

**TCMA INSURANCE PROGRAM APPLICATION  
 FOR REGISTERED ACUPUNCTURISTS & TCM PRACTITIONERS  
 注册针灸师 / 中医师保险申请表**

Please note: Applicants must be a member in good standing with the College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC (CTCMA) and/or the College of Acupuncturists of Alberta (CAA).  
 请注意：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。

<b>PREMIUM CHART **All premiums are 100% retained.**</b>				
<b>PROFESSIONAL LIABILITY (E&amp;O COVERAGE) 专业保险</b>				
	\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
<b>(BC Registrants)</b> <b>(BC 注册会员)</b> Herbalist (R.TCM.H) 注册草药师	\$122	\$171	\$212	\$286
<b>(BC Registrants)</b> <b>(BC 注册会员)</b> Acupuncturist (R.Ac.) 注册针灸师	\$216	\$329	\$410	\$554
<b>(BC Registrants)</b> <b>(BC 注册会员)</b> R.TCM.P / Dr.TCM 注册中医师,高级中医师	\$257	\$338	\$414	\$559
<b>(Alberta Registrants)</b> <b>(艾伯塔注册会员)</b> Acupuncturist (R.Ac.) & TCM Practitioner 注册针灸师和中医师	\$257	\$338	\$414	\$559
<b>(Alberta Registrants)</b> <b>(艾伯塔注册会员)</b> Acupuncturist (R.Ac.) Only. <b>No</b> TCM 注册针灸师. <b>没有</b> 中医.	\$216	\$329	\$410	\$554
Massage Therapy 注册按摩师	+\$68	+\$86	+\$99	\$134
Student Supervision 受监督下的实习生		+\$23		+\$25
<b>COMMERCIAL GENERAL LIABILITY COVERAGE 三方责任保险</b>				
	\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	\$225	\$297	\$360	\$495
Client Home Service– Commercial General Liability Extension: \$50 (Not Applicable to Professional Liability Only Policies) 客户在家中提供服务 – 第三方责任保险延伸: \$50 (不适用于只有专业保险之保单)				
<b>POLICY FEE: \$30</b>				

GENERAL INFORMATION			
<b>1. Legal Name:</b> 名字:	First: 名:	Last: 姓:	<b>Email Address:</b> 电邮地址:
<b>2. Mailing Address:</b> 地址:		<b>Work Address (if applicable):</b> 工作地址:	
<b>3. Are you incorporated? If yes, what is the name?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> 您注册成立有限公司吗? 是的话, 叫什么名字? a) <b>If yes</b> , are you the sole practitioner in your corporation/clinic? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>If no, please let us know.</u> 如果是, 您是公司/诊所里的唯一执业者吗? 如果否, 请告诉我们。			
<b>4. Are you a member in good standing with the CTCMA/CAA?</b> 您是CTCMA/CAA现任会员吗? Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Clinic Website (if applicable):</b> 诊所网站(有的话):	
<b>5. CTCMA/CAA Registration No. 注册号:</b>		<b>Phone Number 电话号码:</b>	
<b>6. Profession: (select one)</b> 专业:			
<b>British Columbia (BC) Registrants / British Columbia 注册会员</b> Herbalist (R.TCM.H) <input type="checkbox"/> Acupuncturist (R.Ac.) <input type="checkbox"/> R.TCM.P <input type="checkbox"/> Dr.TCM <input type="checkbox"/> 注册草药师                      注册针灸师                      注册中医师                      高级中医师			
<b>Alberta (AB) Registrants / 艾伯塔注册会员</b> Acupuncturist (R.Ac.) & TCM Practitioner <input type="checkbox"/> Acupuncturist (R.Ac.) Only. <b>No</b> TCM <input type="checkbox"/> 注册针灸师和中医师                      注册针灸师. <u>没有</u> 中医。			
<b>7. Have you ever been declined, non-renewed, or cancelled by an insurer for Professional Liability Insurance?</b> 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 <input type="checkbox"/> No <input type="checkbox"/> <b>If Yes</b> , please explain: 如果是, 请解释:			
<b>8. Have you ever been investigated by, or suspended from practice by, any governing body of your profession?</b> 您是否被管理局调查过, 或者暂时吊销职业资格? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If Yes</b> , please explain: 如果是, 请解释:			
<b>9. In the past five years, have you ever had a claim made against you arising out of the performance of professional services?</b> 在过去五年, 您是否有专业服务相关的投诉 / 索赔? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If Yes</b> , please provide the following details on a <u>separate sheet</u> : 如果是, 请使用附页提供详细情况: <ul style="list-style-type: none"> <li>• Date of Claim 索赔日期</li> <li>• Claimant's Name 索赔人姓名</li> <li>• Nature of Claim 索赔性质 / 内容</li> <li>• Current Status of Claim 现状</li> <li>• 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</li> </ul>			

