

**REQUEST FOR CHANGE TO
PROFESSIONAL SERVICES RENDERED**

Date: _____

Holman Insurance Brokers Ltd.
101-3100 Steeles Avenue East
Markham ON L3R 8T3

To Whom It May Concern:

Named Insured: _____

Policy Period: _____

Policy Number: _____

This letter is to request amendment to Professional Services Rendered to the above captioned policy.

There are three categories of activities covered, **each of which has a separate premium** banding. Please advise which additional individual activities is required hereunder:

CATEGORY A

- | | | |
|---|---|--|
| <input type="checkbox"/> Alexander Technique | <input type="checkbox"/> Algototherapy | <input type="checkbox"/> Audiologist |
| <input type="checkbox"/> Behavioral Analysis | <input type="checkbox"/> Chakra Balancing | <input type="checkbox"/> Color Therapy |
| <input type="checkbox"/> Dietician / Dietitian ## | <input type="checkbox"/> EMF Balancing Technique | <input type="checkbox"/> Guidance Counseling # |
| <input type="checkbox"/> Holistic Counseling | <input type="checkbox"/> Journey Practitioner TM | <input type="checkbox"/> Meridian Stress Assessment |
| <input type="checkbox"/> Neuro Linguistic Therapy | <input type="checkbox"/> Nutrition Therapy ## | <input type="checkbox"/> Parent Mentoring # |
| <input type="checkbox"/> Psychotherapy # | <input type="checkbox"/> Psychology # | <input type="checkbox"/> Psych-K |
| <input type="checkbox"/> Qi Gong | <input type="checkbox"/> Reiki | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Spiritual Therapy | | |
- # excludes addiction and substance abuse counseling (See Category "C")
no loading for Question 7. a.

CATEGORY B

- | | | |
|---|---|--|
| <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> Aqua Chi | <input type="checkbox"/> Aqua Fitness Instruction |
| <input type="checkbox"/> Art Therapy | <input type="checkbox"/> Aura Soma Color Healing | <input type="checkbox"/> Ayurveda |
| <input type="checkbox"/> Bach Flower Remedy | <input type="checkbox"/> Bio Cell Therapy | <input type="checkbox"/> Balneotherapy |
| <input type="checkbox"/> Bio Energetics | <input type="checkbox"/> Bio Feedback | <input type="checkbox"/> Body Mind Balancing |
| <input type="checkbox"/> Brain Gym | <input type="checkbox"/> Breathwork | <input type="checkbox"/> Certified First Aid |
| <input type="checkbox"/> Certified Maternity & Child Sleep Consultant TM | <input type="checkbox"/> Certified Pedorthic Technician | <input type="checkbox"/> Certified Pedorthists |
| <input type="checkbox"/> Child and Play Therapy | <input type="checkbox"/> Crystal Healing | <input type="checkbox"/> Dance Movement Therapy |
| <input type="checkbox"/> Deep Oscillation Therapy | <input type="checkbox"/> Electro Therapy | <input type="checkbox"/> Energy Work / Balancing |
| <input type="checkbox"/> Energetic Healing | <input type="checkbox"/> Emotional Freedom Technique | <input type="checkbox"/> Ergonomic Therapy |
| <input type="checkbox"/> Feldenkrais Method | <input type="checkbox"/> Health Coach | <input type="checkbox"/> Heart Wisdom Connection TM |
| <input type="checkbox"/> Herbalism | <input type="checkbox"/> Horticultural Therapy | <input type="checkbox"/> Integrated Energy Therapy |
| <input type="checkbox"/> Intolerance Elimination | <input type="checkbox"/> Iridology | <input type="checkbox"/> Kinesiology |
| <input type="checkbox"/> Magnetic Therapy | <input type="checkbox"/> Manual Lymph Drainage | <input type="checkbox"/> Martial Arts Instructor (No contact) |
| <input type="checkbox"/> Music-Thanatology | <input type="checkbox"/> Peat Therapy | <input type="checkbox"/> Pediatric Sleep Consultant |
| <input type="checkbox"/> Personal Fitness Instruction | <input type="checkbox"/> Personal Support Worker | <input type="checkbox"/> Pilates Instructor |
| <input type="checkbox"/> Plexus Bio Energy Therapy | <input type="checkbox"/> Pranic Healing | <input type="checkbox"/> Qi Gong Instructor |

