



# American Acupuncture Council

## Change Of Address Form

### **IMPORTANT FAQs: When making changes to the policy**

#### **Q: Does it matter where I practice?**

**A:** No. The AAC program is available in all fifty states, and will cover you wherever you go. The only requirement is that you be legally licensed to practice in the state where you provide care. AAC also offers a special endorsement for occasional travel outside the United States and for care rendered at U.S. military bases. When submitting a change of address form in a newly licensed state, a copy of the license is required.

#### **Q: What is premises liability?**

**A:** Premises Liability – covers if the patient in the immediate treatment area should allege injury or damage to personal belongings as a result of a non-malpractice incident. Such as, slipping and falling from a wet spot on the floor, tripping and falling from a frayed rug, fainting, etc.

#### **Q: What is the difference between an Additional Insured and a Professional Corporation?**

**A: Additional Insured (AI):** is an entity (usually person or corporation) that is seeking to be added to the Named Insured's policy. In case, the AI (landlord, practice partner, clinic) is named in a cause of action as a consequence of an injury that the Named Insured is accused of causing.

**Professional Corporation (PC):** is coverage for a professional corporation, usually a limited liability corporation (LLC), the Named Insured is associated. PC coverage is no change as long as the Named Insured is the majority owner of the PC. If the Named Insured is not the majority owner, then standard additional insured rates apply. As we receive additional questions for our program we will update our questions and answers section of the website as needed. If you have any additional questions about the AAC program, please give AAC a call.

**\*Any requested change, regardless of date, requested within the last 90 days of your policy will be effective upon your renewal, unless otherwise approved.**

Phone: (800) 838-0383

Fax: (714) 571-1863

Email: [info@acupuncturecouncil.com](mailto:info@acupuncturecouncil.com)

Address: 1100 W. Town & Country Rd. Suite #1400

Orange, CA 92868



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## Change Of Address Form

Name \_\_\_\_\_ Today's Date \_\_\_\_\_ Change Date \_\_\_\_\_

Previous Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main Email \_\_\_\_\_

**This Request is for**  **New address**  **Mailing Address**  **Secondary address:**

**Primary Address** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone # \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

**Secondary Address** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone # \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

**Mailing Address** (If different than primary): \_\_\_\_\_

**Complete this section to apply the above changes to my:**  **Premises Liability (Location Specific)**

Would you like to add premises liability for an additional \$125.00?  Yes  No

**Complete the following if you would like to add an additional insured:**

**EXACT business name** as registered with the state (Legal Entity/Corporation)

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

Do you own this entity?  Yes  No (If No, 5% of net premium per entity / Payment Authorization Required)

- List all owners of this entity **other than yourself:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

- Type of corporation  LLC,  PLLC,  S Corp,  C Corp,  Other \_\_\_\_\_

- Previous entity legal Name (if applicable) \_\_\_\_\_

Was previous entity dissolved?  Yes  No If Yes, When? \_\_\_\_\_

Card Type:  Visa  MasterCard  American Express

Card #: \_\_\_\_\_

Expires: \_\_\_\_\_

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