



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

### **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

### **Q: What is Business Personal Property (BPP)?**

A: Business Personal Property (BPP) can cover the named insured for lost, stolen, or damaged property of the business, such as equipment (massage table and chair), furniture, or other business property that is not a permanent part of the building structure. The limit of liability is \$10,000 and there is a \$500 deductible (not offered in New York, Indiana, Kentucky, and Illinois).

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



# American Acupuncture Council

## Change Request Form



Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Effective Date of Change \_\_\_\_\_

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

**Premises Liability: (Commonly known as "Slip and fall coverage")**

- Add - Premises Liability coverage: (Address below / Annual \$125 per location)
- Add- Additional Premises Liability Location (Address below / Annual \$125 per location)
- Cancel - Existing coverage for address listed below:
- Update- Current Premises Liability address to Address below

Street Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

**Business Personal Property: (BPP- location Specific)**

- Add- (List address below) \$103.20 for \$10k in coverage
- Cancel- Existing Business Personal Property at the address listed below
- Add- Additional \$10K (\$67.08 PER \$10K- cannot exceed \$100K)
- Update- The address of my current BPP coverage to the address below:

Street Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

**Additional Insured: (Landlord, Individual renting space from, or the owned Entity/Corporation)**

- Add – Landlord name, Entity, or Individual (Annual cost 5% of net premium per item)
  - 100% entity owner please check
- Cancel- Existing Coverage for additional insured(Non-refundable)
- Update- (incorrect spelling or address)

Name of Additional Insured: \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ If only owner of entity please check

Accepted Credit Cards:   

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

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State/Zip: \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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