

HTPA MEMBER APPLICATION for GENERAL LIABILITY and PROFESSIONAL LIABILITY INSURANCE



MAIL APPLICATION/PAYMENT TO:
 Healing Touch Professional Association (HTPA)
 20822 Cactus Loop, Suite 300
 San Antonio, TX 78258
 or Fax (210) 497-8532
 Questions? Call (210) 497-5529
 www.HTProfessionalAssociation.com

**Please print or type all information. Incomplete applications will not be processed. Allow one week for processing.
 Because a signature is required no application will be accepted over the phone.**

Name: _____

Phone: _____ Fax: _____ Business Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

E-mail: _____ Years in practice? _____

Membership and Insurance Preferences

Membership

- Annual HTPA Membership \$100 (w/o Liability Insurance) or Member # _____
You must be a member to be eligible for liability coverage.

Liability Coverage Level: choose one

- Student Member Liability Annual Cost: \$115** (HTPA membership required)
 Includes Liability coverage for students of energy therapies that practice part time up to 6 hours per week.
- Practitioner Member Liability Annual Cost: \$140** (HTPA membership required)
 Includes Liability coverage for Energy Medicine Professionals that have completed their training in a specific energy practitioner program. This covers full time practice over 6 hours per week. Includes insurance to teach classes of up to 9 students.
- Instructor Member Liability Annual Cost: \$240** (HTPA membership required)
 Includes insurance to teach classes of 10 to 99 students as well as the Practitioner liability coverage.

This is an annual policy that renews every year on April 1st and your premium is prorated based on the month you enroll. Coverage renews for a full year each April 1st. Prorated premiums are listed in the table below. Cost includes surplus lines tax and administrative fees.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Student	115.00	105.42	95.83	86.25	76.67	67.08	57.50	47.92	38.33	28.75	19.17	9.58
Practitioner	140.00	128.33	116.67	105.00	93.33	81.67	70.00	58.33	46.67	35.00	23.33	11.67
Instructor	240.00	220.00	200.00	180.00	160.00	140.00	120.00	100.00	80.00	60.00	40.00	20.00

Other Options:

- Additional insured** (landlord) \$10 per each certificate administrative fee.
 \$10 x _____ each certificate

Membership Cost:

\$ _____

Liability Coverage Cost:

(see chart based on your enrollment month)

\$ _____

Other Options Cost:

\$ _____

TOTAL COST:

\$ _____

HTPA MEMBER APPLICATION for GENERAL LIABILITY and PROFESSIONAL LIABILITY INSURANCE

We understand that many practitioners in the Energy Medicine field have training in a number of modalities. You may receive coverage for a number of modalities provided you have a basis of training in a professional program that ensures that you are a safe practitioner.

Please check all modalities you seek coverage for and **include a certificate of class completion/participation for each and return with your application** (see page 4 for more information on submitting certificates).

Subtle Energy

- Acupressure
- Alexander Technique
- Applied Kinesiology
- Aura Healing & Aura Reading
- Barbara Brennan Healing Science
- Breathwork
- Bodytalk
- Clairvoyant Reader
- Color Therapy
- Craniosacral Therapy
- Crystal Healing
- Eden Energy Medicine
- Emotional Freedom Technique (EFT)
- Energetic Healing (EH)
- Energy Balancing
- Energy Field Work
- Energy Tapping
- Esoteric Healing
- Jin Shin Jyutsu
- Healing Touch
- Healing Touch For Animals (excl. Equine)
- Healing Touch Spiritual Ministry
- Integrated Energy Therapy® (IET)
- Kinesiology
- LifeLine Technique
- Lionheart Institute's Energy Healer
- Magnified Healing
- Matrix Energetics
- Pranic Healing
- Polarity Therapy
- Psych-K
- Quantum Touch
- Reconnective Healing
- Reiki
- Rising Star Healing
- Rosen Method
- Shamballa Multi-Dimensional Healing
- Shamanic Healing
- Sound Healing
- Tapas Acupressure Technique (TAT)

