



AMERICAN MASSAGE COUNCILTM MEMBERSHIP APPLICATION



CONTACT DATA

Full Name (First, Middle, Last)				Practice / Clinic Name			
Office or Mailing Address (Include Suite #)				City		State	Zip
Office Phone		Cell or Alt Phone		Fax		Email	
Message License / Certification #	Issued by (State or City / N/A)	Date Issued	Lic / Cert Current? (Yes / No / N/A)	Message School Attended		Date Graduated	Hours of Training

PROFESSIONAL INFORMATION

- Has any malpractice allegation ever been asserted against you or your associates, or has there been any event or indication suggesting a claim may be made or that your care might have been deficient or caused harm? (If YES, explain) Yes No
- Has any board, agency, association, or insurer investigated or taken any action involving you or your license? (If YES, explain) Yes No
- Have you ever had liability insurance refused, declined, canceled, or accepted on special terms? (If YES, explain) Yes No
- Have you ever used any drug or substance that interfered with your ability to perform Massage duties? (If YES, explain) Yes No
- Have you ever been charged with or convicted of any violation of the law other than a minor traffic offense? (If YES, explain) Yes No
- Do you: do colonic irrigations, treat cancer, epilepsy, practice obstetrics, or make a differential diagnosis? (If YES, explain) Yes No
- Have you ever provided Massage services to a professional athlete? (If YES, explain) Yes No
- Are you providing any Massage service that was not a part of your massage school training program? (If YES, explain) Yes No
- Do you use hot stones on your clients? (If YES, a hot stone addendum and an additional \$25 is required) Yes No
- Who provides your current Massage malpractice coverage? _____ Policy Expires: _____
- To add an additional insured, list entity name and address (\$10 / entity): _____
- Your Massage insurance, if approved, will be effective the date your app. is received. For a later date, specify here: _____

PAYMENT

MEMBERSHIP AND COVERAGE:

- Hot Stone Option @ \$25.00 =
- General Liability @ \$50.00 =
- Additional Insured @ \$10.00 / entity =
- Business Personal Property @ \$103.20 =
(Lloyd's of London · \$10K Limit · Incl. Tax)

\$99.00

TOTAL PAYMENT REMITTED:

Pmt. Type: Check MasterCard Visa AMEX

Card #: _____ Exp: _____

AGREEMENT & SIGNATURE

\$1,000,000 / \$3,000,000 PROFESSIONAL LIABILITY COVERAGE

NO FALSE STATEMENTS: I hereby declare that the above statements are true, and I have not misstated or suppressed any facts. I agree and understand that my policy is issued in reliance upon such statements, that such statements are deemed material, that untrue statements could void my insurance and that this declaration shall be a basis of, and form a part of, my policy.

CLAIMS-MADE ONLY: I understand that if coverage is granted, the policy will only cover claims made during the policy period arising out of the rendering or of failure to render professional services subsequent to the retroactive date. I understand that if the policy terminates for any reason, there is no coverage for claims reported after the termination date (even though the injury occurred while the policy was in force), unless Extended Coverage is purchased within 30 days after termination.

RENEWAL APPLICATION/DUTY TO REPORT INCIDENTS: I understand that there is no guarantee that coverage will be renewed. I understand that, if coverage is granted, I shall have the duty to report in writing, within 48 hours, or as soon as practicable, any incidents reasonably likely to involve this insurance, including oral or written patient complaints, or threats or filings of lawsuits.

FAX OR MAIL COMPLETED APPLICATION TO:



AMERICAN MASSAGE COUNCIL
1100 W. Town & Country Rd., Ste. 1400
Orange, CA 92868
800-500-3930 Phone 714-571-1863 Fax

SIGN: _____ DATE _____