

If you maintain a current Massage Therapy license in addition to your Naturopathic license/registration 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 this application and approval by NCMIC

Section A – GENERAL INFORMATION

Name: _____
LAST FIRST MIDDLE INITIAL

Mailing Address: _____
STREET CITY STATE ZIP

Phone: (_____) _____ Fax: (_____) _____

Email Address: _____
Your email address will never be sold. It will be used to send you important notices.

NCMIC Policy Number: _____

Section B – MASSAGE 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, the date of license expiration and the percentage of your practice in each state:

LICENSE NUMBER	STATE	EXPIRATION DATE	% OF PRACTICE IN STATE
_____	_____	_____	_____
_____	_____	_____	_____

Please attach a copy of each active license you hold.

Section C – 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.

For Residents of all States Except Colorado, Maine, Maryland, Pennsylvania, Washington and District of Columbia: 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: WARNING: 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.

Continued 

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

Pennsylvania: 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 subjects such person to criminal and civil penalties.

X _____
SIGNATURE

X _____
DATE

X _____
AGENT SIGNATURE

X _____
DATE

Section D – RETURN THIS FORM

Mail to:

NCMIC Insurance Company
P.O. Box 9118
Des Moines, IA 50306

Fax to:

1-800-996-2642

Scan and email to:

submissions@ncmic.com

Questions? Call toll free

1-800-952-9935