

Insurance+ PLUS Enrollment Form

INSURANCE PLUS FEATURES

Professional and General Liability insurance: \$2,000,000 per occurrence, \$3,000,000 individual annual aggregate. \$2,000,000 Products and Completed Operations individual annual aggregate. Occurrence Coverage. Rental Damage: \$100,000. Identity Protection plan. Stolen Equipment coverage: \$1,000. (Pricing in U.S. Funds)

- No association fees **Covers:** MTs, Yoga/Pilates/Dance
- 30 Years of trust Teachers, Estheticians, Reflexologists, Nail
- Instant Coverage Techs, Cosmetologists, ...350+ More

CHOOSE YOUR INSURANCE PROGRAM

- \$159.00 Insurance Plus professional rate
- \$39.00 Non insurance benefits. **Does not include insurance**
- \$25.00 Insurance Plus student rate. Must enroll prior to Graduation and certification. Enter school name below.
- _____

MESSAGE ONLINE CONTINUING EDUCATION

- \$19.95 Unlimited Massage CEUs Package

Online CEUs that cater to your interests, budget, and time. Fulfill your online CEU requirements with **100% NCBTMB-approved** courses. Choose from more than **200 hours** in our diverse online video library.

MESSAGE MAGAZINE DISCOUNT

- YES!** Include a 1 year subscription to *MESSAGE Magazine* for only \$9.95.

Stay informed on the latest news, techniques and business tips.

PERSONAL INFORMATION

Please Print Clearly

First Name _____ M.I. _____

Last Name _____

Address _____

City _____

State _____ Zip _____

Email _____

Contact Phone Number _____

Primary Discipline _____

BILLING INFORMATION

Same as personal information

Billing Name _____

Check Number _____

Credit Card Type    

Credit Card Number _____

Expiration Date: Month _____ Year _____ Security Code _____

Billing Address _____

Billing City _____

Billing State _____ Billing Zip _____

Billing Phone Number _____

ACKNOWLEDGEMENT & AUTHORIZATION

Has any allegation or claim ever been asserted against you, or has there been any event or indication suggesting a claim may be made or that your care may have been deficient or caused harm?

NO **YES** (If YES, please explain)

_____ (continue on reverse)

I represent that the above statements are true and no material facts have been suppressed or misstated. **As of this date, I have no knowledge of any allegation, claim or lawsuit or any act, error or omission, which might reasonably be expected to result in a claim or lawsuit, unless noted above.** I further represent that, to the extent required, I am licensed to practice in accordance with all relevant federal, state and local requirements and my license is current and active. I understand and agree that I am covered for the modalities listed on the Massage Magazine Insurance Plus website only to the extent that they are included in the scope of work as defined by the federal, state or local jurisdiction that regulates my professional activities. In addition, I acknowledge that professional services rendered under the influence of drugs or alcohol are excluded from coverage. **I also understand that once this payment is processed, there is no cancellation, refund or partial refund available.**

PRINT NAME

SIGNATURE

For Instant Coverage, call 1-800-222-1110 or Visit www.massagemagins.com



Additional Insured (add \$10.00)

Business or Owners Name _____

Address _____

City _____

State _____ Zip _____

Email _____

Contact Phone Number _____

Relationship to you _____

Additional Insured (add \$10.00)

Business or Owners Name _____

Address _____

City _____

State _____ Zip _____

Email _____

Contact Phone Number _____

Relationship to you _____

Continued from front _____

Return completed form to:

FOR INSTANT COVERAGE

Apply Online at
www.massagemagins.com
or Call toll-free
800-222-1110
or fax this form to:
1-904-285-9944

Mailing Address:

Insurance Plus
820 A1A N Hwy
Suite W18
Ponte Vedra Beach, FL 32082
Make check in U.S. dollars
payable to **MMIP**

For Instant Coverage, call 1-800-222-1110 or Visit www.massagemagins.com

ADDITIONAL INSURED OPTION

As an Insurance Plus policy holder, you are allowed to add employers or landlords to be protected under your policy. An additional insured is a person or business entity protected by endorsement from the named insured's negligence. It is not meant to protect other practitioners. You will be charged an additional \$10.00 for each additional insured added to your policy.

Additional Insured (add \$10.00)

Business or Owners Name _____

Address _____

City _____

State _____ Zip _____

Email _____

Contact Phone Number _____

Relationship to you _____

Additional Insured (add \$10.00)

Business or Owners Name _____

Address _____

City _____

State _____ Zip _____

Email _____

Contact Phone Number _____

Relationship to you _____