

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

GROUP 3: Base premium \$193

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

GROUP 3 CONTINUED: Base premium \$193

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

GROUP 4: Base premium \$220

<input type="checkbox"/> Advanced Skin Care	<input type="checkbox"/> Advanced Dietary Supplements Advisor	<input type="checkbox"/> Action Potential Stimulation Therapy (APS) †	<input type="checkbox"/> Acupressure	<input type="checkbox"/> Akupunkt Massage
<input type="checkbox"/> Advanced Clinical Weight Loss Practitioner	<input type="checkbox"/> Acrylic Nails ‡	<input type="checkbox"/> Active Release Technique	<input type="checkbox"/> Airbrush Makeup ‡	<input type="checkbox"/> Algotherapy ‡
GROUP 4 CONTINUED: Base premium \$220				
<input type="checkbox"/> Allergy Testing	<input type="checkbox"/> Chi Reflexology	<input type="checkbox"/> Electrolysis	<input type="checkbox"/> Galvanism	<input type="checkbox"/> Karuna Reiki
<input type="checkbox"/> Animal Healing	<input type="checkbox"/> Chi-Acupressure Massage	<input type="checkbox"/> Electrogenesis	<input type="checkbox"/> Gas Discharge Visualisation (GDV) Camera	<input type="checkbox"/> Ka-Tone Deep Tissue
<input type="checkbox"/> Animal Homeopathy	<input type="checkbox"/> Chilled Rock Massage	<input type="checkbox"/> Emmett Technique	<input type="checkbox"/> Gel Nails ‡	<input type="checkbox"/> Ki Massage
<input type="checkbox"/> Animal Osteopathy - Dogs & Horses	<input type="checkbox"/> Chinese Acupressure	<input type="checkbox"/> Emmett Technique on Animals	<input type="checkbox"/> Genetic Counselling ‡	<input type="checkbox"/> Kinergetics
<input type="checkbox"/> Applied Lingua-physiology	<input type="checkbox"/> Chinese Massage	<input type="checkbox"/> Emotional Freedom Technique	<input type="checkbox"/> Gerontology ‡	<input type="checkbox"/> Kinesiology
<input type="checkbox"/> AromaTouch™ Technique	<input type="checkbox"/> Cleopatra Skin Advanced Quantum Healing	<input type="checkbox"/> ENAR Device	<input type="checkbox"/> Glycolic Facial ‡	<input type="checkbox"/> Kodo Massage
<input type="checkbox"/> Attractor Field Therapy	<input type="checkbox"/> Cleopatra Skin Back Relief Yoga	<input type="checkbox"/> ENAR Therapy	<input type="checkbox"/> Gommage	<input type="checkbox"/> Kyda Muscle Therapy
<input type="checkbox"/> Auro-Kinetic Training	<input type="checkbox"/> Cleopatra Skin Face Lift Yoga	<input type="checkbox"/> Endermology	<input type="checkbox"/> Gyrotory Massage	<input type="checkbox"/> Lactation Consulting
<input type="checkbox"/> Ayurveda	<input type="checkbox"/> Cleopatra Skin Natural Face Lift Massage	<input type="checkbox"/> Energy Balance Massage	<input type="checkbox"/> H.E.C. Remedial therapy	<input type="checkbox"/> Life Alignment
<input type="checkbox"/> Baby Reflexology	<input type="checkbox"/> Cleopatra Skin Natural Family Healing	<input type="checkbox"/> Epidermabrasion	<input type="checkbox"/> Hakomi Massage	<input type="checkbox"/> Live Blood Analysis ‡
<input type="checkbox"/> Balinese Massage	<input type="checkbox"/> Cleopatra Skin Hot Spot Body Rock	<input type="checkbox"/> Equine and Canine Rehabilitation and Training	<input type="checkbox"/> Halo Therapy ‡	<input type="checkbox"/> Lomi Lomi Massage
<input type="checkbox"/> Balneotherapy ‡	<input type="checkbox"/> Cleopatra Skin Quantum Healing	<input type="checkbox"/> Equine Body Therapy	<input type="checkbox"/> Hatchards Way	<input type="checkbox"/> Loofah Scrub
<input type="checkbox"/> Bamboo Massage	<input type="checkbox"/> Cleopatra Skin Tummy Tuck Yoga	<input type="checkbox"/> Equine Hoof Care	<input type="checkbox"/> Healing Touch Practitioner	<input type="checkbox"/> Looyen Work
<input type="checkbox"/> Bates Method	<input type="checkbox"/> Cleopatra Skin Voice and Sound Healing	<input type="checkbox"/> Equine Muscle Release Therapy (EMRT)	<input type="checkbox"/> Heller Work	<input type="checkbox"/> Low Level Laser Therapy ‡
<input type="checkbox"/> Beauty Therapists	<input type="checkbox"/> Cleopatra Wrinkle Reduction Massage	<input type="checkbox"/> Equine Myofunctional Therapy	<input type="checkbox"/> Hemaview (Live Blood Analysis)	<input type="checkbox"/> Lymphatic Drainage Massage
<input type="checkbox"/> B.E.ST. (Bio-Energetic Synchronisation System)	<input type="checkbox"/> Clinical Camouflage Make-up	<input type="checkbox"/> Equine Naturopathy	<input type="checkbox"/> Herbal Medicine for Dogs & Cats	<input type="checkbox"/> Magnetic Therapy
<input type="checkbox"/> Best System Assessment	<input type="checkbox"/> Clinical Laser Therapy (non thermal)	<input type="checkbox"/> Equine Photonic Therapy	<input type="checkbox"/> Herbal Medicine for Horses	<input type="checkbox"/> Magnified Healing
<input type="checkbox"/> Bindi Bodywork ‡	<input type="checkbox"/> Collagen Facial	<input type="checkbox"/> Equine Podio-Therapy	<input type="checkbox"/> Herbalism/ Herbal Medicine	<input type="checkbox"/> Makeup ‡
<input type="checkbox"/> Bio Energy Detox Foot Spa	<input type="checkbox"/> Complex Lymphatic Drainage	<input type="checkbox"/> Equine Shiatsu	<input type="checkbox"/> Hoffman Massage	<input type="checkbox"/> Manicures ‡
<input type="checkbox"/> Bio Lifting ‡	<input type="checkbox"/> Complex Lymphatic Therapy	<input type="checkbox"/> Equine Sports Massage	<input type="checkbox"/> Holistic Massage	<input type="checkbox"/> Manual Lymphatic Drainage
<input type="checkbox"/> Bio Magnetic Synchronisation Technique BMS	<input type="checkbox"/> Compression Wrap	<input type="checkbox"/> Equine Touch	<input type="checkbox"/> Holistic Pulsing	<input type="checkbox"/> Mary Staggs Foot Detox
<input type="checkbox"/> Biomagnetism (Medical Biomagnetism or Biomagnetic Pairs Therapy)	<input type="checkbox"/> Counselling - Financial (other than work requiring fin serv. lic.)	<input type="checkbox"/> Equinology	<input type="checkbox"/> Homotoxicology	<input type="checkbox"/> Mask and Traditional Healing
<input type="checkbox"/> Biodynamic Massage	<input type="checkbox"/> CPT Complex Physical Therapy	<input type="checkbox"/> Equus Muscle Management	<input type="checkbox"/> Horstmann Technique	<input type="checkbox"/> Massage
<input type="checkbox"/> Bloodscan	<input type="checkbox"/> Craniosacral Therapy	<input type="checkbox"/> Esalen Massage	<input type="checkbox"/> Hoshino Therapy	<input type="checkbox"/> Massage in Schools Program
<input type="checkbox"/> Body Scrub ‡	<input type="checkbox"/> Cycloid Vibration Therapy	<input type="checkbox"/> Esogetic Colourpuncture	<input type="checkbox"/> Hot Stone Therapy	<input type="checkbox"/> Medical Intuition
<input type="checkbox"/> Body Wrap	<input type="checkbox"/> Cross Fibre Mobilisation	<input type="checkbox"/> Facial Hair Removal - Threading ‡	<input type="checkbox"/> Hydration Facial	<input type="checkbox"/> Meridian Psychotherapy
<input type="checkbox"/> Bodyflow Machine	<input type="checkbox"/> Cupping	<input type="checkbox"/> Facial Hair Removal - Tweezing ‡	<input type="checkbox"/> Hydrotherapy	<input type="checkbox"/> Metamorphic
<input type="checkbox"/> Bowen Therapy	<input type="checkbox"/> Daavid Therapy	<input type="checkbox"/> Fascial Kinetics	<input type="checkbox"/> IFAS High Frequency Electrical Treatment ‡	<input type="checkbox"/> Metatronic Energy
<input type="checkbox"/> Bowen Therapy on Animals	<input type="checkbox"/> Darkfield Microscopy (live blood analysis)	<input type="checkbox"/> Facials ‡	<input type="checkbox"/> Indian Head Massage	<input type="checkbox"/> Micro Current
<input type="checkbox"/> Buteyko	<input type="checkbox"/> Deep Penetrating Light Therapy	<input type="checkbox"/> Fango Body Treatment	<input type="checkbox"/> Infant Massage	<input type="checkbox"/> Microdermabrasion ‡
<input type="checkbox"/> Canine Myofunctional Therapy	<input type="checkbox"/> Deep Sea Mud Treatment	<input type="checkbox"/> Faradism	<input type="checkbox"/> Infra Red Therapy	<input type="checkbox"/> Mobilising Massage
