



MVP Affinity Services Inc. Commercial General Liability and Malpractice Insurance Application Form

1. Full Name of **Applicant**:

First Name	Initial	Last Name
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2a. Address:

Street Address		
City	Province	Postal Code

b. Telephone Number:

Business #	Cell #
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c. Email Address:

Email Address:	Fax #
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3. Date Of Birth:- MM/DD/YY

4. Membership #

5. Have you ever been disciplined or expelled from an association or legislated regulatory body? Yes No

If "Yes" name of Association/ Regulatory Body Date of Expulsion (MM/DD/YYYY)

Reason for Expulsion or Disciplinary Action

6. Have you ever incurred any prior liability claims or losses? Yes No

If "Yes", please give full details:

7. In the past three years, have you had liability insurance cancelled or coverage refused by an insurer? Yes No

If "Yes" please explain:

8. Please indicate all areas of practice:

- | | | |
|--|-----------------------------------|---|
| <input type="checkbox"/> Student – prior to graduation | <input type="checkbox"/> Hospital | <input type="checkbox"/> Hotel Spa |
| <input type="checkbox"/> Fitness Center | <input type="checkbox"/> Medi Spa | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Massage Clinic | <input type="checkbox"/> Spa | |
| <input type="checkbox"/> Sports Massage | | |
| <input type="checkbox"/> Other, please describe: _____ | | |

9. With what Insurance Company were you previously insured for liability insurance? (Indicate "N/A" if no previous insurance)

Professional Liability Insurance/Medical Malpractice		Commercial General Liability (CGL)	
Insurance Company Name (not the broker)		Insurance Company Name (not the broker)	
Policy No.	Expiry Date (MM/DD/YYYY)	Policy No.	Expiry Date (MM/DD/YYYY)
<input type="checkbox"/> Claims made or <input type="checkbox"/> Occurrence Policy			

PREMIUM

Commercial General Liability and Malpractice

PREMIUM

\$3,000,000 any one Occurrence \$5,000,000 Aggregate

\$200

All premiums are annual and 100% retained. Policy is subject to a \$1,000 Deductible

Please advise the date insurance required is to be effective:	MM/DD/YYYY
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PROTECTION OF THE APPLICANT'S PERSONAL INFORMATION:

By completing this application and returning it to Holman Insurance Brokers Ltd., the **Applicant** agrees and consents to the collection, use and disclosure of such information, including any personal information, by Holman Insurance Brokers Ltd. For the following purposes:

- Communicating with the **Applicant**
- Assessing the **Applicant's** application for insurance
- Disclosing information to Insurance Companies
- Negotiating, maintaining or renewing insurance on the **Applicant's** behalf
- Providing claims assistance and service.
- Advising the **Applicant** of other products or services
- Complying with regulators and legal authorities

For more information about our privacy policies and practices or for a copy of our Privacy Policy please visit our web site www.holmanins.com or contact our Privacy Officer at Holman Insurance Brokers Ltd.

EMAIL AUTHORIZATION

In an effort to bring our policy holders the most cost effective insurance plan, all of our correspondence is completed electronically, including renewal applications, invoicing and the delivery of the policy documents. the email address supplied by you in this application will be used. We must be notified of any change to your email address. The policy holder agrees that it will hold Holman Insurance Brokers Ltd. harmless with respect to any e-mail changes caused by the policy holder's failure to provide current and valid information for the receipt of documents.

The Applicant/policy owner further agrees that the policy documents transmitted electronically by Holman Insurance Brokers Ltd. to the electronic address supplied are in lieu of all other forms of communication. The policy Owner accepts that electronic delivery of policy documents is sufficient to meet all reporting requirements of the policy.

The email address supplied may be used to notify you of other related insurance products of interest to you.

DECLARATION

I/we declare that the above statements are true in every respect. I/we hold qualification certificate(s). I/we have not withheld or misrepresented any material fact. I/we agree that this application will form the basis of the contract between me/us and Holman Insurance Brokers Ltd.

Applicant's Signature

Date