



Application Addendum Electronic Stimulation (E-Stim) Coverage

A. Identifying Information *(Type or print in black ink).*

1. Named Insured: _____
2. Telephone Number: _____ 3. Fax Number: _____
4. Have you met all requirements for Massage Therapists to provide electronic stimulation(E-Stim) in your state?
Yes No *If Yes, please provide details of your training below (attach additional sheets if necessary).*
- _____
- | Institution Providing E-Stim Training | Clinical Training Hours | Date Completed |
|---------------------------------------|-------------------------|----------------|
|---------------------------------------|-------------------------|----------------|
5. Have you already been providing E-Stim for your massage clients?
Yes No *If Yes, please indicate the date when you first provided E-Stim.*
6. Please describe the evaluation you do/intend to do prior to recommending E-Stim to your massage clients.
- _____
- _____

B. Signatures

PROPER LICENSING: I hereby declare that I hold a current license to practice massage, and maintain current certification as indicated above and as required by law to provide E-Stim under my massage certification. I understand that failure to maintain proper certification to provide E-Stim treatment may void coverage for E-Stim.

NO FALSE STATEMENTS: I hereby declare that the above statements are true and 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 hereby represent and warrant that the I will not represent to anyone that E-Stim heals or treats any condition, disease or injury. I understand and agree that there will be no coverage for any claim asserting (1) that E-Stim is ineffective in healing any condition, disease or injury; (2) that E-Stim was misrepresented as appropriate treatment or appropriate for healing any condition, disease, or injury; or (3) that other care or treatment should have been sought instead of E-Stim. I understand and agrees that E-Stim is 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 E-Stim.

1. Sign here: _____ Date: _____