CATEGORY B - Continued

- | | | |
|---|--|--|
| <input type="checkbox"/> Quantum Touch | <input type="checkbox"/> Raviv Method | <input type="checkbox"/> Reiki Instructor / Master |
| <input type="checkbox"/> Somato Emotion Release | <input type="checkbox"/> Sotai | <input type="checkbox"/> Sound Therapy / Healing |
| <input type="checkbox"/> Tai Chi Instructor | <input type="checkbox"/> Thalassotherapy | <input type="checkbox"/> Yoga Instructor |
| <input type="checkbox"/> Zumba Instructor | | |

CATEGORY C

- | | | |
|--|--|---|
| <input type="checkbox"/> Acu Detox * | <input type="checkbox"/> Addiction & Substance Abuse Counselling | <input type="checkbox"/> Aerial Yoga Instructor |
| <input type="checkbox"/> Allergy Testing | <input type="checkbox"/> Aquamassage / Hydrotherapy | <input type="checkbox"/> Aquatic Exercise Therapy |
| <input type="checkbox"/> Bi-Aura Therapy | <input type="checkbox"/> Body Talk System | <input type="checkbox"/> Bowen Technique |
| <input type="checkbox"/> Brandon Raynor Massage | <input type="checkbox"/> Brine Baths | <input type="checkbox"/> Certified Pedorthic Master Craftsman |
| <input type="checkbox"/> Certified Orthopaedic Footwear Specialist | <input type="checkbox"/> Chair Massage | <input type="checkbox"/> Craniosacral Therapy |
| <input type="checkbox"/> Ear Coning / Candling | <input type="checkbox"/> First Aid Instructor | <input type="checkbox"/> Grasten Technique™ |
| <input type="checkbox"/> Hellerwork | <input type="checkbox"/> Homeopathy | <input type="checkbox"/> Hot Stone Massage |
| <input type="checkbox"/> Hypnotherapy (Private) | <input type="checkbox"/> Infant Massage | <input type="checkbox"/> Indonesian Massage |
| <input type="checkbox"/> Life Work Coaching | <input type="checkbox"/> Martial Arts Instructor (with contact) | <input type="checkbox"/> Massage Therapy |
| <input type="checkbox"/> Myofascial Release Technique | <input type="checkbox"/> Natural Face Lift Technique | <input type="checkbox"/> Neuro Muscular Therapy |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Polarity Therapy |
| <input type="checkbox"/> Pregnancy Massage | <input type="checkbox"/> Raindrop Therapy | <input type="checkbox"/> Recreational Therapist |
| <input type="checkbox"/> Reflexology Therapy | <input type="checkbox"/> Registered Massage Therapy | <input type="checkbox"/> Registered Mental Health Therapist |
| <input type="checkbox"/> Relaxation Therapy | <input type="checkbox"/> Rolfing™ | <input type="checkbox"/> Rubenfeld Synergy |
| <input type="checkbox"/> Shiatsu Instructor | <input type="checkbox"/> Sports Therapy/Rehabilitation | <input type="checkbox"/> Swedish Massage |
| <input type="checkbox"/> Thai Massage | <input type="checkbox"/> Therapeutic Touch | <input type="checkbox"/> Touch for Health |
| <input type="checkbox"/> Trager Approach | <input type="checkbox"/> The Radiance Technique | <input type="checkbox"/> Total Body Modification |
| <input type="checkbox"/> Zero Balancing | | |

CATEGORY D

If an individual activity does not appear in the list above and requires cover, please provide full details below including details of training, accreditation and course syllabus details. (Such activity will have to be specifically agreed and approved by Insurers prior to cover being granted). Please submit application to coverholder for rating.

NOTE: In respect of Naturopathic Doctors this insurance only covers the specific activities detailed under Categories A to C above.

***Warranty:**

Practitioners in Acu Detox must use single use disposable and aseptic needles

Please note warranties must be complied with and failure to do so will invalidate the policy.

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*Effective date of change to be the date upon which Canadian Therapy program administer, receives and approves the change in limits on behalf of the insurer, Lloyd's.

Signature: _____

Named Insured

Title: _____

Date: _____