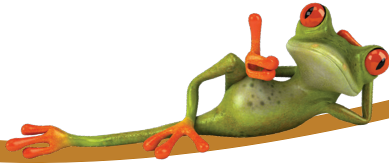
Lackner McLennan
INSURANCE LTD.

RETURN YOUR APPLICATION & PAYMENT TO:
Lackner McLennan Insurance Ltd.
818 Victoria Street N, Kitchener, ON N2B 3C1
Phone: 1.877.768.2262 • Fax: 519.579.1151
info@ineedapolicy.com



Individual PROFESSIONAL AND GENERAL LIABILITY POLICY FOR MANUAL OSTEOPATHY

FOR THOSE PRACTICING WITHIN THE DESIGNATION OF THE DOMP (DIPLOMA IN OSTEOPATHIC MANUAL PRACTITIONER). YOU MUST PROVIDE COPY OF YOUR DIPLOMA. IF YOU PRACTICE MEDICAL OSTEOPATHY PLEASE CONTACT CHRIS STARK AT CSTARK@LMICANADA.COM

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.

1. Please list all of your modalities:

We insure more than 365 other modalities. If you listed any of the following modalities please enclose your certificate of training: Esthetics, Aromatherapy, Electrolysis, Life Coach, Sleep Consultant, Swedish Massage. All other modalities you must be able to present a certificate of training if requested. 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.)

☐ $0 - $5,000	☐ $5,500 - $25,000	☐ $25,500 - $40,000	☐ $40,500 - $60,000
☐ $60,500 - $80,000	☐ $80,500 - $120,000	☐ $120,500 - $140,000	☐ $140,500 - $160,000
☐ $160,500 - $180,000	☐ $180,500 - $200,000	☐ $200,500 - $300,000	☐ Over $300,000

COMMERCIAL PROPERTY / WORK SPACES:

1. Do you rent or own your work space? ☐ Rent ☐ Own ☐ Neither
   This does not include your home or your home office space.

2. Do you have contents or building coverage for this space with another insurance provider? ☐ Yes ☐ No
   If 'no', please note: this is an individual policy and only covers you as an individual
   it also only has $10,000 in contents insurance.

3. What is the approximate square footage of the space you rent and work out of? ☐
   (If this work space is over 200sqft please contact the office.)

4. Will you have any employees, other practitioners and/or sub-contractors working for you? ☐ Yes ☐ No
   If 'yes', how many employees, practitioners and/or sub-contractors, including yourself, will be working there?
   What modalities do they practice?

COVERAGE LIMITS (actual policy wording will apply):

THIS IS AN OCCURRENCE FORM POLICY		
PROFESSIONAL LIABILITY	$5,000,000	NO DEDUCTIBLE
LEGAL EXPENSE	$25,000	NO DEDUCTIBLE
CRIMINAL DEFENSE COST REIMBURSEMENT**	$10,000	NO DEDUCTIBLE
COMMERCIAL GENERAL LIABILITY	$5,000,000	$1000.00 DEDUCTIBLE
TENANTS LEGAL LIABILITY	$500,000	$1000.00 DEDUCTIBLE
OFFICE PROTECTION including LOSS OF REVENUE	$10,000	$500.00 DEDUCTIBLE

This policy only provides coverage of up to $10,000 in contents and $25,000 in gross annual product sales.
Please note this is an individual policy and coverage is only for the named insured.
If you need additional coverage please contact our office at 1-800-265-2625 ext 336.

**CRIMINAL EXPENSE COST REIMBURSEMENT APPLIES TO ALLEGATIONS OF SEXUAL, PHYSICAL OR VERBAL ABUSE.
THIS COVERAGE WILL REIMBURSE YOU FOR LEGAL EXPENSES IN THE DEFENSE OF AN ALLEGATION, PROVIDED YOU ARE FOUND NOT GUILTY.

1. Has complementary healthcare insurance ever been declined, cancelled or renewal thereof been refused by the Insurer? ☐ Yes ☐ No

2. Have you had any losses / claims in the past three years? ☐ Yes ☐ No

3. Do you have knowledge of any circumstance which could result in a claim or lawsuit being brought against you? ☐ Yes ☐ No

IF YOU ANSWERED YES TO ANY OF THE ABOVE 3 QUESTIONS, PLEASE PROVIDE INFORMATION ON A SEPARATE SHEET AND ATTACH IT TO THIS APPLICATION. WITHOUT LIMITATION OF ANY REMEDY AVAILABLE TO THE INSURER, IT IS HEREBY AGREED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

NOTICE CONCERNING PERSONAL INFORMATION

I hereby consent to Lackner McLennan Insurance to collect, use and disclose personal information required for the purposes of considering my application for insurance for new or renewal insurance coverage. The Broker is authorized to collect, use and disclose personal information and provide such personal information to third parties, as required, including insurance companies. The Broker may also be required to disclose such personal information pursuant to relevant privacy laws or other laws. I authorize Lackner McLennan Insurance Ltd. to communicate directly with the member association.

WARRANTY STATEMENT

By submitting this Application, you attest that the application has been completed accurately and honestly. No disciplinary action has been or is pending against you. You have never been the subject of any investigation, either civil or criminal, in connection with any sexual act, conduct, molestation and/or assault. You understand that your insurance certificate will provide evidence that you have been added as an individual participant with respect to the coverage and limits of the Master Policy. You understand that the coverage provided by your insurance certificate is subject to all the terms, conditions and exclusions contained in the Master Policy. You further understand that the Insurance Company will rely on the information you have provided in the Application. Failure to pay required premiums and/or false statements on this Application or subsequent renewals shall void this Application and render your insurance coverage null and void and you may be subject to further legal action for making false statements.

SIGNATURE: X ______________________ DATE: ______________________

THIS IS AN ANNUAL POLICY.		
STANDARD POLICY PREMIUM	$5,000,000 LIMIT	$375.00

PREMIUM CALCULATION:		
1. BASE PREMIUM - FROM PREMIUM CHART includes $25 Fee and 25% Commission		
TOTAL		
PST 8% ONTARIO, 8% MANITOBA, 6% SASKATCHEWAN	(APPLY TAX)	
TOTAL PREMIUM PAYABLE		

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 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.