



Professional Association

20822 Cactus Loop, Suite 300, San Antonio, Texas 78258 (210) 607-4202 • Fax (210) 497-8532 info@HTProfessionalAssociation.com

*The Heart of Healing Touch*

## **Professional Liability and General Liability Insurance Is Now Available Directly Through HTPA!**

### **Why Choose the Liability Insurance Program Offered through HTPA?**

Healing Touch Professional Association (HTPA) Member Liability Insurance Program has been specifically tailored for Healing Touch practitioners and instructors, including other related modalities.

As a Healing Touch practitioner, instructor, energy healer and/or other related health care provider you are exposed to the risk of having a claim (justified or not) filed against you by a dissatisfied client for negligence; malpractice; slip and fall. Most employer-provided coverage does not cover you when you perform outside your job description or outside your workplace, nor does it cover a private practice. Without your own individual liability coverage you could find you are without protection.

Whether you practice at home, in a facility or at a client's home, you can protect yourself against the costs and consequences of a lawsuit with Individual Professional and General Liability Insurance. Obtaining this coverage through HTPA assures you that you will have service by staff who are informed and understand your professional needs. Also, HTPA will always be advocating for you while continually striving to stay at the forefront of our rapidly growing profession, bringing you tips and updates on safe practice, as well as offering expanding business resources and support.

**It is easy to apply.** Simply fill out the application on the back and mail or fax to the HTPA office.

### **Three Insurance Levels Offered and Cost:**

**Annual HTPA Membership is required. New or renewal regular membership is \$100 (Charter member renewal is \$85)**

- **Student Member Liability (\$115 annually)**  
Coverage is for Healing Touch (and/or other modalities listed) students, Levels 3-5 that practice part time up to 6 hours per week. The cost is \$115 annually (+ HTPA Membership current or new).
- **Practitioner Member Liability (\$140 annually)**  
Coverage is for Healing Touch Practitioner (HTP) completed Level 5, Healing Touch Certified Practitioners (HTCP) and practitioners of other modalities listed. This covers full-time practice and teaching classes up to 10 students per class. The cost is \$140 annually (+ HTPA Membership current or new).
- **Instructor Member Liability (\$240 annually)**  
Coverage includes teaching classes from 10 to 99 students per class. The cost is \$240 annually and includes the Practitioner Member cost. (+ HTPA Membership current or new)
- **Additional Insured (Landlord or Loss Payee)** is available upon request \$10 per certificate administrative fee.
- Overnight mail of insurance certificate is \$30 upon request administrative fee (street address required for delivery). Normally insurance certificates will be e-mailed. If e-mail is not available the certificate will be mailed first class. Please allow one week for processing.

## **HTPA Professional Liability and General Liability Coverage**

### **Commercial General Liability (slip and fall on premises, etc.)**

- \$3,000,000 General Aggregate all coverages (other than products/completed operations)
- \$3,000,000 Products/Completed Operations Aggregate
- \$2,000,000 General Liability each occurrence limit
- \$2,000,000 Professional Liability each occurrence (similar to malpractice)
- \$2,000,000 Personal and Advertising Injury (protects you from suits involving libel, slander or wrongful invasion of privacy)
- \$50,000 Fire Damage (Damage to Premises Rented to you)

### **Additional Information:**

- No deductibles
- Liability coverage any place you work, such as an office, on site, seminar, convention, healthcare facility, spa and anywhere you travel in the United States
- Coverage in all 50 United States, US Territories, and US military bases (except Alaska residence)
- Coverage starts as soon as the application is approved
- Covers any incident that happens within your policy period, even if the claim is made years later and your policy has expired
- Additional Insureds available for your landlord or company. Cost \$10.00 per certificate for additional insureds. Your policy will provide you with insurance as an individual. If your landlord or locations where you work require that they be listed on your certificate of insurance they can be added as an additional insured.

**Main Exclusions:** Equine treatment, sexual abuse/molestation, designated product exclusion include all products ingested or taken internally.

## **Modalities covered by the HTPA Member Liability Insurance Program**

**Modalities covered : (include but not limited to)** - all applications are subject to HTPA administrative approval (Certificate of Class Completion are required for all Modalities - copies must accompany application)

- Healing Touch - Level 3 and above
- Healing Touch Spiritual Ministry – Level 105 and above
- Healing Touch for Animals - Level 3 and above (Equine excluded)
- Acupressure - 50 Hrs of Training
- Aromatherapy - Certificate of Program Completion
- BodyTalk - Module 2
- Craniosacral Therapy - 100 Hrs of Training
- EFT - 50 Hrs of Training
- Guided Imagery - Level 1
- Hypnotherapy - Certification
- Massage Therapy - 500 Hrs of Training
- Pranic Healing - Basic Training
- Reflexology - 50 Hrs of Training
- Reiki - 30 Hrs of Training
- Sound Healing - Level 1
- T'ai Chi - Instructor Certification
- Therapeutic Touch - Basic Training
- QiGong - Instructor Certification
- Quantum Touch - 30 Hrs of Training
- Other modalities may also be covered. Contact us at [info@htrprofessionalassociation.com](mailto:info@htrprofessionalassociation.com) if your modality is not listed.

