



If you maintain a current Massage Therapy license in addition to your Chiropractic license and desire coverage for this portion of your practice, please complete the following. All questions must be answered. If you need more space, please attach a separate sheet of paper.

- Please provide a copy of your state issued Massage Therapy License.
- Coverage for this endorsement will be effective only upon receipt of your Request for Coverage and approval by NCMIC.

### GENERAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle Initial

Policy Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street

City State Zip

Office Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Your email address will never be sold. It will be used to send you important messages.

### MESSAGE THERAPY CERTIFICATION INFORMATION

Name of institution where you received your Massage Therapist training: \_\_\_\_\_

Designation Received: \_\_\_\_\_ Years attended: From \_\_\_\_\_ To \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Original License Date: \_\_\_\_\_

Year you began practicing as a massage therapist: \_\_\_\_\_

What percent of your practice is massage therapy? \_\_\_\_\_

List all states where you currently practice as a massage therapist, the license number, date of license expiration and the percent you practice in each:

| LICENSE NUMBER | STATE | EXPIRATION DATE | % OF PRACTICE |
|----------------|-------|-----------------|---------------|
| _____          | _____ | _____           | _____         |
| _____          | _____ | _____           | _____         |
| _____          | _____ | _____           | _____         |

**Please attach a copy of each active license you hold.**

If you are a faculty member, please list the Institution(s): \_\_\_\_\_

Continued





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### MESSAGE THERAPY CERTIFICATION INFORMATION - continued

Do you discuss and document informed consent prior to treating all patients?  Yes  No

Do you keep documented records on every visit of all treatment performed on patients, including discussions for follow-up care?  Yes  No

### PLEASE READ, SIGN AND DATE

Insurance coverage becomes effective upon approval of the application. It is agreed that this form shall be the basis of the contract. The foregoing answers are complete and correct to the best of my knowledge and belief.

**X** \_\_\_\_\_  
Signature

**X** \_\_\_\_\_  
Date

**X** \_\_\_\_\_  
Agent Signature

**X** \_\_\_\_\_  
Date

For residents of all states except CO, District of Columbia, FL, LA, MD, ME, NJ, NY, OK, TN, VA, WA, WV: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto or knowingly helps with intent to defraud, commits a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

LOUISIANA and WEST VIRGINIA: Any persons who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE, TENNESSEE, VIRGINIA and WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation (11 NYCRR 86.4(a)) (parallel citation Regulation 95).

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of any insurance policy containing false, incomplete or misleading information is guilty of a felony.

Coverage offered by NCMIC Insurance Company.

### RETURN THIS FORM

**Mail this form to:**  
NCMIC Insurance Company  
P.O. Box 9118  
Des Moines, IA 50306

**Or fax it to:**  
**1-800-996-2642**

**Questions? Call toll free**  
**1-800-247-8043**