**10. 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**, please 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 the Insurer.\*\**

**\*\*您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保险公司的任何保单无关.\*\***

**PROFESSIONAL LIABILITY (E&O) COVERAGE** **\*\*For professional services and advice as a licensed practitioner.\*\***

**专业保险**

**11 a) Please select your preferred limit for Professional Liability coverage. The minimum limit required by the CTCMA is \$1,000,000. CAA Registrants require a minimum of \$2,000,000 professional liability. 请选择专业保险额度. CTCMA 最少保险额是\$1,000,000. CAA 最少保险额是\$2,000,000.**

\$1,000,000  \$2,000,000  \$3,000,000  \$5,000,000

**b) Please also provide:**

请同时提供:

- The date on which you first purchased a Professional Liability insurance policy:

您首次购买专业险保单的日期: Date: \_\_\_\_\_ Unknown

**12. If you are a Registered Massage Therapist in BC, would you like coverage for providing this service?**

如果您是 BC 注册按摩师，您需要专业保险延伸至相关按摩服务吗? Yes  No

**13. If you supervise students during their training sessions, would you like coverage to extend to them?**

如果您监督在培训的实习生，您需要专业保险延伸至相关学生吗? Yes  No

**14. If you are an Acupuncturist or R.TCM.P / Dr.TCM:**

如果您是注册针灸师或者注册中医师 / 高级中医师:

**a) Have you learned how to respond to emergencies in the event of pneumothorax/punctured lung as part of your acupuncture training? *\*\*If you answered "no", losses, claims or other liability related to pneumothorax will not be covered under this policy.\*\**** Yes  No

您是否学过如何应对气胸/肺穿刺的紧急情况? **\*\*如果您回答“否”，则与气胸相关的损失将不予赔偿.\*\***

**b) Do you identify pneumothorax on your consent forms as a potential risk prior to performing services on your patients? *\*\*If you answered "no", losses, claims or other liability related to pneumothorax will not be covered under this policy. Coverage shall only be granted under this policy from the date that consent forms are updated and patients are advised of the risks associated with pneumothorax.\*\**** Yes  No

在为患者提供服务之前，您是否将同意书上的气胸确定为潜在风险? **\*\*如果您回答“否”，则除非您更新同意书，否则如果发生损失，将不会承担与气胸有关的损失。您可以立即更新您的同意书并回答“是”。\*\***

**COMMERCIAL GENERAL LIABILITY COVERAGE** \*\*For third-party bodily injury and property damage.\*\*

三方责任保险

**15. Would you like to purchase Commercial General Liability (optional)?**

您需要购买第三方责任险吗? (可选择购买)

Yes  No

If No, go to item 22.

如果不,请转到项目 22.

**16. If Yes, please select a limit from the following options:**

如果是,请选择如下保险额:

\$1,000,000  \$2,000,000  \$3,000,000  \$5,000,000

Coverage is for individuals only and does not extend to employers. If you would like to extend coverage to a clinic, please let us know.

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,请联系我们。

**17. Do you offer any of your professional services from your own home or residence?** Yes  No

您是否在家中或自己的住所提供任何专业服务?

