



FSMTA Professional Liability Insurance Program

FSMTA's exclusive package is offered through the American Massage Council Purchasing Group



CONTACT DATA

Full Name (First, Middle, Last) _____ Establishment Name (if applicable) _____

Office or Mailing Address (include Suite #) _____ City _____ State _____ Zip _____

Office Phone _____ Alternate Phone (Home, Cell, etc.) _____ Fax _____ Email _____

License Current? Yes No

FL Massage License # _____ Issue Date _____ Massage School Attended _____ Date Completed _____

PROFESSIONAL INFORMATION

(FOR QUESTIONS 1 THROUGH 8: IF YOU ANSWER YES, PROVIDE FULL DETAILS ON A SEPARATE SHEET)

- Has any malpractice claim or proceeding ever been brought against you, your associates or employees; or in the last three years has anyone asserted that your care, treatment or diagnosis was deficient or caused them harm? Yes No
- Has any agency or association investigated or taken any other action against you or your license / certification? Yes No
- Have you ever had liability insurance refused, declined, canceled, or accepted on special terms? Yes No
- Have you ever used any drug or substance that interfered with your ability to perform Massage Therapist duties? Yes No
- Have you ever been convicted of any violation of the law other than a minor traffic offense? Yes No
- Do you: do colonic irrigations, treat cancer, epilepsy, practice obstetrics, or make a differential diagnosis? Yes No
- List any other health designation you hold (D.C., L.Ac, etc.) _____ Do you separately cover these for malpractice? Yes No
- Do you use any technique or therapy that was not certified as part of the curriculum at the massage school you attended? Yes No
- Please indicate if you require any coverage Supplement (see Reverse for Details): Energy Work: Free Class II Supplement: \$25
 Class III Supplement: \$50 (may require App Addendum)
- List any entity you want covered as an additional insured- include address: _____

COVERAGE OPTIONS

Select your policy limit (includes both Professional & Premises liability coverage), along with any coverage options you need, then select the payment option that suits you.

<input type="checkbox"/> \$1,000,000 / \$3,000,000 @ \$ 115 =	_____
<input type="checkbox"/> \$1,000,000 / \$1,000,000 @ \$ 99 =	_____
<input type="checkbox"/> Class II Supplement @ \$ 25 =	_____
<input type="checkbox"/> Class III Supplement @ \$50 =	_____
<input type="checkbox"/> Additional Insured @ \$15 =	_____
(\$15/entity for first four, all others free)	
TOTAL DUE:	_____

PAYMENT OPTIONS

Check MasterCard Visa Discover AMEX

Card #: _____ Expires: _____

3 or 4 Digit Security Code _____ Billing Zip Code: _____

SIGN THEN FAX OR MAIL APPLICATION

I hereby apply for coverage. If provided, charge my credit card for the amount indicated. I declare that: 1) The above statements are true, and 2) I have not suppressed or misstated any facts. I agree that this declaration shall be a basis of the contract and form a part of my massage professional liability insurance policy. I understand untrue statements could void my insurance policy. I understand that this is a Claims Made policy which will only cover claims made during the policy period arising out of the rendering, or of failure to render, professional services subsequent to the retroactive date. I understand that if the policy terminates for any reason, there is no coverage for claims reported after the termination date (even though the injury occurred while the policy was in force), unless Extended Coverage is purchased within 30 days after termination. I understand that there is no guarantee that coverage will be renewed. I understand that, if coverage is granted, I shall have the duty to report in writing, within 48 hours, or as soon as practicable, any incidents reasonably likely to involve this insurance, including oral or written patient complaints, threats, or filings of lawsuits.

SIGN: _____ DATE: _____

REMIT TO: FSMTA ASSOCIATION SERVICES, INC.
1870 Aloma Ave, #260
Winter Park FL 32789



FSMTA Professional Liability Insurance Program Class I, II, and III Coverage Supplement



Class I Supplemental Coverage Modalities **Requires Endorsement – No Additional Charge**

Energy Work, Examples; Reiki and Pranic Therapy – A system of energy work involving the placement of hands, on or near the client, in a variety of positions to assist the client in achieving a state of relaxation.

Class II Supplemental Coverage Modalities **Requires Endorsement – Additional Charge of \$25**

Aquatic Modalities – Saunas, Watsu, foot baths, sitz baths, and/or the application of cold and hot water compresses.

Ayurvedic Massage – Massage, Yoga (pattern breathing and poses only), meditation, and/or chanting.

Bamboo Massage – Use of bamboo to rub deep tissue throughout the body, and light tapping with padded bamboo.

Bonnie Prudden Technique – Trigger point pressure applied to the muscles for several seconds through the use of the practitioner's fingers, knuckles and elbows.

Cold Stone Massage – Use of cool, smooth stones either placed or rubbed on the client's skin.

Electrical Stimulation (E-Stim) – Applying electrodes and the use of tiny pulses through the client's skin to create controlled neuromuscular electrical stimulation.

Lava Shell Massage - Massage using shells, in which a packet of minerals and algae have been inserted along with sea-water. These ingredients cause a chemical reaction creating heat.

Lipomassage – Mechanical device that uses rollers applied to various locations of the body and moved along the skin with moderate pressure
Client does contraction and relaxation repetitions of muscles during treatment.

Neuromuscular Release Technique (NMT) – Massage combined with light movement and stretching.

Posturology – Analysis of posture through observation and tools, massage of affected locations, assisted movement and stretching.

Rubber Cupping – Use of rubber cups to suction the skin; cups can be moved along skin during suctioning.

Class III Supplemental Coverage Modalities **Requires Endorsement – Additional Charge of \$50 – Includes Coverage for Class II Modalities**

Cupping (Heated Cupping) – Cups (usually glass) heated and suctioned to the skin; cups can be moved during suctioning.

Gua Sha – Palpation and equal part stimulation, where the skin is pressured in strokes by round edged instruments that results in the appearance of small red welts. Examples of these instruments are (but not exclusive to): Soup spoon, coin, water buffalo horn, stone, or metal cap with rounded lip.

Hot Stone Massage – **(For Coverage to Apply, Application Addendum Required)** Use of smooth, heated stones placed on various locations on the body. Hot stones may also be moved along the skin.

Hydrotherapy – Use of heated water and/or steam during massage treatment.

Kinesio Taping – Use of tape around muscles; can be done either in the course of a massage or separately.

Rolf Method (Rolfing) – The use of myofascial restructuring, emotional energy release, acupuncture, kinesiology and muscle testing, postural analysis, scar tissue and adhesion release, deep tissue therapy, and rehabilitative massage.

Structural Energetic Therapy (SET) – The use of myofascial restructuring, emotional energy release, acupuncture, kinesiology and muscle testing, postural analysis, scar tissue and adhesion release, deep tissue therapy, and rehabilitative massage.