

# Insurance+ PLUS Enrollment Form

## INSURANCE PLUS FEATURES

Professional and General Liability insurance: \$2,000,000 per occurrence, \$3,000,000 individual annual aggregate. \$2,000,000 Products and Completed Operations individual annual aggregate. Occurrence Coverage. Rental Damage: \$100,000. Identity Protection plan. Stolen Equipment coverage: \$1,000. (Pricing in U.S. Funds)

- No association fees      **Covers:** MTs, Yoga/Pilates/Dance
- 30 Years of trust      Teachers, Estheticians, Reflexologists, Nail
- Instant Coverage      Techs, Cosmetologists, ...350+ More

## CHOOSE YOUR INSURANCE PROGRAM

- \$159.00 Insurance Plus professional rate
- \$39.00 Non insurance benefits. **Does not include insurance**
- \$25.00 Insurance Plus student rate. Must enroll prior to Graduation and certification. Enter school name below.
- \_\_\_\_\_

## MESSAGE ONLINE CONTINUING EDUCATION

### Unlimited Massage CE Package Included

Online CEs that cater to your interests, budget, and time. Fulfill your online CE requirements with **100% NCBTMB-approved** courses. Choose from more than **200 hours** in our diverse online video library.

## MESSAGE MAGAZINE DISCOUNT

- YES!** Include a 1 year subscription to *MESSAGE Magazine* for only \$9.95.

**Stay informed** on the latest news, techniques and business tips.

## PERSONAL INFORMATION

Please Print Clearly

First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Primary Discipline \_\_\_\_\_

## BILLING INFORMATION

Same as personal information

Billing Name \_\_\_\_\_

Check Number \_\_\_\_\_

Credit Card Type        

Credit Card Number \_\_\_\_\_

Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_\_

Billing City \_\_\_\_\_

Billing State \_\_\_\_\_ Billing Zip \_\_\_\_\_

Billing Phone Number \_\_\_\_\_

## ACKNOWLEDGEMENT & AUTHORIZATION

Has any allegation or claim ever been asserted against you, or has there been any event or indication suggesting a claim may be made or that your care may have been deficient or caused harm?

**NO**     **YES** (If YES, please explain)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (continue on reverse)

I represent that the above statements are true and no material facts have been suppressed or misstated. **As of this date, I have no knowledge of any allegation, claim or lawsuit or any act, error or omission, which might reasonably be expected to result in a claim or lawsuit, unless noted above.** I further represent that, to the extent required, I am licensed to practice in accordance with all relevant federal, state and local requirements and my license is current and active. I understand and agree that I am covered for the modalities listed on the Massage Magazine Insurance Plus website only to the extent that they are included in the scope of work as defined by the federal, state or local jurisdiction that regulates my professional activities. In addition, I acknowledge that professional services rendered under the influence of drugs or alcohol are excluded from coverage. **I also understand that once this payment is processed, there is no cancellation, refund or partial refund available.**

PRINT NAME

SIGNATURE

**For Instant Coverage, call 1-800-222-1110 or Visit [www.massagemagins.com](http://www.massagemagins.com)**



**Additional Insured (add \$10.00)**

Business or Owners Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Relationship to you \_\_\_\_\_

**Additional Insured (add \$10.00)**

Business or Owners Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Relationship to you \_\_\_\_\_

Continued from front \_\_\_\_\_

**Return completed form to:**

**FOR INSTANT COVERAGE**

Apply Online at  
**www.massagemagins.com**  
or Call toll-free  
**800-222-1110**  
or fax this form to:  
**1-904-285-9944**

**Mailing Address:**

Insurance Plus  
820 A1A N Hwy  
Suite W18  
Ponte Vedra Beach, FL 32082  
Make check in U.S. dollars  
payable to **MMIP**

**For Instant Coverage, call 1-800-222-1110 or Visit [www.massagemagins.com](http://www.massagemagins.com)**

**ADDITIONAL INSURED OPTION**

As an Insurance Plus policy holder, you are allowed to add employers or landlords to be protected under your policy. An additional insured is a person or business entity protected by endorsement from the named insured's negligence. It is not meant to protect other practitioners. You will be charged an additional \$10.00 for each additional insured added to your policy.

**Additional Insured (add \$10.00)**

Business or Owners Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Relationship to you \_\_\_\_\_

**Additional Insured (add \$10.00)**

Business or Owners Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Relationship to you \_\_\_\_\_