

Assisted Stretching Therapy Insurance

(commercial general liability insurance, errors and omissions insurance, and other additional coverages)

This form pertains exclusively to your activities as an independent contractor and is not connected to Massage Addict. All information requested relates solely to your individual assisted stretch therapy practice conducted outside of Massage Addict.

Please forward the completed application to: messageaddict@tripemco.com

Contact Information

Named insured	
Personal mailing address	
Email address	
Contact number	

Insurance Information:

How long have you been practicing assisted stretch therapy?	
Are you aware of any claims or allegations that have been brought against you? If so, please provide details.	
Desired effective date of coverage	

Underwriting Information

<p>What designations do you hold? Please list all.</p>	
<p>Do you plan on practicing assisted stretch therapy outside of Massage Addict?</p>	
<p>If yes, what is your total projected revenue?</p>	
<p>If yes, do you require all clients of your sole proprietorship to sign a 'Waiver of Liability' before any in-person or online session? (Sample waiver available if needed.)</p>	
<p>If yes, do you require property or equipment coverage in addition to your professional liability coverage? Please specify and contact us for next steps.</p>	

Date (YYYY-MM-DD):

Signature of Applicant: