



MEMBERS OF THE THERAPEUTIC TOUCH® NETWORKS IN CANADA

LIABILITY INSURANCE PROGRAM APPLICATION

POLICY TERM: December 1, 2023 – December 1, 2024

Please forward Application to: BFL CANADA Risk and Insurance Services Inc.
181 University Avenue, Suite 1700
Toronto, Ontario M5H 3M7 Fax: (416) 599-5458

YOU MUST BE A MEMBER IN GOOD STANDING WITH THE THERAPEUTIC TOUCH® NETWORKS IN CANADA

- 1. (a) Name of Applicant:
(b) Address:
(c) Email Address:
(d) Telephone: (e) Membership No.:

- 2. (a) Summary of Coverage and Premiums:

Table with columns for coverage type and premium. Includes sections for Mandatory Coverage Plan (Professional Liability, Commercial General Liability) and Optional Coverage Plan (Enhanced Modality Package Extension with various modalities like Acupressure, Iridology, etc.).

3. (a) Number of years practicing as a Therapeutic Touch[®] professional: _____
- (b) Do you require signed waiver forms from all of your clients? Yes No

THE APPLICANT DOES HEREBY PROVIDE THE FOLLOWING WARRANTY TO THE INSURER

4. Does the Applicant, any of the Applicant's employees or any other person proposed for this insurance have knowledge or information of any fact, circumstance or situation which could reasonably give rise to a claim which would fall within the scope of the proposed insurance? Yes No

If Yes, provide details: _____

It is understood and agreed that if knowledge of any such facts, circumstances or situations exists, whether or not disclosed, any claim or action subsequently arising or developing therefrom shall be excluded from coverage under any policy issued by Trisura Guarantee Insurance Company.

FALSE INFORMATION

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals information concerning any fact material thereto for the purpose of misleading any insurance company or other person, commits a fraudulent insurance act which is a crime.

DECLARATIONS AND SIGNATURE

The undersigned authorized representative of the Applicant:

- (i) declares, after inquiry, that the statements and representations set forth in this Application, and all materials submitted to or requested by the Insurer in conjunction with this Application, are true;
- (ii) acknowledges that these statements, representations, and materials are relied on by the Insurer and that they shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be effected;
- (iii) agrees that if the information supplied in connection with this Application changes between the date of this Application and the effective date of any insurance effected pursuant to this Application, the undersigned will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding indications, quotations and/or authorization or agreement to effect the insurance; and
- (iv) acknowledges that any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this Application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of any investigation and inquiry in connection with this Application for insurance and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

Signing of this Application does not obligate the Applicant or the Insurer to effect the insurance, but it is agreed that all materials submitted to or requested by the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. It is further agreed that this Application and all materials submitted to or requested by the Insurer in conjunction with this Application are the basis of and are deemed attached to and incorporated into any policy effected pursuant to this Application.

PLEASE NOTE: COVERAGE WILL NOT BE EFFECTIVE UNTIL THE FULLY COMPLETED, SIGNED AND DATED APPLICATION HAS BEEN RECEIVED AND APPROVED, AND PAYMENT HAS BEEN MADE IN FULL.

Applicant	Date
Signature	Title

PLEASE SEE PAYMENT OPTIONS ON NEXT PAGE

PAYMENT OPTIONS:

- Cheque or Money order:** Make payable to: **BFL CANADA Risk & Insurance Services Inc.**
- Credit Card:** Please note that there is a non-refundable system access fee of 2.5%. Payment link will be provided should this option be selected.
- Online Banking:** Add *BFL CANADA* as *Payee* and do a “one-time transaction/payment” and pay the invoice online at major Canadian Financial Institutions (see below). You will only have to enter your customer code in order to proceed. Customer code to be provided, should this option be selected.

