



# American Massage Council



## **IMPORTANT FAQs: When making changes to the policy**

### **Q: Does it matter where I practice?**

**A: No.** The AMC program is available in all fifty states, and will cover you wherever you go. The only requirement is that you be legally licensed to practice in the state where you provide care. AMC also offers a special endorsement for occasional travel outside the United States and for care rendered at U.S. military bases. When submitting a change of address form in a newly licensed state, a copy of the license is required.

### **Q: What is General liability?**

**A: General Liability** – covers several risks. First, it expands the definition of premises liability to include common areas of the building that you are contracted to be liable and expands the definition of covered persons from the patient to invited guests on the premises. Second, it can cover personal injury; false imprisonment, libel, and slander. Third, it can cover medical expenses without regard to fault. Fourth, it has enhanced products liability coverage. This coverage extends the coverage from products used during treatment to include products sold off the shelf of the business. Fifth, coverage includes fire and water legal liability. If the Named insured is leasing space and they are alleged to have started a fire or broke a water pipe, this section of the general liability policy can cover for the property damage.

### **Q: What is the difference between an Additional Insured and a Professional Corporation?**

**A: Additional Insured (AI):** is an entity, such as, a landlord, corporation, or another person, that requests to be named on your policy. The purpose of this coverage is if the AI entity is named in a claim that was a result of your actions, the AI entity will be defended by your policy. This coverage can be added for an additional \$10 per entity. AI coverage is provided upon written request and the issuance of endorsement.

**Professional Corporation (PC):** is coverage for a professional corporation, usually a limited liability corporation (LLC), the Named Insured is associated. PC coverage is no change as long as the Named Insured is the majority owner of the PC. If the Named Insured is not the majority owner, then standard additional insured rates apply. As we receive additional questions for our program we will update our questions and answers section of the website as needed. If you have any additional questions about the AMC program, please give AMC a call

**\*Any requested change within the last 90 days of your policy will be effective upon your renewal, unless otherwise approved.**

Email: [info@massagecouncil.com](mailto:info@massagecouncil.com)

Phone: (800) 500-3930 Fax: (714) 571-1863

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# American Massage Council Change of Address Form



Name \_\_\_\_\_ Today's Date \_\_\_\_\_ Change Date \_\_\_\_\_

Previous Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main Email \_\_\_\_\_

**This Request is for  New address  Mailing Address  Secondary address:**

**Primary Address** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone # \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

**Secondary Address** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone # \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

**Mailing Address** (If different than primary): \_\_\_\_\_

**Complete this section to apply the above changes to my:**  **General Liability (GL)**

Would you like to add general liability for an additional \$50.00?  Yes  No

### **Complete the following if you would like to add an additional insured:**

**EXACT business name** as registered with the state (Legal Entity/Corporation)

Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Do you own this entity?  Yes  No (\$10 per entity / Payment Authorization Required)

- List all owners of this entity **other than yourself**:
  - Name \_\_\_\_\_ Relationship \_\_\_\_\_
  - Name \_\_\_\_\_ Relationship \_\_\_\_\_
- Type of corporation  LLC,  PLLC,  S Corp,  C Corp,  Other \_\_\_\_\_
- Previous entity legal Name (if applicable) \_\_\_\_\_

Was previous entity dissolved?  Yes  No If Yes, When? \_\_\_\_\_

Card Type:  Visa  MasterCard  American Express

Card #: \_\_\_\_\_

Expires: \_\_\_\_\_

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