<input type="checkbox"/> Canine Rehabilitation	<input type="checkbox"/> Deep Tissue Massage	<input type="checkbox"/> Feather Wand	<input type="checkbox"/> Infrared Body Wrap	<input type="checkbox"/> Mora Therapy
<input type="checkbox"/> Canine Remedial Massage	<input type="checkbox"/> Denas Therapy	<input type="checkbox"/> Feldenkrais	<input type="checkbox"/> Intense Pulsed Light IPL	<input type="checkbox"/> Motion Analysis Clinical Massage
<input type="checkbox"/> Canine Touch	<input type="checkbox"/> Di Morrow Method	<input type="checkbox"/> Financial Counselling	<input type="checkbox"/> Interior Alignment	<input type="checkbox"/> Mud treatment ‡
<input type="checkbox"/> Cat and Canine Muscle Release Therapy (CCMRT) ‡	<input type="checkbox"/> Dietitian	<input type="checkbox"/> Finch Therapy	<input type="checkbox"/> Interlinked Healing Technique	<input type="checkbox"/> Myofascial Release Therapy
<input type="checkbox"/> Cathodermie †	<input type="checkbox"/> Dog Clipping & Grooming	<input type="checkbox"/> Fingernails - Acrylic Fingernails ‡	<input type="checkbox"/> Ionic Foot bath (Mary Staggs Detox)	<input type="checkbox"/> Myofascial Release Therapy for Horses & Dogs
<input type="checkbox"/> Certified Detox Specialist	<input type="checkbox"/> Dorn Therapy	<input type="checkbox"/> FIR Blanket †	<input type="checkbox"/> Iridology	<input type="checkbox"/> Myopractic
<input type="checkbox"/> Chakra (energy massage)	<input type="checkbox"/> Doula (including light domestic duties)	<input type="checkbox"/> First Aid facilitator	<input type="checkbox"/> James Method for Asthma	<input type="checkbox"/> Myorthotics
<input type="checkbox"/> ChakraDance	<input type="checkbox"/> Dry Blood Analysis	<input type="checkbox"/> Fit Genes DNA Profiling	<input type="checkbox"/> Jin Shin Jyustu®	<input type="checkbox"/> Myotherapy - excluding Dry Needling
<input type="checkbox"/> Chavutti Thai Massage	<input type="checkbox"/> Dry Brushing	<input type="checkbox"/> Floatation tank	<input type="checkbox"/> Joint Anchor Technique	<input type="checkbox"/> NAET (Nambudripads Allergy Elimination Technique)
<input type="checkbox"/> Chavutti Thirumal ‡	<input type="checkbox"/> Dry Needling	<input type="checkbox"/> Foot and Hand Care	<input type="checkbox"/> Karuna Reiki	<input type="checkbox"/> Natural Vision Improvement
<input type="checkbox"/> Chi Kung Massage	<input type="checkbox"/> Electrical Stimulation (eg TENS)	<input type="checkbox"/> Foot Care	<input type="checkbox"/> JOYA Crystal Massage	<input type="checkbox"/> Naturopathy

- | | | | | |
|--|---|---|---|--|
| <input type="checkbox"/> Champissage | <input type="checkbox"/> Electro-dermal Screening | <input type="checkbox"/> Forensic Healing | <input type="checkbox"/> Ka Huna Massage | <input type="checkbox"/> Neuro Muscular Transmission |
| <input type="checkbox"/> Chi Nei Tsang | <input type="checkbox"/> Electrology ‡ (shortwave, diathermy and blend) | <input type="checkbox"/> Function Fascial Taping | <input type="checkbox"/> Kahuna Bodywork | <input type="checkbox"/> Neuro Psychological Immunity & Vibrational medicine |
| | | <input type="checkbox"/> Functional Integration Awareness | <input type="checkbox"/> Kanetika™ Structural Balancing | <input type="checkbox"/> Neuro Skeletal Therapy |

GROUP 4 CONTINUED: Base premium \$220

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

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.)

- | | |
|---|--|
| 1. 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?
a) State license, certification or registration
b) Malpractice insurance | <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you ever been convicted (as an adult) of a felony or is any such case pending? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Within the last 10 years, have you had any complaints or charges brought against you by any licensing board or professional ethics body? | <input type="checkbox"/> Yes <input type="checkbox"/> 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)