

Licensed Massage Therapist Professional Liability Supplemental Application

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	N		
Name:			
Policy Number:	First		Middle Initial
Street			
Office Phone:	FAX:	State	Zip
	Email Address:		
			ed to send you important messages.
MASSAGE THERAPY CI	ERTIFICATION INFORMATION	ON	
Name of institution where you r	received your Massage Therapist tra	aining:	
Designation Received:	Years attende	ed: From	То
Graduation Date:	Original Licen	se Date:	
Year you began practicing as a	massage therapist:		
What percent of your practice is			
List all states where you cepting expiration and the percent	currently practice as a massag t you practice in each:	e therapist, the licens	e number, date of license
LICENSE NUMBER	STATE	EXPIRATION DATE	% OF PRACTICE
Please attach a copy of	each active license you hold	d.	
If you are a faculty member, ple	ease list the Institution(s):		
			_
Do you discuss and document	informed consent prior to treating al	Il patients?	Yes 🔲 No
	rds on every visit of all treatment pe	erformed on	Yes 🔲 No
patients, including discussions	tor tollow-up care?		Continued



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GENERAL INFORMATION					
Name:					
Last		First	Middle Initial		
Policy Number:					
PLEASE READ, SIGN AND DATE					
By signing this application, I certify and attest that the statements, information, and answers provided herein are true and accurate. I understand that NCMIC Insurance Company (NCMIC) shall rely upon the statements, information, and answers provided on this application to determine whether to accept this application for insurance and, if the application is accepted, to determine at what rate to insure.					
New Hampshire residents: By signing this application, I represent that the statements, information, and answers provided herein are true and accurate. I understand that NCMIC Insurance Company (NCMIC) shall rely upon the statements, information, and answers provided on this application to determine whether to accept this application for insurance and, if the application is accepted, to determine at what rate to insure.					
determine whether to accept this application for insurance and, if the application is accepted, to determine at what rate to insure. For residents of all states except AL, AR, CO, LA, MD, ME, NJ, OK, PA, TN, VA, WA, WV and District of Columbia and Puerto Rico: 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 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. Alabama, Arkansas, Louisiana and West Virginia: Any person who knowingly presents a false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. 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. Penaltities 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 insurance benefits if false information materially related to a claim was provided by the applicant. 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					
Coverage offered by NCMIC Insurance Company.					
Y					
Signature Date					
Agent Signature Date					
Please email me a copy of my revised declaration page (a copy will automatically be mailed to you).					
Email Address:					
RETURN THIS FORM BY MAIL, FAX OR EMAIL					
Mail: NCMIC Insurance Company	Fax:	Email:			