



# American Massage Council



## IMPORTANT FAQs: When making changes to the policy

### **Q: What is Business Personal Property?**

**A: Business Personal Property (BPP)** – can cover the named insured for lost, stolen, or damaged property of the business, such as equipment (massage table and chair), furniture, or other business property that is not a permanent part of the building structure. The limit of liability is \$10,000 and there is a \$500 deductible (not offered in New York, Indiana, Kentucky, and Illinois).

### **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)

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## Change Request Form

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

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

➤ **General Liability: (Not location Specific)**

- Add - General Liability coverage: (Annual cost \$50- Non-Refundable fee)
- Cancel – Existing Coverage For General Liability (Non-refundable)

➤ **Business Personal Property: (BPP- location Specific)**

- Add- for address listed below (\$103.20 per location)
- Cancel- Existing Coverage at the address below
- Add- Additional \$10K (\$67.08 PER \$10K- cannot exceed \$100K)
- Update- The address of my current BPP coverage to the address below:

Street Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_




➤ **Additional Insured: (Landlord, Individual renting space from, or the owned Entity/Corporation)**

- Add – Landlord name, Entity, or Individual (Annual cost \$10 per additional insured- Non-refundable fee)
- Cancel- Existing Coverage for additional insured(Non-refundable)
- Update- Per additional insured (Cannot be combined with any previous additional insured)

Name of Additional Insured: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Accepted Credit Cards:   

Cardholder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State/Zip: \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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