



Individual PROFESSIONAL AND GENERAL LIABILITY FOR MOKSHA INSTRUCTORS

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: _____

Please list the Moksha Studio you teach at or attach your Moksha certificate to this application:
 The discounted premium is only available to instructors who teach in at least one Moksha studio or are Moksha certified instructors.

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. We insure more than 365 modalities. 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.)

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|------------------------------------------------|------------------------------------------------|------------------------------------------------|------------------------------------------------|
| <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 |

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?

EFFECTIVE DATE:

Coverage will be **effective one business day after** we receive and approve your application.
 If you wish to have a **specific date in the future**, please indicate here:

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 1-877-768-2262.

****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	\$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)	
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.