

## **Insurance Renewal Form for Massage Addict Clinics**

(commercial general liability insurance, property insurance, and other additional coverages)

For any questions or inquiries about this form contact: [messageaddict@tripemco.com](mailto:messageaddict@tripemco.com)

Policy Number	
Expiry Date of Current Insurance Policy (YYYY-MM-DD)	

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Name of legal entity operating business(es)	
Anticipated next fiscal year gross revenues	
Have there been any changes in business operations over the past year, or will there be in the coming year?	
Do you have any new equipment, or other contents, improvements, or betterments that would require increased or additional insurance?	
Are you aware of any claims that have been brought against you, your business, or your practitioners over the past year?	