

We are pleased to offer Professional Malpractice and General Liability Insurance for members of the Ontario College of Reflexology, having successfully completed the requisite training and certified by the School, while practicing in Canada. The coverage provides for a \$2,000,000 limit of liability and is subject to the Terms, Conditions and Exclusions of the Master Policy that has been filed with the OCR.

ONLY the following Modalities are Insured under the policy:

Acupressure, Aromatherapy, Bowen Technique, Craniosacral, Hellerwork, Hot Stone Massage, Indian Head Massage, Ion Foot Cleanse, Iridology, Polarity Therapy, Reiki, Shiatsu, Thai Massage, Therapeutic Touch, Reflexology, Qi Gong, Swedish Massage, Relaxation/Chair Massage, Touch for Health.

IMPORTANT NOTICES

(1) EXCLUSIONS

The policy excludes all coverage for alleged or actual sexual or physical abuse or molestation, including defense costs for criminal abuse charges.

(2) CLAIMS OR OCCURRENCES DURING POLICY TERM

Your malpractice coverage is a Claims Made form. All claims MUST be reported during the policy period in which you are first aware of a possible claim. Please ensure that any situation that MAY result in legal action, whether or not action against you has commenced, is reported to Impact Insurance Brokers immediately.

(3) CLAIMS OR OCCURRENCES PRIOR TO COVERAGE INCEPTION

Any known occurrences prior to the inception of your coverage that may result in legal action are deemed to be outside the policy period and are not covered by this policy. E. & O.E.

PREMIUM SUMMARY - for the period -January 01, 2009 to January 01, 2010.

\$238.56 {\$207.00 Premium + \$16.56 Retail Sales Tax + \$15.00 Administrative Fee}

To be eligible, you must be a **current member of OCR in good standing.**

Our insurance program is designed for the individual Reflexologist operating out of their own home, visiting others in their home or at their place of work or renting a small space. The program only offers coverage for the modalities listed on your certificate. Any other modalities practiced by you are outside of our program. We have therefore, designed our insurance program to include both Commercial General Liability and Medical Malpractice all in one package.

Commercial General ENCON Policy SGL118245 - Coverages are offered for your legal liability for bodily injury or property damage caused to third parties. For example - your patient falls while leaving your treatment room and alleges you are responsible for their injuries. The limit for this coverage is \$2,000,000 for any one claim and \$4,000,000 total in one year for all claims for the group. Coverage is also offered for no-fault medical payments of \$5,000 per person or \$25,000 per accident. Also, coverage is included for Tenants Legal Liability which offers coverage for damage to a premises you occupy that is deemed to be your responsibility. Limit for Tenant's Legal Liability \$500,000 any one loss.

Errors & Omissions Liability ENCON Policy SRD118245 - Coverages are offered for your legal liability for injury arising out of your Insured Services. For example: Your patient alleges that you injured them while offering them a specific treatment. The limit for this coverage is \$2,000,000 for any one claim and \$4,000,000 total in one year for all claims for the group.

Both policies carry an Abuse and Molestation Exclusion and an Asbestos Exclusion and both policies carry a deductible of \$500 for any one loss.. E. & O.E.

ONTARIO COLLEGE OF REFLEXOLOGY

**P.O. Box 220
New Liskeard, ON
P0J 1P0 Canada**

Phone: 1-888-OCR-FEET (1-888-627-3338)
Fax: 705-648-6247
Website: www.ocr.edu
E-mail: ocr@ocr.edu

PROFESSIONAL MALPRACTICE AND GENERAL LIABILITY INSURANCE FOR REFLEXOLOGISTS



IMPACT INSURANCE BROKERS INC.

Broker: Impact Insurance Brokers Ltd.

214 - 1600 Steeles Avenue West, Concord Ontario L4K 4M2

905-660-6170 or 1-877-238-7054

Fax: 905-660-6175

www.impactinsurance.com

info@impactinsurance.com

Insured with: ENCON Group Inc.

