



Individual PROFESSIONAL AND GENERAL LIABILITY POLICY
FOR NUTRITIONAL CONSULTANTS

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:

4. Have you written any books or e-books that were either published or self published? Yes No
Note: Downloadable books/e-books posted on your website, whether for a cost or free should be declared.

BUSINESS ACTIVITIES & UNDERWRITING QUESTIONS CONTINUED:

Please indicate what percentage of each make up your overall business as a Nutritional Consultant (up to 100%):

<input type="text"/> % One on One Consultation	<input type="text"/> % Teaching <small>Are you certifying others to be a Nutritional Consultant?</small>
<input type="text"/> % Supplements and Product Resale's <small>Items you buy at wholesale and resell to clients (without relabeling/tampering).</small>	<input type="text"/> % Book Resale's <small>Books you have not written.</small>
<input type="text"/> % Meal Plans / Detox Plans / Personalized Wellness Plans	<input type="text"/> % How much of your business is web based?
<input type="text"/> % Group Seminars / Public Speaking	<input type="text"/> % Other, please describe:
<input type="text"/> % Online Courses - Detox Courses, Cooking etc.	<input type="text"/> % Total Percentage

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

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 1-877-768-2262.

**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

\$265.00

COVERAGE ENHANCEMENTS AVAILABLE:

CULINARY EXTENSION:

This coverage enhancement includes the following:

- Up to \$10,000 in annual receipts for catering and / or food sales
- Cooking classes included where participants are preparing the meals
- Cooking demonstrations / catering for small groups or private parties

ADD CULINARY EXTENSION?

You may add this coverage to your policy for an additional premium of \$200.00 (plus tax where applicable.)

Yes No

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

LIVE BLOOD CELL MICROSCOPY:

Please Note: You must include a copy of your certificate of training, if you have not already done so.

ADD LIVE BLOOD CELL MICROSCOPY?

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

Yes No

CANCER COACH:

Please Note: You must include a copy of your certificate of training from the Canadian Cancer Association, if you have not already done so.

ADD CANCER COACH?

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

Yes No

COVERAGE ENHANCEMENTS AVAILABLE:

PUBLISHERS LIABILITY:

If you have an incidental publishing, such as writing articles in published magazines or online, written a book that has been either published in paper or as an E-book, you should consider Publisher's liability extension. Whether your e-book is free on your website or you sell them, your exposure is much higher and the individual policy does not cover published writings. Publisher's liability gives you \$25,000 in coverage should someone decide to sue you based on something you published.

ADD PUBLISHERS LIABILITY?

You may add this coverage to your policy for an additional premium of \$75.00 (plus tax where applicable.)

Yes No

BIOENERGETICS INTOLERANCE ELIMINATION:

Please note your practice must include client signed waivers, health declaration forms if using BIE machine, maintenance must be maintained as per manufactures guidelines.

ADD BIOENERGETICS INTOLERANCE ELIMINATION?

You may add this coverage to your policy for an additional premium of \$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. CULINARY EXTENSION	(IF REQUIRED ADD \$200)	
3. INTERNATIONAL WEB BASED CONSULTING / TEACHING COVERAGE	(IF REQUIRED ADD \$50)	
4. LIVE BLOOD CELL MICROSCOPY	(IF REQUIRED ADD \$100)	
5. CANCER COACH	(IF REQUIRED ADD \$50)	
6. PUBLISHERS LIABILITY	(IF REQUIRED ADD \$75)	
7. BIOENERGETICS INTOLERANCE ELIMINATION	(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 accounts@Lmicanada.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.