American Massage Council
Class IV Application Addendum

Name: _____ Phone: _____

Completion Instructions:

In your application for massage malpractice coverage, you indicated that you utilized the modalities checked below (the "Listed Modalities"). For coverage to extend to the Listed Modalities, separate Coverage Extension Endorsement is required. Class IV Endorsement extends coverage to all approved Class IV Modalities. A rating quote for the Listed Modalities will be provided after submission of this Supplemental Addendum.

On the following page(s), complete one Modality Listing for each of the Listed Modalities checked. Sign below, as indicated, and return the completed addendum to the FSMTA at 1870 Aloma Ave, Suite 260, Winter Park, FL 32789.

Class IV *(Customized Coverage, Premium quoted upon submission of Supplemental Addendum)*

- ☐ Active Isolated Stretching (AIS) Mattes Method
- ☐ BioSET (nutrition advice and/or herbs)
- ☐ Ear Candling (Ear Coning Thermal)
- ☐ Movement Education & Instruction
- ☐ Neurovascular Release (NVR)
- ☐ Personal Trainer (Rossiter System Techniques)
- ☐ Prenatal/Pregnancy Massage
- ☐ Traditional Chinese Medicine (acupuncture or herbs)

Representation and Signature:

Proper Licensing: I hereby declare that I hold a current license and/or certification to practice massage, and maintain current certification as required to provide the modalities indicated above under my massage certification. I understand that failure to maintain proper certification may void coverage for the Listed Modalities.

Modality Listings - No False Statements: I hereby declare that I have completed the attached Modality Listings and that the statements contained therein are true, that I have not suppressed or misstated any facts, and I agree that this declaration shall be a basis of the contract and form a part of my malpractice insurance policy. I understand that untrue statements could void my insurance policy.

Treatment of a Condition, Disease or Injury: I understand and agree that the Listed Modalities are only covered to the extent that a claim is asserted for a bodily injury directly resulting in physical injury to the claimant as a direct result of the application of the Listed Modalities. I represent and warrant that I will not indicate or imply to anyone that the Listed Modalities heal or treat any condition, disease or injury. I understand and agree that there will be no coverage for a claim asserting: (1) that the Listed Modalities are ineffective in healing any condition, disease or injury; (2) that the Listed Modalities were misrepresented as appropriate for treating or healing any condition, disease, or injury; or (3) that other care or treatment should have been sought instead of the Listed Modalities.

Sign here: _____ **Date:** _____

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American Massage Council
Modality Listings: Class IV

Name of Modality: _____

Training and Qualifications

1. Do you hold all certifications and / or licenses required to practice this modality: ☐Yes ☐No ☐None Required
2. Where did you receive your training? _____
3. When did you complete this training? _____ Indicate the number of hours of training completed: _____

Techniques Utilized. Please describe the nature of care provided. Be specific as to techniques used: _____

_____

_____

Outcomes Sought. Please describe the type of outcomes you expect to achieve with this modality: _____

_____

_____

Alternative Techniques. List any other techniques you consider for achieving similar outcomes: _____

_____

Name of Modality: _____

Training and Qualifications

1. Do you hold all certifications and / or licenses required to practice this modality: ☐Yes ☐No ☐None Required
2. Where did you receive your training? _____
3. When did you complete this training? _____ Indicate the number of hours of training completed: _____

Techniques Utilized. Please describe the nature of care provided. Be specific as to techniques used: _____

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Outcomes Sought. Please describe the type of outcomes you expect to achieve with this modality: _____

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Alternative Techniques. List any other techniques you consider for achieving similar outcomes: _____

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American Massage Council
Modality Listings: Class IV

Name of Modality: _____

Training and Qualifications

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2. Where did you receive your training? _____
3. When did you complete this training? _____ Indicate the number of hours of training completed: _____

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Outcomes Sought. Please describe the type of outcomes you expect to achieve with this modality: _____

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Alternative Techniques. List any other techniques you consider for achieving similar outcomes: _____

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Name of Modality: _____

Training and Qualifications

1. Do you hold all certifications and / or licenses required to practice this modality: ☐Yes ☐No ☐None Required
2. Where did you receive your training? _____
3. When did you complete this training? _____ Indicate the number of hours of training completed: _____

Techniques Utilized. Please describe the nature of care provided. Be specific as to techniques used: _____

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Alternative Techniques. List any other techniques you consider for achieving similar outcomes: _____

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