



# INTERNATIONAL ORGANIZATION *of* NUTRITIONAL CONSULTANTS

## Liability Insurance Application 2006 - 2007

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  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
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	\$275.00

Option B Modalities

Nutrition is NOT included.

You must purchase Option A to be eligible to purchase Option B.  
If required, please indicate which modalities you practice and submit applicable certification along with your application

- |                     |                       |                            |                       |
|---------------------|-----------------------|----------------------------|-----------------------|
| Applied Kinesiology | <input type="radio"/> | Aromatherapy               | <input type="radio"/> |
| Ayurvedic           | <input type="radio"/> | Bio Meridian Screening     | <input type="radio"/> |
| Dietetics           | <input type="radio"/> | Colour Therapy             | <input type="radio"/> |
| Herbology           | <input type="radio"/> | Electro Dermal Screening   | <input type="radio"/> |
| Iridology           | <input type="radio"/> | Homeopathy                 | <input type="radio"/> |
| Magnetic Therapy    | <input type="radio"/> | Live Cell Analysis         | <input type="radio"/> |
| Massage Therapy     | <input type="radio"/> | Manual Lymph Node Drainage | <input type="radio"/> |
| Reflexology         | <input type="radio"/> | Naet & BioSet              | <input type="radio"/> |
| Shiatsu             | <input type="radio"/> | Reiki                      | <input type="radio"/> |
| Touch for Health    | <input type="radio"/> | Therapeutic Touch          | <input type="radio"/> |



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Coverage

b. Commercial General Liability, \$500 Deductible \*

Please circle  the appropriate premium option required

Commercial General Liability Limit	Annual Premium ON	PQ	Nfld	All Other Provinces
\$1,000,000	\$486.00	\$490.50	\$517.50	\$450.00
\$2,000,000	\$648.00	\$654.00	\$690.00	\$600.00

\* 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	
<b>Total</b>	

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  
513 - 115 George Street  
OAKVILLE ON L6J 0A2

*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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