If Yes: a) Provide the approximate percentage of your overall work that is from your home/residence: \_\_\_\_\_ %

如果是,提供您在家中/住所中总体工作的大致百分比:

b) Confirm if there is a separate space for these services (e.g., designated room or building): Yes  No

确认这些工作是否有单独的空间(例如,指定的房间或建筑物):

**18. Do you offer any of your professional services in the home/residence of any client?\*** Yes  No

您是否在任何客户的住所/住所中提供任何专业服务?

If Yes: a) Provide the approximate percentage of your overall work from a client's home or residence: \_\_\_\_\_ %

如果是:提供来自客户家中或住宅的整体工作量的大约百分比:

\*Please note that if you answered "yes", there is an additional charge of \$50 for **commercial general liability** for client home services. If you're only purchasing **professional liability**, this charge is not applicable.

请注意,如果您回答“是”,将有额外\$50在家中提供服务之第三方责任保险收费。如果您只购买专业保险,此收费不适用。

b) Confirm that the space in a client's home/residence is clear and suitable before performing your services.

确认客户家/住所的空间干净且适合。 Yes  No

**19. Do you have any administrative employees? If yes, how many?** Yes  No  #:

您有行政人员吗?如果是,多少?

**20. If you sell herbal medicines, remedies or any other traditional Chinese medicine products, please state which countries your products come from:**

如果您出售草药或药方,请说明您的产品来自哪个国家/地区: Not Applicable

a) Are the suppliers / importers of the above products accredited, certified or otherwise approved to supply and ensure the quality of the products purchased? Yes  No

供应商/进口商是否获得高水平标准的认可或认证?

b) Do you process, mix or otherwise combine products and if so, do you ensure compliance with the CTCMA's safety guidelines?

您是否加工,混合或以其他方式组合产品,如果这样,您是否确保遵守 CTCMA 的安全准则? Yes  No

c) For all products where you are selling, do you retain rights of recourse against the distributors or manufacturers?

对于您所销售的所有产品,您是否保留对分销商或制造商的追索权? Yes  No

\*\*\*If you sell herbs extensively and require Property insurance, please let us know.\*\*\*

\*\*\*如果您拥有大量出售草药并需要财产保险,请告知我们。\*\*\*

**21. Two additional locations can be added under the Commercial General Liability Coverage (if applicable). If you work at more than one location, please list the additional locations. \$50 fee per additional location will be added.**

三方责任险可延伸至其他两个地方, \$50/地方. 如果您在多个一个地点工作, 请提供相关地点如下:

Address 地址	City 城市	Province 省份	Postal Code 邮编

\*\*\*If you own a clinic and require Property insurance, please let us know.\*\*\*

\*\*\*如果您拥有诊所并需要财产保险, 请告知我们.\*\*\*

**22. DISCLOSURE, AUTHORIZATION, SIGNATURE**

**披露, 授权, 签名**

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 me 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 the Insurer, 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 the Insurer, or any of its affiliates.

我据此声明, 就我所知, 本申请中的上述陈述和细节是真实完整的, 并且我没有遗漏, 压制或遗漏任何重要事实。我同意本申请书以及我提供的任何其他信息将构成由此产生的任何保险合同的基础。我承诺将在保险合同完成之前或之后对这些事实进行的任何重大变更通知保险人。此外, 我理解并接受, 所申请的专业责任保险以“提出和报告的索赔”为基础提供保险, 而一般责任和财产保险(如果适用)以“发生”为基础提供保险。我理解并接受, 如果发布了《专业责任政策》, 则该承保不适用于可能合理导致我在保单生效日之前知道的未来索赔的任何已知索赔或情况, 也不适用于任何索赔保单期满, 取消或终止后报告的情况。我还授权保险人, 其分支机构, 代理商和代表核实, 获取和交换与本申请中申请的保险有关的任何信息。对于保险人或其任何关联公司的任何保单延期和/或续保, 此同意书均有效。

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

签署本申请书不会捆绑申请人或被保险人填写此处申请的保险。

Name (Print) 名字	Signature 签字	Date Signed 日期	Effective Date Requested 需要的生效日期

(Please note that contracts for this insurance are interpreted in English. Chinese translations are for ease of reference only.)

(请注意, 本保险合同以英文解释。中文翻译仅供参考。)