

We are pleased to offer Professional Malpractice and General Liability Insurance for members of the Reflexology Registration Council of Ontario, having successfully completed the requisite training and certified by the School or applicable Association, while practicing in Canada. The coverage provides for a \$2,000,000 limit of liability and is subject to the Terms, Conditions and Exclusions of the Master Policy that has been filed with the RRCO.

ONLY the following Modalities are Insured under the policy:

Acupressure, Aromatherapy, Bowen Technique, Craniosacral, Hellerwork, Hot Stone Massage, Indian Head Massage, Iridology, Polarity Therapy, Reiki, Shiatsu, Thai Massage, Therapeutic Touch, Reflexology, Qi Gong, Swedish Massage, Relaxation/Chair Massage, Touch for Health.

IMPORTANT NOTICES

(1) EXCLUSIONS

The policy excludes all coverage for alleged or actual sexual or physical abuse or molestation, including defense costs for criminal abuse charges.

(2) CLAIMS OR OCCURRENCES DURING POLICY TERM

Your malpractice coverage is a Claims Made form. All claims MUST be reported during the policy period in which you are first aware of a possible claim. Please ensure that any situation that MAY result in legal action, whether or not action against you has commenced, is reported to Impact Insurance Brokers immediately.

(3) CLAIMS OR OCCURRENCES PRIOR TO COVERAGE INCEPTION

Any known occurrences prior to the inception of your coverage that may result in legal action are deemed to be outside the policy period are not covered by this policy. **E. & O.E.**

PREMIUM SUMMARY - for the period - January 01, 2008 to January 01, 2009.

\$238.56 {\$207.00 Premium + \$16.56 Retail Sales Tax + \$15.00 Administrative Fee}

To be eligible, you must be a **current member of RRCO in good standing.**

Our insurance program is designed for the individual Reflexologist operating out of their own home, visiting others in their home or at their place of work or renting a small space. The program only offers coverage for the modalities listed on your certificate. Any other modalities practiced by you are outside of our program. We have therefore, designed our insurance program to include both Commercial General Liability and Medical Malpractice all in one package.

Commercial General ENCON Policy SGL102765 - Coverages are offered for your legal liability for bodily injury or property damage caused to third parties. For example - your patient falls while leaving your treatment room and alleges you are responsible for their injuries. The limit for this coverage is \$2,000,000 for any one claim and \$4,000,000 total in one year for all claims for the group. Coverage is also offered for no fault medical payments of \$5,000 per person or \$25,000 per accident. Also, coverage is included for Tenants Legal Liability which offers coverage for damage to a premises you occupy that is deemed to be your responsibility. Limit for Tenant's Legal Liability \$500,000 any one loss.

Errors & Omissions Liability ENCON Policy SRD102765 - Coverages are offered for your legal liability for injury arising out of your Insured Services. For example: Your patient alleges that you injured them while offering them a specific treatment. The limit for this coverage is \$2,000,000 for any one claim and \$4,000,000 total in one year for all claims for the group.

Both policies carry an Abuse and Molestation Exclusion and an Asbestos Exclusion and both policies carry a deductible of \$500 for any one loss.. **E. & O.E.**

R.R.C.O. REGISTRAR'S OFFICE

**P.O. Box 613
Collingwood, ON
L9Y 4E8 Canada**

Phone: 1-877-THE-RRCO (1-877-843-7726)

Website: www.rrco-reflexology.com

E-mail: registrar@rrco-reflexology.com

PROFESSIONAL MALPRACTICE AND GENERAL LIABILITY INSURANCE FOR REFLEXOLOGISTS

RRCO *of Ontario*
Reflexology Registration Council



IMPACT

INSURANCE BROKERS INC.

Broker: Impact Insurance Brokers Ltd.

1600 Steeles Avenue West, Concord Ontario L4K 4M2

905-660-6170 or 1-877-238-7054

Fax: 905-660-6175

www.impactinsurancebrokers.com

mail@impactinsurancebrokers.com

Insured with: ENCON Group Inc.

Application for Professional Malpractice and General Liability Insurance

Members Name: _____

Address: _____

City/Town: _____ Prov.: _____ Postal Code: _____

Phone #: (____) _____ Email: _____

A certificate will be mailed on receipt of this form and your payment. Your completed application and full payment must be received by the R.R.C.O. **Do not sent payment to Impact Insurance Brokers.**

I am not aware of any circumstances that may adversely affect this insurance. Any such circumstances must be reported with this application.

I have read and understand the terms of insurance. Full Payment is enclosed - made payable to the RRCCO (see fee schedule below) and mail to RRCCO Registrar's Office, PO Box 613, Collingwood, ON, L9Y 4E8.

Practitioner's Signature

Dated

Member's RRCCO Number

Please indicate all modalities you are certified for and are practicing:

- | | |
|---|---|
| <input type="checkbox"/> Acupressure | <input type="checkbox"/> Aromatherapy |
| <input type="checkbox"/> Bowen Technique | <input type="checkbox"/> Craniosacral |
| <input type="checkbox"/> Hot Stone Massage | <input type="checkbox"/> Iridology |
| <input type="checkbox"/> Polarity Therapy | <input type="checkbox"/> Reiki |
| <input type="checkbox"/> Shatsu | <input type="checkbox"/> Thai Massage |
| <input type="checkbox"/> Therapeutic Touch | <input type="checkbox"/> Reflexology |
| <input type="checkbox"/> Qi Gong | <input type="checkbox"/> Swedish Massage |
| <input type="checkbox"/> Relaxation/Chair Massage | <input type="checkbox"/> Touch for Health |
| <input type="checkbox"/> Indian Head Massage | <input type="checkbox"/> Hellerwork |

Does your landlord need to be added to the policy? If yes, please supply name and address.

Fee Schedule:	
Jan. 2008	\$238.56
Feb. 2008	\$225.60
March 2008	\$212.64
April 2008	\$199.68
May 2008	\$186.72
June 2008	\$173.76
July 2008	\$160.80
Aug. 2008	\$147.84
Sept. 2008	\$134.88
Oct. 2008	\$121.92
Nov. 2008	\$108.96

Office Use Only	Date Received	Amt. Paid	How Paid	Rec. #	Amt. Pd - Impact	Date Impact Pd