Subtle Energy Continued

- Therapeutic Touch
- Thought Field Therapy (TFT)
- Touch For Health
- Zero Balancing

Verbal Modalities

- Guided Imagery
- Hypnotherapy
- Energy Psychology
- Health Coaching
- Laughter Leader
- Life Coaching
- Spiritual Counseling

Massage Therapy

- Complete Massage Technique Page
- Reflexology

Movement

- Feldenkrais Method
- Pilates
- Qigong
- T'ai Chi
- Yoga

Subtle Energy of the Senses

- Aromatherapy
- Raindrop Therapy
- Therapeutic Musicians

Assessment

- Biofeedback
- Iridology

Additional Modalities:

HTPA MEMBER APPLICATION for GENERAL LIABILITY and PROFESSIONAL LIABILITY INSURANCE

Massage Techniques

Please complete this section of the application if you are a massage therapist. Check all that apply in your practice:

Light/Medium

- Abdominal Massage
- Amma Therapy
- Bowen Technique
- Chair Massage
- Esalen Massage
- Hot Stone Massage
- Infant Massage
- Integrative Massage
- Lomilomi Massage
- LooyenWork
- Lymph System Massage
- Myotherapy
- Naprapathy
- Neuromuscular Therapy
- Ortho-Bionomy Loosely
- Pregnancy Massage
- Rubenfeld Synergy Method
- Sport Massage (Medium)
- Swedish Massage
- Thai Massage

Deep

- Aston Patterning
- Canadian Deep Muscle Massage
- Cross Fiber Massage
- Deep Muscle Massage
- Deep Tissue Massage
- Hellerwork
- Pfrimmer Deep Muscle
- Roling
- Sport Massage (Deep)
- Structural Integration

Other:

Do you use machinery or instruments in your practice? yes no

Describe:

Do you own or lease a building or office? yes no

Location: _____ Sq Ft: _____

Additional Insured Cost \$10 per each certificate issued. List below certificates needed. Use separate sheet if needed.

1. Landlord's or Loss Payee Name: _____

Address: _____

City, State, ZIP Code: _____

2. Landlord's or Loss Payee Name: _____

Address: _____

City, State, ZIP Code: _____

HTPA MEMBER APPLICATION for GENERAL LIABILITY and PROFESSIONAL LIABILITY INSURANCE

Signature

Have you ever had a claim filed against you? yes no

Members with claim history are subject to company approval.

If yes, describe: Use separate page if needed.

Do you know of a situation that might result in a claim? yes no

Describe: Use separate page if needed.

I agree to have my clients sign an informed consent which contains this statement: I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against YOUR NAME.

I hereby state that I have no knowledge of any incident, pending claims, suits, or other ethics violations nor have any been filed against me in the past pertaining to my practice as a practitioner, that no certifications or licenses have been revoked, and that I have never been arrested for or been charged with any sexual violation. I understand that this application is subject to approval with no automatic inclusion in the program. My signature shall verify that I have completed this application accurately and honestly. I understand that any false statement made on this application or subsequent renewals shall void this application and render my insurance coverage null and void. I understand that premium/fees paid by me are nonrefundable, nontransferable and will not be prorated. This application is for a policy which will expire 12 a.m. April 1 each year.

Signature of Applicant: _____

Date: _____

Payment

Method of Payment:

Check# _____ for \$ _____ Make check payable to HT Professional Association (HTPA)

Credit Card: Visa MC Discover # _____

Amount to card \$ _____ EXP Date _____ Three digit safety code _____

Office Use Only: Auth # _____ CC Order # _____

Submit Your Application

When your application is completed click the submit button below to electronically send it. Once your application is received processing time takes approximately one week. Your certificate of insurance will be emailed to the email address you provided.

- Please be sure to submit your **certificate(s) of completion** (from page 2).

A copy can be emailed to insurance@htprofessionalassociation.com or faxed to (210) 497-8532. You may also mail copies to the address on page 1 of this application. **Your application can not be processed without payment or copies of your certificate(s).**

**Click here to
Save Your Application**

**Click here to
Print Your Application**

**Click here to
Submit Your Application**