

**REGISTERED ACUPUNCTURISTS AND TRADITIONAL CHINESE MEDICINE  
PRACTITIONERS OF BRITISH COLUMBIA**

**PROFESSIONAL AND COMMERCIAL GENERAL LIABILITY INSURANCE APPLICATION**

**注册针灸师,中医师专业保险/第三方责任险申请表**

**APPLICANTS MUST BE A MEMBER IN GOOD STANDING WITH THE COLLEGE OF TRADITIONAL CHINESE MEDICINE  
PRACTITIONERS AND ACUPUNCTURISTS OF BRITISH COLUMBIA**  
 申请人必须是加拿大卑诗省中医针灸管理局信誉良好的注册会员

All questions must be answered completely. If there is no answer, write "none" or "n/a" in the space provided. Where space provided is insufficient to fully answer, please use and attach separate sheet(s).  
 所有问题必须全部回答. 如果不适用, 请填写"None"或"N/A". 如果填写空间不够, 请使用附页.

*Note: A \$25 Policy Fee will be added to the premium noted below.*

备注: \$25 保单费须另计.

<b>*Professional Liability Coverage</b>			
	<b>\$1,000,000</b>	<b>\$2,000,000</b>	<b>\$3,000,000</b>
Herbalist (R.TCM.H) 注册草药师	\$120	\$175	\$220
Acupuncturist (R. Ac.) 注册针灸师	\$225	\$350	\$440
Traditional Chinese Medicine Practitioners (R.TCM.P) and Doctors of TCM (Dr.TCM) 注册中医师,高级中医师	\$270	\$360	\$445
Extension 1: Acupoint Injection Therapy 附加险1: 穴位注射疗法	Add \$275	Add \$385	Add \$480
Extension 2: Massage Therapy 附加险2: 注册按摩师	Add \$75	Add \$95	Add \$110

**General Information**

1. (a) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 名 姓

*\*Note: Coverage is for individuals only and does not extend to any employer/company.*

备注: 保险只适用于个人, 不延伸到任何雇主或公司

(b) Work Address: \_\_\_\_\_  
 工作地址:

Alternate/mailling address: \_\_\_\_\_  
 不同于上述地址之通信地址:

(c) Email Address: \_\_\_\_\_ (d) Telephone: \_\_\_\_\_  
 电邮: 电话:

2. (a) Please select your preferred limit for Professional Liability insurance. Mandatory Professional Liability insurance limit required under the regulation is \$1,000,000. Please see above for annual premiums.  
 请选择专业保险额度. 最少保险额是\$1M. 请参阅上述表格中相应的保险金额.

**Option 1:** \$1,000,000       **Option 2:** \$2,000,000       **Option 3:** \$3,000,000

3. (a) Would you like to purchase Commercial General Liability (optional)? Yes  No   
 您需要购买第三方责任险吗? (可选择购买)

If No, go to question 4.  
 如果不, 请回答问题4.

(b) If Yes, please select a limit from the following options:

如果是,请选择如下保险额

\*Note: Coverage is for individuals (individual contractor, self-employed) only and does not extend to any employer/company. If you would like cover to extend to a clinic please discuss alternative General Liability insurance options with your broker.

备注:此第三方责任险只适用于个人(合同制/自雇人员),不延伸至诊所。

Option 1: \$1,000,000  (\$250)

Option 2: \$2,000,000  (\$330)

Option 3: \$3,000,000  (\$400)

Option 4: \$5,000,000  (\$550)

(c) Do you require Commercial General Liability coverage to extend to a clinic? Yes  No

请问你是否需要第三方责任险延伸至诊所?

\*Note: Extension coverage is only available when the principal is the sole practitioner in the clinic.

备注:只有符合诊所拥有人是诊所唯一治疗师的条件下,以上第三方责任险可延伸至诊所。

Are you principle and sole practitioner of this clinic? Yes  No

If Yes, please provide clinic name: \_\_\_\_\_

请问您是诊所拥有人并且是诊所内唯一一位治疗师吗?如果是,请提供诊所注册名称:

(d) Do you own the building you operate out of? Yes  No

请问你拥有这套房子的产权吗?

(e) Do you lease or rent any of your space to others? Yes  No

请问你有否把诊所空间分租被别人?

(f) Do you have any other practitioners work with you? Yes  No

请问还有其他治疗师与你一起工作吗?

### Business Activities

4. (a) CTCMA Registration No.: 注册号: \_\_\_\_\_

(b) Are you a current ATCMA member? Membership No: \_\_\_\_\_ Yes  No

您是ATCMA现任会员吗?请提供会员号:

(c) Number of years practicing TCM or acupuncture: \_\_\_\_\_

请问您已行医多少年?

(d) Do you practice Herbal Medicine? Yes  No

请问你是注册草药师吗?

(e) Do you practice Acupuncture? Yes  No

请问您是注册针灸师吗?

(f) Are you a TCM.P or Dr. TCM? Yes  No

请问您是注册中医师或高级中医师吗?

