



**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.

Professional Liability Coverage			
	\$1,000,000	\$2,000,000	\$3,000,000
Herbalist (R.TCM.H) 注册草药师	\$122	\$171	\$212
Acupuncturist (R. Ac.) 注册针灸师	\$216	\$329	\$410
Traditional Chinese Medicine Practitioners (R.TCM.P) and Doctors of TCM (Dr.TCM) 注册中医师, 高级中医师	\$257	\$338	\$414
Extension 1: Acupoint Injection Therapy 附加险1: 穴位注射疗法	Add \$248	Add \$347	Add \$432
Extension 2: Massage Therapy 附加险2: 注册按摩师	Add \$68	Add \$86	Add \$99
Extension 3: Supervised Student(s) 附加险3: 受监督下的实习生	Add \$23	Add \$23	Add \$23

General Information

1. (a) First Name: _____ Last Name: _____
名 姓

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

Mailing address (if different from that noted above): _____
不同于上述地址之通信地址:

(c) Email Address: _____ (d) Telephone: _____
电邮: 电话:

Professional Liability

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**

Business Activities

3. (a) Are you a member in good standing with CTCMA? Yes No
您是CTCMA现任会员吗?
- (b) CTCMA Registration No.: 注册号: _____
- (c) Are you a Herbalist (R.TCM.H)? Yes No
请问你是 R.TCM.H 吗?
- (d) Are you an Acupuncturist (R. Ac.)? Yes No
请问您是 R. Ac. 吗?
- (e) Are you a R.TCM.P? Yes No
请问您是 R.TCM.P 吗?
- (f) Are you a Dr. TCM? Yes No
请问您是 Dr. TCM 吗?
- (g) (i) Are you a certified Acupoint Injection Therapist? Yes No
请问您是已受认证的穴位注射疗法师吗?
- (ii) If Yes, was your certification by SAIT or another body approved to issue such certifications by the CTCMA? Yes No
如果是, 请问您是通过SAIT或被CTCMA认可的认证机构取得认证吗?
- (iii) 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服务吗?
- (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) (i) Do you supervise any Students during their training sessions? Yes No
请问您有否在培训实习生于实习期间进行监督?
- (ii) If Yes, do you wish to purchase an extension to cover these Students? Yes No
如果是, 您需要专业保险延伸至相关学生吗? \$25/最多三位学生
- (j) (i) Do you require coverage to extend to a clinic? Yes No
请问你是否需要保险范围延伸至诊所?
***Note: Extension coverage is only available when the principal is the sole practitioner in the clinic.**
备注: 只有符合诊所拥有者是诊所唯一治疗师的条件下, 以上保险范围方可延伸至诊所.
- (ii) Are you principal 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:

Commercial General Liability

4. (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 6.
如果不, 请回答问题6.

- (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 only and does not extend to any employer. If you would like coverage 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, 如需第三方责任险延伸至诊所, 请联系您的保险经纪人.

Option 1: \$1,000,000 (\$225)

Option 2: \$2,000,000 (\$297)

Option 3: \$3,000,000 (\$360)

Option 4: \$5,000,000 (\$495)

- (c) Do you own the building you operate out of? Yes No
 请问你拥有这套房子的产权吗?
- (d) 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?
- (e) Do you have any other practitioners working with you? Yes No
 请问还有其他治疗师与你一起工作吗?
- (f) 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

- (g) 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) _____

Property

5. (a) Would you like to purchase Commercial Property coverage for Office Contents and Equipment at your Work Address indicated above (optional)? Yes No
 请问您需要为您在上面列明的工作诊所内的财产和设备购买商业财产保险吗 (可选)?
Note: Coverage is only available when the principal is the sole practitioner in the clinic, and only if Commercial General Liability coverage is purchased.
 备注: 只有符合您是诊所的拥有人并且是诊所唯一的治疗师, 并且购买了第三方责任险的前提下, 才可以购买商业财产保险。
 If No, go to Question 6.
 如果不, 请回答问题6.
- (b) If Yes, please select a limit from the following options:
 如果是, 请选择以下保额。
Option 1: \$25,000 Contents/Equipment (\$90) Option 2: \$50,000 Contents/Equipment (\$167)

Past Activities

6. 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: _____
7. Have you ever been investigated by, or suspended from practice by, any governing body of your 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: _____
8. 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

9. 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 Intact 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Intact的任何保单无关。

DISCLOSURE, AUTHORIZATION AND SIGNATURE:

I hereby declare that to the best of my knowledge, the above statements and particulars in this application are true and complete and that I have not omitted, suppressed or misstated any material facts. I agree that this application, together with any other information supplied by me shall form the basis of any Contract of Insurance effected there from. I undertake to inform Insurers of any material alteration to these facts whether occurring before or after completion of the Contract of Insurance. Furthermore, I understand and accept that the Professional Liability insurance applied for provides coverage on a "claims made and reported" basis and the General Liability and Property insurance (if applicable) provide(s) coverage on an occurrence+ basis. I understand and accept that coverage under the Professional Liability policy, if issued, shall not apply to any known claim or circumstance that could reasonably give rise to a future claim that is known to myself prior to the inception date of the policy nor to any claim or circumstance reported after the expiration, cancellation or termination of the policy.

I also give authorization to Intact Insurance Company, its affiliates, agents and representatives to verify, obtain and exchange any information in connection with the insurance applied for in this application. This consent is valid with respect to any policy extension and/or renewal of coverage with Intact Insurance Company, or any of its affiliates.

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT NOR THE INSURER TO COMPLETE THE INSURANCE APPLIED FOR HEREIN.

Applicant 申请人	Date 日期
Signature 签名	Title 职称

IMPORTANT: If the applicant is currently insured by an Insurer other than Intact Insurance Company and/or its affiliated companies, and that contract of insurance is on a claims made basis, it is incumbent upon the applicant to report all known circumstances which may give rise to an eventual claim to that Insurer. Please refer to your Insurance Broker if you do not understand the foregoing.