**HTPA MEMBER APPLICATION for  
GENERAL LIABILITY and PROFESSIONAL LIABILITY INSURANCE  
(Not available for Alaska residents)**



**Healing Touch Professional Association**  
5783 Sheridan Blvd., Suite 101  
Arvada, CO 80002  
(210) 497-5529  
www.HTProfessionalAssociation.com

**MAIL APPLICATION/PAYMENT TO:**  
20822 Cactus Loop, Suite 300  
San Antonio, TX 78258  
Fax (210) 497-8532  
Questions? Call (210) 607-4202

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

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Business name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Years in practice? \_\_\_\_\_

Modalities you perform (Check all that apply): Copy of Education Certificate must be provided.

- |   |  |
|---|--|
| <input type="checkbox"/> Healing Touch                                  | <input type="checkbox"/> Massage Therapy   |
| <input type="checkbox"/> Healing Touch for Animals (Equine is excluded) | <input type="checkbox"/> Pranic Healing    |
| <input type="checkbox"/> Healing Touch Spiritual Ministry               | <input type="checkbox"/> QiGong            |
| <input type="checkbox"/> Acupressure                                    | <input type="checkbox"/> Quantum Touch     |
| <input type="checkbox"/> Aromatherapy                                   | <input type="checkbox"/> Reflexology       |
| <input type="checkbox"/> Body Talk                                      | <input type="checkbox"/> Reiki             |
| <input type="checkbox"/> Craniosacral                                   | <input type="checkbox"/> Sound Healing     |
| <input type="checkbox"/> EFT  | <input type="checkbox"/> T'ai Chi          |
| <input type="checkbox"/> Guided Imagery                                 | <input type="checkbox"/> Therapeutic Touch |
| <input type="checkbox"/> Hypnotherapy                                   |  |

Coverage applies only to the modalities listed above. Other modalities are subject to company approval.

Other modalities you practice? \_\_\_\_\_

Describe: \_\_\_\_\_

Do you use machinery or instruments?  yes  no

Describe: \_\_\_\_\_

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

Location: \_\_\_\_\_ Sq Ft: \_\_\_\_\_

Additional Insured (Landlords or Loss Payee): \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

**HTPA MEMBER APPLICATION for  
GENERAL LIABILITY and PROFESSIONAL LIABILITY INSURANCE** Page 2

**Membership and Insurance Preferences**

Annual HTPA Membership \$100 (w/o Liability Insurance) or Member # \_\_\_\_\_  
**Practitioner seeking Liability Coverage must be a member of HTPA.**

\$ \_\_\_\_\_

Student Member Liability Cost: \$115 (+ HTPA Membership)  
 Includes Liability coverage for Healing Touch (or other modalities) students Level 3-5  
 that practice part time up to 6 hours per week.

\$ \_\_\_\_\_

Practitioner Member Liability Cost: \$140 (+ HTPA Membership)  
 Includes Liability coverage Healing Touch Practitioner (HTP), Healing Touch Certified  
 Practitioner (HTCP) and practitioners of other modalities and is for full time practice.  
 Includes insurance to teach classes of up to 9 students.

\$ \_\_\_\_\_

Instructor Member Liability Cost: \$240 (+ HTPA Membership)  
 Includes insurance to teach classes of 10 to 99 students.

\$ \_\_\_\_\_

Overnight shipment of insurance certificate \$30 administrative fee(Street address  
 required for delivery) Insurance certificates will be e-mailed. If e-mail address is not  
 available the certificate will be mailed first class.

\$ \_\_\_\_\_

Additional insured \$10 each administrative fee.

\$ \_\_\_\_\_

Cost includes surplus lines tax and administrative fees.

\$ \_\_\_\_\_

**TOTAL**

**SIGNATURE**

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

Members with claim history are subject to company approval.

If yes, describe:

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

Describe:

I herby 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 12  
 month policy.

Signature of applicant:

Date:

**PAYMENT**

Method of Payment: Check# \_\_\_\_\_ for \$ \_\_\_\_\_ Make Check payable to HTPA

Credit Card: Visa MC Discover # \_\_\_\_\_

Amount to card \$ \_\_\_\_\_ EXP Date: \_\_\_\_\_ Three digit safety code \_\_\_\_\_

**MAIL APPLICATION/PAYMENT TO: HTPA, 20822 Cactus Loop, Suite 300, San Antonio, TX 78258**

Office Use Only: Auth # \_\_\_\_\_ CC Order # \_\_\_\_\_