INTERNATIONAL ORGANIZATION of NUTRITIONAL CONSULTANTS

Liability Insurance Application - RENEWAL 2005 - 2006

Carried by

The ENCON Group Inc

Enrolment & Insurance Coverage Statement

Name _____

Registration #_____

Address, including Postal Code _____

_____

Business Tel #_____Fax # _____

Email Address_____

1. a. Have you or any of your employees ever been the recipient of any allegations of professional negligence either in writing or verbally? Y ◯ N ◯

b. Are you or any of your employees aware of any facts, circumstances or situations, which may reasonably give rise to claim, other than advised above? Y ◯ N ◯

If the answer to either question above is 'yes', please attach details.

Note ***Without limitation of any other remedy available to the Insurer, it is agreed that if there be knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating therefrom is excluded from coverage under the proposed insurance.***

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2. Coverage

All coverages opted for must share the same limit of Liability

a. Errors & Omissions Liability Options *

Please circle O the appropriate premium option required

Option A, Mandatory Protection for services provided Specific to an RNCP/NCP	ON	PQ	Nfld	All Other Provinces
Nutrition *ONLY* $1,000,000 Limit	$118.80	$119.90	$126.50	$110.00
Nutrition *ONLY* $2,000,000 Limit	$151.20	$152.60	$161.00	$140.00
Option B, Multi-Modality Proper certification is required for all modalities used				
$1,000,000 Limit	$226.80	$228.90	$241.50	$210.00
$2,000,000 Limit	$297.00	$299.75	$316.25	$316.25

Option B Modalities

Nutrion is NOT included.
You must purchase Option A to be eligible to purchase Option B.
Please forward proper certification for all modalities used to:
LMS PROLINK Ltd, Attention: Harry Churchill-Smith
via FAX, 416 595 1649 or via EMAIL, harrys@lms.ca

Applied Kinesiology	○	Aromatherapy	○
Ayurvedic	○	Colour Therapy	○
Dietetics	○	Electro Dermal Screening	○
Herbology	○	Homeopathy	○
Iridology	○	Live Cell Analysis	○
Magnetic Therapy	○	Manual Lymph Node Drainage	○
Massage Therapy	○	Naet & Bioset	○
Reflexology	○	Reiki	○
Shiatsu	○	Therapeutic Touch	○
Touch for Health	○		

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Coverage

b. Commercial General Liability, $500 Deductible *

Please circle O the appropriate premium option required

Commercial General Liability Limit	Annual Premium ON	PQ	Nfld	All Other Provinces
$1,000,000	$502.20	$506.85	$534.75	$465.00
$2,000,000	$675.00	$681.25	$718.75	$625.00

* All prices included applicable taxes and $10 administration fee.

3. Premium Calculation

E&O, Option A	
E&O, Option B **Optional Annual Premium**	
Comprehensive General Liability **Optional Annual Premium**	
Subtotal	
Total	

The undersigned applicant declares that, to the best of his/her knowledge and belief, the statements set forth herein are true and accurate. If the information supplied in this statement should change, the undersigned applicant will immediately notify LMS PROLINK Ltd of such changes or amendments.

Signature of Insured *Date*

Once completed, please submit this Statement - along with *payment in full* - to:

IONC
110 Railway Street
KINGSTON ON K7K 2L9

Do you have further insurance related questions?

Contact…

Harry Churchill-Smith	
Direct Line	416 644 7734
Toll Free	800 663 6828
	X 7734
Email	harrys@lms.ca

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