

**CLINIC CONTENTS POLICY APPLICATION**

MESSAGE THERAPISTS' ASSOCIATION OF BRITISH COLUMBIA

Company or Clinic Name: \_\_\_\_\_

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

Location Address: \_\_\_\_\_  
(if different from mailing address)

Business Number (\_\_\_\_)\_\_\_\_\_ Fax Number (\_\_\_\_)\_\_\_\_\_

Type Of Operation: \_\_\_\_ Individual \_\_\_\_ Partnership \_\_\_\_ Corporation

Name Of MTABC Member: \_\_\_\_\_

The office insurance package is written for a term expiring MAY 1<sup>ST</sup>, 2009. The premium charged is based on the office contents limit selected and the effective date of coverage as outlined in the table below.

**PLEASE CIRCLE THE MONTH COVERAGE IS TO BE PUT INTO EFFECT AND THE LIMIT OF COVERAGE REQUIRED.**

LIMIT	MAY/JUNE/JULY	AUG/SEPT/OCT	NOV/DEC/JAN	FEB/MAR/APR
\$40,000.	250.00	188.00	125.00	94.00
\$50,000.	290.00	218.00	145.00	109.00
\$60,000.	330.00	248.00	165.00	124.00
\$70,000.	370.00	278.00	185.00	139.00
Increase Liability to \$3,000,000 Add \$100.		Increase Liability to \$5,000,000 Add \$150.		

BASIC PREMIUM CHARGED \$ \_\_\_\_\_

POLICY ISSUANCE FEE \$ \_\_\_\_\_ 25.00

TOTAL PAYABLE \$ \_\_\_\_\_

Please make cheque payable to **Shaw Sabey and Associates Ltd.** and forward along with application to address shown below. Coverage will be in effect on the date the application and payment are received in our office or the expiry date of your existing policy (whichever is later). Expiry date of existing policy is \_\_\_\_\_.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**MAY 1, 2008 – SUBJECT TO CHANGE WITHOUT NOTICE**