



BC QUALIFIED ACUPUNCTURISTS AND TCM PRACTITIONERS ASSOCIATION (QATCMA)

PROFESSIONAL AND COMMERCIAL GENERAL LIABILITY INSURANCE APPLICATION

APPLICANTS MUST BE A MEMBER IN GOOD STANDING WITH THE COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF BRITISH COLUMBIA

All questions must be answered completely. If there is no answer, write "none" or "n/a" in the space provided. Where space provided is insufficient to fully answer, please use and attach separate sheet(s).

General Information

- 1. (a) Name of Applicant: ... (b) Firm Name: ... (c) Address: ... (d) Email Address: ... (e) Telephone: ... 2. (a) Please select the Applicant's preferred limit for Professional Liability insurance. ... (b) Please select the Applicant's preferred limit for General Liability (this coverage is optional): ...

Business Activities

- 3. (a) CTCMA Registration No.: ... (b) Number of years practicing TCM or acupuncture: ... (c) Does the Applicant practice Herbal Medicine? ... (d) Does the Applicant practice Acupuncture? ... (e) Does the Applicant practice Traditional Chinese Medicine? ... (f) Does the Applicant practice Point Injection Therapy? ... (g) Does the Applicant supervise any Students during their training sessions? ... (i) If Yes, does the Applicant wish to purchase an extension to cover these Students? ... (ii) If Yes, please indicate the number of Students the Applicant will be supervising during the Policy Period (maximum of three student): ... (h) List all locations to be insured under the Commercial General Liability Coverage (if applicable)

Table with 4 columns: Address, City, Province, Postal Code. It contains three empty rows for data entry.

Past Activities

- 4. Has the Applicant ever been declined, non-renewed or cancelled by an insurer for Professional Liability Insurance? ... If Yes, explain: ...

5. Has the Applicant ever been investigated by, or suspended from practice by, any governing body of his/her profession? Yes No

If Yes, explain: _____

6. In the past five years, has the Applicant ever had a claim made against it arising out of the performance of professional services? Yes No

If Yes, please provide the following details on a separate sheet:

- (a) Date of Claim (b) Claimant's Name (c) Nature of Claim (d) Current Status of Claim
- (e) Amount of Damages / Defence Costs incurred by or on behalf of the Applicant in respect thereof

THE APPLICANT DOES HEREBY PROVIDE THE FOLLOWING WARRANTY TO THE INSURER

7. 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.

PRIVACY DISCLOSURE AND CONSENT

The undersigned authorized representative 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.

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; and
- (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.

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 CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED.

Applicant	Date
Signature	Title