(g) (i) Are you certified by the Society for Acupoint Injection Therapy? Yes  No

请问你持有SAIT证书吗?

(ii) If Yes, would you like coverage to extend to Acupoint Injection Therapy services? Yes  No

如果是,您需要专业保险延伸至穴位注射疗法吗?

(h) (i) Are you a Registered Massage Therapist in British Columbia? Yes  No

您是BC注册按摩师吗?

(ii) If Yes, would you like coverage to extend to registered massage therapy services? Yes  No

如果是,您需要专业保险延伸至相关按摩服务吗?

(i) Do you supervise any Students during their training sessions? Yes  No

请问您有培训学生吗?

(i) If Yes, does you wish to purchase an extension to cover these Students? Yes  No

\$25 fee per student will be added.

如果是,您需要专业保险延伸至相关学生吗?\$25/每位学生

(ii) If Yes, please indicate the number of Students the Applicant will be supervising during the Policy Period (maximum of three students): \_\_\_\_\_

如果是，请提供学生数（最多三位）

Two additional locations can be added under the Commercial General Liability Coverage (if applicable). If required please list the additional locations. \$50 fee per additional location will be added.

第三方责任险可延伸至其他两个地方。请提供相关地点如下：

Address 地址	City 城市	Province 省份	Postal Code 邮编

- (j) If General Liability insurance has been purchased and your lease/rental contract requires you to add your landlord as an additional Insured please list the landlord's name(s):

如果房东要求将他们列入您购买的第三方保险的附加被保险人，确请提供房东公司名称和地址

1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_

#### Past Activities

5. Have you ever been declined, non-renewed or cancelled by an insurer for Professional Liability Insurance? 请问您是否被保险公司拒绝提供保险，拒绝续约或中途退保？ Yes  No

If Yes, explain: 如果是，请解释: \_\_\_\_\_  
\_\_\_\_\_

6. Have you ever been investigated by, or suspended from practice by, any governing body of his/her profession? 您是否被管理局调查过，或者暂时吊销职业资格？ Yes  No

If Yes, explain: 如果是，请解释: \_\_\_\_\_  
\_\_\_\_\_

7. In the past five years, have you ever had a claim made against you arising out of the performance of professional services? 在过去五年，您是否有专业服务相关的投诉 / 索赔 Yes  No

If Yes, please provide the following details on a separate sheet:

如果是，请使用附页提供详细情况：

(a) Date of Claim 索赔日期 (b) Claimant's Name 索赔人姓名 (c) Nature of Claim 索赔性质 / 内容 (d) Current Status of Claim 现状

(e) Amount of Damages / Defence Costs incurred by or on behalf of the Applicant in respect thereof  
赔偿金额 / 相关法律费用

#### THE APPLICANT DOES HEREBY PROVIDE THE FOLLOWING WARRANTY TO THE INSURER

8. Do you have knowledge or information of any fact, circumstance or situation which could reasonably give rise to a claim which would fall within the scope of the proposed insurance? Yes  No   
您是否有已知的可能导致保险索赔的事实，境遇或情形。

If Yes, provide details: 如果是，请提供详细情况 \_\_\_\_\_  
\_\_\_\_\_

It is understood and agreed that if knowledge of any such facts, circumstances or situations exists, whether or not disclosed, any claim or action subsequently arising or developing therefrom shall be excluded from coverage under any policy issued by Trisura Guarantee Insurance Company.

我了解并同意如果有已知的可能引发保险索赔的任何事实，境遇或者情形，无论是否被披露，因其引发的任何索赔或行为将与Trisura的任何保单无关。

#### **PRIVACY DISCLOSURE AND CONSENT**

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The undersigned authorized representative acknowledges that any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this Application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of any investigation and inquiry in connection with this Application for insurance and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

#### **FALSE INFORMATION**

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Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals information concerning any fact material thereto for the purpose of misleading any insurance company or other person, commits a fraudulent insurance act which is a crime.

#### **DECLARATIONS AND SIGNATURE**

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The undersigned authorized representative of the applicant:

- (i) declares, after inquiry, that the statements and representations set forth in this Application, and all materials submitted to or requested by the Insurer in conjunction with this Application, are true;
- (ii) acknowledges that these statements, representations, and materials are relied on by the Insurer and that they shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be effected; and
- (iii) agrees that if the information supplied in connection with this Application changes between the date of this Application and the effective date of any insurance effected pursuant to this Application, the undersigned will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding indications, quotations and/or authorization or agreement to effect the insurance.

Signing of this Application does not obligate the Applicant or the Insurer to effect the insurance, but it is agreed that all materials submitted to or requested by the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. It is further agreed that this Application and all materials submitted to or requested by the Insurer in conjunction with this Application are the basis of and are deemed attached to and incorporated into any policy effected pursuant to this Application.

PLEASE NOTE: COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED.

Applicant 申请人	Date 日期
Signature 签名	Title 职称