Application for Professional Malpractice and General Liability Insurance

Members Name: _____

Address: _____

City/Town: _____ Prov.: _____ Postal Code: _____

Phone #: (____) _____ Email: _____

Agreement: I hereby agree that all fees/premiums paid to Impact Insurance Brokers in regards to this application for insurance are **non-refundable**. I state that I have no knowledge of any incident, pending claims or legal suits, nor have any been filed against me related to my practice as a complementary practitioner. I also understand that this insurance will not respond to any claims or suits arising from any modality/practice deemed outside this policy. I understand that any false statements made in this application or future renewals shall void this application and render my insurance null and void. I also understand that my OCR membership must be current at the time of this application and throughout the year.

I have read and understand the terms of insurance. **Do not send** your application and payment to Impact Insurance Brokers as it will result in **delays**. Returned cheques will be charged a \$25.00 fee on replacement.

A certificate will be mailed on receipt of this form and your payment. Your completed application and full payment must be received by O.C.R. **Full Payment is enclosed - made payable to the OCR (see fee schedule below) and mail to OCR, PO Box 220, New Liskeard, ON, P0J 1P0.** For credit card payments, you may fax your signed application at 1-705-648-6247.

Practitioner's Signature _____

Dated _____

Member's OCR Number _____

Please indicate all modalities you are certified for and are practicing:

- | | | |
|--|---|--|
| <input type="checkbox"/> Acupressure | <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> Bowen Technique |
| <input type="checkbox"/> Craniosacral | <input type="checkbox"/> Hellerwork | <input type="checkbox"/> Hot Stone Massage |
| <input type="checkbox"/> Indian Head Massage | <input type="checkbox"/> Iridology | <input type="checkbox"/> Polarity Therapy |
| <input type="checkbox"/> Reiki | <input type="checkbox"/> Shiatsu | <input type="checkbox"/> Thai Massage |
| <input type="checkbox"/> Therapeutic Touch | <input type="checkbox"/> Reflexology | <input type="checkbox"/> Qi Gong |
| <input type="checkbox"/> Swedish Massage | <input type="checkbox"/> Relaxation/Chair Massage | <input type="checkbox"/> Touch for Health |

Please send to: Ontario College of Reflexology P.O. Box 220 New Liskeard, ON P0J 1P0 Canada Tel: (705) 647-5354 1-888-OCR-FEET (1-888-627-3338) Fax: (705) 648-6247 Email: ocr@ocr.edu *Note: Credit card payment will be in \$ Cdn. only.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Payment Options</th> <th style="text-align: center;"><input type="checkbox"/> Cheque/M.O.</th> <th style="text-align: center;"><input type="checkbox"/> VISA*</th> </tr> <tr> <td style="text-align: center;">Amount:</td> <td style="text-align: center;"><input type="checkbox"/> MasterCard*</td> <td style="text-align: center;"><input type="checkbox"/> Amex*</td> </tr> <tr> <td style="text-align: center;">Acct. #:</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Exp. Date:</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Name on Card:</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Signature:</td> <td></td> <td></td> </tr> </table>	Payment Options	<input type="checkbox"/> Cheque/M.O.	<input type="checkbox"/> VISA*	Amount:	<input type="checkbox"/> MasterCard*	<input type="checkbox"/> Amex*	Acct. #:			Exp. Date:			Name on Card:			Signature:		
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Exp. Date:																			
Name on Card:																			
Signature:																			

Fee Schedule:

Oct. 2009**	\$280.68
Nov. 2009**	\$266.64
Dec. 2009**	\$252.60
Jan. 2010	\$238.56
Feb. 2010	\$225.60
March 2010	\$212.64
April 2010	\$199.68
May 2010	\$186.72
June 2010	\$173.76
July 2010	\$160.80
Aug. 2010	\$147.84
Sept. 2010	\$134.88

**includes 2009/2010 premium to Dec. 2010

If the following applies, please provide details on a separate piece of paper, attached to this application.

- Does your landlord need to be added to the policy? If yes, please supply name and address.
- Do you sell any products under your own label? If yes, please explain.
- If this is a new application and you currently have insurance, provide insurance company, policy and expiry date.

Office Use Only	Date Received	Amt. Paid	How Paid	Rec. #	Amt. Pd - Impact	Date Impact Pd