

# Certificate of Insurance

The Newfoundland & Labrador Massage Therapists Association.



## Named Insured:

The Newfoundland & Labrador Massage Therapists Association.  
P.O. Box 23212 Churchill Square  
St. John's NL A1B 4J9

## Insured Member:

Susan Hounsell  
157 Carrick Drive  
St. John's, NL A1A 4P8

"Insured Members" for the purpose of this insurance are the Active Members of the Association as defined in the Bylaws of the Association.

## Form of Business:

INDIVIDUAL\*

**THIS POLICY PROVIDES COVERAGE FOR THE FOLLOWING MODALITIES: REGISTERED MASSAGE THERAPY AS DEFINED BY THE SCOPE OF PRACTICE OF THE COLLEGE OF MASSAGE THERAPISTS OF NEWFOUNDLAND AND LABRADOR (CMTNL) and who is in good standing with the College or is in good standing with another massage therapy regulatory college in Canada; and has paid the specified member fee in accordance with the current fee schedule.**

**Policy #:** 551491639

**Policy Term:** October 1, 2025 – October 1, 2026

**Premium Paid:** \$128.80 (including 15% PST)

*Please note: Premium is fully retained and non-refundable*

## Description of Coverage

### PROFESSIONAL LIABILITY Occurrence Form

#### Miscellaneous Malpractice Liability Form (PR01N)

**\$5,000,000 Limit Per Occurrence / \$5,000,000 Aggregate Limit Per Year**

Covering liability imposed by law for damages resulting from injury occurring during the policy period arising out of the negligence in the rendering or failure to render professional services in the practice of the named insured's profession.

DEDUCTIBLE: \$0

#### LEGAL EXPENSE INSURANCE (GE0029)

**\$25,000 Limit Per Occurrence / \$25,000 Aggregate Limit Per Year**

#### CRIMINAL DEFENCE COST REIMBURSEMENT ENDORSEMENT

**\$10,000 Limit Per Occurrence / \$10,000 Aggregate Limit Per Year**

### COMMERCIAL GENERAL LIABILITY Occurrence Form

#### (LR20N)

**\$5,000,000 Limit Per Occurrence / \$5,000,000 Aggregate Limit Per Year**

Covering liability imposed by law for damages resulting from bodily injury or property damages occurring during the policy period arising out of the operations of the named insured.

DEDUCTIBLE: \$1,000

#### TENANTS LEGAL LIABILITY (LR20N – Coverage D)

**\$500,000 Limit per Occurrence**

Covering damages to the shell of the building in which you rent or lease space. It will not cover contents you own nor tenant improvements to your unit.

DEDUCTIBLE: \$1,000 Any One Premises

#### GOOD SAMARITAN ENDORSEMENT

Covering liability imposed upon the insured for providing assistance in an emergency.

#### Property Extension Coverage

**Building and/or Contents- Broad Form BF02N and Property Extensions Endorsement GE0001**

**\$10,000 Limit per Occurrence**

**\$10,000 Aggregate Limit per Year**

DEDUCTIBLE: \$500

#### LEGAL GUARD INFORMATION SERVICE (G019N)

24/7 Telephone access to a legal information service for questions you have relating to your business.

(1-855-365-LEGA)



Loren Gardiner  
(VP Commercial Insurance)

# Certificate of Insurance

This Certificate of insurance will serve as written confirmation that the Insurance Policy as hereinafter described, is in full force and effect covering the **NAMED INSURED** as designated above. This certificate is subject to all of the terms, conditions, exclusions and limitation of the **NOVEX INSURANCE COMPANY** policy number as stated in the Certificate number above. **NOTE:** The definition of **NAMED INSURED** in the policy restricts coverage to qualified therapists to whom a certificate of insurance has been issued.

This **INDIVIDUAL LIABILITY POLICY** This Individual Liability Policy is designed to cover you as an individual practitioner; it is not intended to cover Employees, Sub-Contractors, Business Partners or Commercial spaces, you may be renting. The Insurance limits of this individual policy is not sufficient for business practices that fall outside these parameters.

**PRODUCT SALES:** This policy allows up to \$25,000 in product sales- Products must relate to your modality, they cannot be self manufactured, tampered with, nor relabeled. Products can only be sold to existing clients.

This policy is an **OCCURRENCE BASED FORM** which means claims are covered when they occur during the policy term, regardless of when they are reported. For example, if you stop paying for an occurrence-based policy when you stop practicing, you will still have coverage for when you WERE practicing, no matter when the actual claim is reported.

**ADDITIONAL MODALITIES:** We can insure many modalities, however your policy only insures you for the modalities listed on it, if you practice other modalities you must advise us, so we can determine whether or not it can be included on this policy. Please note some modalities are subject to additional premiums.