

APPLICATION FOR PROFESSIONAL & GENERAL LIABILITY EXCLUSIVELY FOR RAC MEMBERS

Name of Applicant

Mailing Address

Postal Code

Phone Numbers

Daytime
Cell
Email

WE WILL EMAIL A COPY OF YOUR CERTIFICATE TO YOU.

PLEASE COMPLETE THE QUESTIONS BELOW: Please provide RAC #

Do you practice any other complementary modalities, e.g. aromatherapy, cranial sacral? Please attach copy of certificate. Please list:	Yes		No	
Do you blend or manufacture any products or devices?	Yes		No	
Do you have any knowledge or information of any negligent act, any error or omissions, or breach of duty that might give rise to a claim against you, or any reason to anticipate that a claim might be brought against you?	Yes		No	
Provide details of all liability losses in the past 3 years? If none, check here _____				

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE DETAILS ON A SEPARATE SHEET AND ATTACH TO THIS APPLICATION.

YOUR COVERAGE WILL INCLUDE: (PLEASE SEE POLICY FOR COMPLETE LIST OF COVERAGES)

\$2,000,000 PROFESSIONAL LIABILITY	OCCURRENCE FORM	NO DEDUCTIBLE
\$2,000,000 COMMERCIAL LIABILITY	OCCURRENCE FORM	NO BODILY INJURY DEDUCTIBLE
\$25,000 LEGAL EXPENSE	REIMBURSEMENT FOR FRAUDULENT ABUSE CLAIMS	NO DEDUCTIBLE
\$250,000 TENANTS LEGAL LIABILITY		

COVERAGE WILL BE IN FORCE THE DAY AFTER THIS APPLICATION IS RECEIVED AND ACCEPTED IN OUR OFFICE. IF YOU WISH A DIFFERENT DATE, PLEASE INDICATE HERE _____

PREMIUMS PAYABLE	THIS INCLUDES ALL TAXES, COMMISSION AND \$15.00 POLICY FEE
ANNUAL POLICY	\$225.00 (Ontario residence add 8% PST for a total of \$243.00)

IF YOU ARE PAYING BY **VISA/MASTER CARD** PLEASE COMPLETE: Cardholder agrees to pay total amount shown to card issuer according to Cardholder Agreement.

Card #	Expiry Date	
		(Signature)

PLEASE RETURN THE COMPLETED APPLICATION AND PAYMENT TO:

LACKNER MCLENNAN INSURANCE
423 KING ST.
WATERLOO, ON N2J 2Z5
1-877-768-2262
FAX 1-519-579-1151
EMAIL info@rmtinsurance.com

**You can also apply
online at...
rmtinsurance.com/rac**

