



*Exclusive* PROFESSIONAL AND GENERAL  
 LIABILITY FOR BIKRAM MEMBERS ONLY

This Individual Liability Policy is designed to cover you as an individual practitioner; it is not intended to cover Employees, Sub-Contractors, Business Partners or Commercial Offices you may be renting over 200 SQFT. If you have any of the above please contact the office for a quote.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. INDICATE "N/A" IF A QUESTION IS NOT APPLICABLE.

APPLICANT INFORMATION:

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

BUSINESS ACTIVITIES & UNDERWRITING QUESTIONS:

Please provide us with the following questions regarding your business activities. These underwriting questions are requested by the insurance provider to make sure you have the proper coverage for your business needs. We insure more than 365 modalities, however your policy only insures you for the modalities listed on it. If you practice other modalities you must advise us so we can determine whether or not it can be included on this policy.

1. Please list all of your modalities that you would like coverage for:

If you listed any other modalities, please include copies of your certificates of training.  
 Please note if you practice on animals additional premium and underwriting applies, please contact the office.

2. Do you sell any products?  Yes  No  
 If 'yes', please explain, and please note you can only sell a maximum of \$25,000 of products in any one year:

3. Do you manufacture any products?  Yes  No  
 If 'yes', please explain:

ESTIMATED GROSS ANNUAL SALES:

Please indicate your estimated gross annual sales for the next 12 months. (You can base this on previous years.)

<input type="checkbox"/> \$0 - \$5,000	<input type="checkbox"/> \$5,500 - \$25,000	<input type="checkbox"/> \$25,500 - \$40,000	<input type="checkbox"/> \$40,500 - \$60,000
<input type="checkbox"/> \$60,500 - \$80,000	<input type="checkbox"/> \$80,500 - \$120,000	<input type="checkbox"/> \$120,500 - \$140,000	<input type="checkbox"/> \$140,500 - \$160,000
<input type="checkbox"/> \$160,500 - \$180,000	<input type="checkbox"/> \$180,500 - \$200,000	<input type="checkbox"/> \$200,500 - \$300,000	<input type="checkbox"/> Over \$300,000



**THIS IS AN ANNUAL POLICY.**

STANDARD POLICY PREMIUM	\$5,000,000 LIMIT	\$195.00
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**COVERAGE ENHANCEMENTS AVAILABLE:**

**INTERNATIONAL WEB BASED CONSULTING / TEACHING:**

If you consult with clients via the internet (website, social media), international telephone call, Skype, or FaceTime you may purchase coverage for International Web Based Consulting / Teaching. Please Note: This enhancement is subject to approval by underwriting; your modality must fit the criteria of the enhancement.

**ADD INTL. WEB BASED CONSULTING/TEACHING?**

The cost for this coverage is \$50.00 (plus tax where applicable.)

Yes  No

**STAND UP PADDLE BOARD YOGA:**

Can only be combined with Yoga. If you are certified and offer Stand Up Paddle Board Yoga, we can add coverage for this to your Yoga policy. Please Note: We will send you further information via email regarding this coverage if you add it to your policy.

**ADD STAND UP PADDLE BOARD YOGA?**

The cost for this coverage is \$100.00 (plus tax where applicable.)

Yes  No

**YOGA THERAPY:**

If you are certified for Yoga Therapy with a minimum of 800 hrs of training, we can now offer coverage for this service. You must provide us with a certificate of training.

**ADD YOGA THERAPY?**

The cost for this coverage is \$100.00 (plus tax where applicable.)

Yes  No

**PREMIUM CALCULATION:**

1. BASE PREMIUM - FROM PREMIUM CHART <small>includes \$25 Fee and 25% Commission</small>		
2. INTERNATIONAL WEB BASED CONSULTING / TEACHING COVERAGE	(IF REQUIRED ADD \$50)	
3. STAND UP PADDLE BOARD YOGA	(IF REQUIRED ADD \$100)	
4. YOGA THERAPY	(IF REQUIRED ADD \$100)	
SUBTOTAL		
PST 8% ONTARIO, 8% MANITOBA, 6% SASKATCHEWAN	(APPLY TAX)	
<b>TOTAL PREMIUM PAYABLE</b>		

**AVAILABLE PAYMENT OPTIONS:**

CREDIT CARD #:  EXPIRY:   Visa  Mastercard

CARDHOLDER SIGNATURE: **X** \_\_\_\_\_ DATE: \_\_\_\_\_

**E-TRANSFER:**

We are happy to offer the E-transfer option, please use the following email [jeff@ineedapolicy.com](mailto:jeff@ineedapolicy.com) and Lmi423 as your password. Please note: if you are paying for someone else, to include their name.

**I HAVE SUBMITTED AN E-TRANSFER**

Yes  No

**CHEQUE:**

You may submit a cheque with your application. Please make cheque payable to Lackner McLennan Insurance Ltd.

**I HAVE ENCLOSED A CHEQUE**

Yes  No



**HAVE YOU INCLUDED:**

1. Your signed application
2. Your certificate(s)
3. Your payment

Thank you for choosing Lackner McLennan Insurance.