THOMCO™
THOMPSON INSURANCE ENTERPRISES, LLC

Massage Therapy Studio Application

Submission #

Massage Therapy Choice

PO Box 440549 Kennesaw, GA 30160
Phone: (866) 671-0520
www.spachoice.com

Send Completed Application to: Fax: (678) 290-2200 or Email: newsub@thomcoins.com

BASIC INFORMATION:

Named Insured: _____ DBA: _____

Loss Control Contact Name: _____ Phone: _____ Fax: _____

Website Address: _____ Email Address: _____

Mailing Address: _____

Physical Address: _____

Type of Entity: ☐ Corporation ☐ Individual ☐ Partnership ☐ Joint Venture ☐ LLC

FEIN/Social Security Number: _____

Date business started under current ownership: _____

Proposed Effective Date: _____

Current Carrier & Limits of Liability: _____

Is this policy being non-renewed: ☐ YES ☐ NO

Is this a new venture? ☐ YES ☐ NO

Expiring Premium: _____ Gross Annual Revenue/Sales $ _____

List all losses in the past 5 years whether or not insured(Attach additional sheet if necessary):

Date of Claim	Description of Claim	Open/Closed	Paid $	Reserve $

LIABILITY LIMITS & COVERAGE (**per occurrence limit/ aggregate limit**):

General Liability Limit (choose one):

☐ $1,000,000 / $2,000,000 ☐ $500,000/ $1,000,000 ☐ $300,000 / $600,000

Please choose a GL Deductible: ☐ $0 ☐ $250 ☐ $500 ☐ $1,000 ☐ $1,500 ☐ $2,500

Professional Liability Limit (choose one): Note: The limit chosen cannot exceed the GL per occurrence limit chosen above

☐ N/A ☐ $300,000 ☐ $500,000 ☐ $1,000,000

Please choose a PL Deductible: ☐ $0 ☐ $500 ☐ $1,000 ☐ $1,500 ☐ $2,000 ☐ $2,500 ☐ $5,000

Medical Payments Limit (Automatically included at $5,000) Higher limit available: ☐ $10,000

Damage to Premises Rented To You (Automatically included at $300,000)

Higher Limits Available if required by lease (copy of lease required): ☐ $500,000 ☐ $750,000 ☐ $1,000,000

Stop Gap Limit (Available in ND, OH, WA, WY only)(choose one): _____ Annual Payroll

☐ $100,000 / $500,000 / $100,000 ☐ $1,000,000 / $1,000,000 / $1,000,000

Employee Benefits Liability: _____ Retroactive Date _____ Number of employees per location

Limit (choose one) ☐ N/A ☐ $500,000 / $ 500,000 ☐ $500,000 / $1,000,000 ☐ $1,000,000 / $ 1,000,000

Deductible(choose one): ☐ $1,000 ☐ $2,000 ☐ $3,000 ☐ $4,000 ☐ $5,000

Abuse Liability Limit (automatically provided at $100,000 per occurrence/ $300,000 aggregate):

Higher Limits Available: ☐ $500,000/ $1,000,000 ☐ $1,000,000/ $2,000,000

Hired & Non-Owned Auto: ☐ Reject ☐ $100,000 ☐ $300,000 ☐ $500,000 ☐ $1,000,000