APPLICATION FOR PROFESSIONAL & GENERAL LIABILITY EXCLUSIVELY FOR RAC MEMBERS

Name of Applicant												
Mailing Address Phone Numbers												
				Daytime								
				Evening								
Postal Code				Email								
IF YOU WISH TO HAVE A COPY OF YOUR CERTIFICATE FAXED TO YOU, PLEASE INDICATE FAX NUMBER HERE"												
PLEASE COMPLETE THE Q	UESTIONS BELOW:											
Do you practice any other of	complementary moda	ilities, e.g. aromatherapy,	cranial s	sacral? Please	e attach copy	Yes	No					
of certificate.												
Please list:												
Do you blend or manufactur	re any products or de	evices?				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?							No					
Provide details of all liability losses in the past 3 years? If none, check here												
SHEET AND ATTACH	TO THIS APPLICA	ATION.					SEPARA	TE				
\$1,000,000 PROFESSIONAL LIABILITY		OCCURRENCE FORM			NO DEDUCTIBLE							
\$1,000,000 COMMERCIAL LIABILITY		OCCURRENCE FORM			NO BODILY INJURY DEDUCTIBLE							
\$25,000 LEGAL EXPENSE		REIMBURSEMENT FOR FRAUDULENT ABUSE CLAIMS			NO DEDUCTIBLE							
\$250,000 TENANTS LEGAL L	IABILITY											
COVERAGE WILL BE IN FO DIFFERENT DATE, PLEASE INDICATE HERE	DRCE THE DAY AFTE	R THIS APPLICATION IS	RECEIV	ED AND ACC	EPTED IN OUR	OFFICE.	IF YOU V	VISH A				
PREMIUMS PAYABLE THIS INCLUDES ALL TAXES, COMMISSION AND \$15.00 POLICY FEE												
ANNUAL POLICY \$240.00 (Ontario residence add 8% PST for a total of \$259.												
IF YOU ARE PAYING BY V	ISA/MASTER CARE		ardholdei iry Date	r agrees to pa	y total amount s according t Agreement	o Cardhold		r				

PLEASE RETURN THE COMPLETED APPLICATION AND PAYMENT TO:

LACKNER MCLENNAN INSURANCE LTD.

450 FREDERICK ST. 3RD FLOOR KITCHENER, ON N2H 2P5 1-877-768-2262 FAX 1-519-579-1151 EMAIL helpdesk@lmicanada.com

You can also apply online at... Imicanada.com/rac

