**ALTERNATIVE HEALING PRACTITIONER(S) PROFESSIONAL LIABILITY**

**RENEWAL APPLICATION**

1. Name of the Insured:

1. Fees from all operations: Last 12 months (expiring) $      Next 12 months (estimates) $
2. Have there been any significant changes to your business activities or any other information supplied in your last application form?  Yes  No

If yes, describe & advise additional training or licenses obtained if applicable:

1. # of Employees: Full time       Part time
2. Are you aware of any act, error, omission or circumstances which could give rise to a claim

against you or any predecessor in business, or any present or former partner or officer?  Yes  No

I/We hereby declare that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this declaration shall be the basis of any binder or contract or insurance with the Insurer, and that the limits and deductibles as stated in the said binder or contract of insurance shall govern.

It is understood and agreed that the completion of this application does not bind the Insurer to the issue of the insurance nor the Applicant to the purchase of the insurance.

It is further understood and agreed that if, following submission of this application to the Insurer and prior to the date requested for coverage to be effective, the Applicant becomes aware of any information which has a bearing on question 11 of this application, the Insurer shall be immediately notified in writing of such information.

NAME OF APPLICANT:

Signature (Signing Officer) Title Date

**BROKER**

Agent/Broker Name:       Company:

Phone:       Email:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_