ Expiration Date: ____ / ____ / ____ Security Code: _____

I hereby authorize Lockton Affinity, LLC to charge the credit card indicated as payment for my professional liability coverages.

Signature of Card Holder: _____

Print Card Holder Name: _____

Billing Address of Card Holder: _____

City _____ State _____ Zip _____

This Professional Liability Insurance program has been organized as a purchasing group (National Professional Purchasing Group Association, Inc.), pursuant to legislation enacted by the U.S. Congress as the Federal Liability Risk Retention Act of 1986. You automatically become a member of the purchasing group once your completed application has been approved and your premium has been received.

LII 482 A (07/13)