



Insurance Center for AAPB Members  
Administered by Lockton Companies, Inc.



**THANK YOU FOR YOUR APPLICATION**

Should you have any questions while completing the online form, do not give up. Simply call our Customer Service Center where service staff are available to help you along the way. Phone toll-free: 1-888-830-2272, 8:00 AM - 5:00 PM, (CST) Mon-Fri.

**RATING INFORMATION**

<u>Charge Category</u>	<u>Subtotal</u>
Administrative Fee	<b>\$14.76</b>
Base Premium	<b>\$246.00</b>
<b>Total Annual Premium:</b>	<b>\$260.76</b>

**APPLICANT INFORMATION**

First Name: Barbara  
 Middle Name:  
 Last Name: Krutchkoff

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Mailing Address Line 1: 100 Wilshire Blvd  
 Mailing Address Line 2: Suite 950  
 City/State/Zip: Santa Monica California 90401

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Email Address: barbara@banhs.org  
 Email Verification: barbara@banhs.org  
 Daytime Phone: 888 598 7718  
 Evening Phone: 888 598 7718  
 Fax:  
 Date of Birth (mm/dd/yyyy): 01/19/1963

**GEOGRAPHICAL LOCATION**

Please select which of the following best describes your geographical location:  
 One of the following cities including metropolitan areas: Chicago, Houston, Los Angeles, New York, San Francisco or Seattle

**EDUCATION INFORMATION**

Please select the highest degree you have obtained: Doctorate  
 Graduation Year: 6/7/2008

You are applying for coverage as a(n) , does your post High School education qualify you for this profession? Yes

**EMPLOYMENT/OCCUPATION INFORMATION**

Are you a member of AAPB? No  
 Are you a BCIA certificate holder? No

Are You: CERTIFIED

Are you able to work in your state without licensure or certification? Yes

**OCCUPATION QUESTIONS**

1) Do you provide any professional services to professional athletes whose total annual income is \$25,000 or greater? No

2) Do you provide any professional services in or on the premises of any long-term care facility? No

3) Do you provide any type of youth-focused overnight professional programs such as Outward-Bound, boot camps, etc.? No

**PLEASE SELECT THE FOLLOWING**

Employment Category: Self-Employed  
 How many hours do you work in a week? 20

Have you had Professional Liability Insurance In the past 5 years? Yes

If "Yes", please provide Carrier name: bana  
 If "Yes", type of policy: Occurrence  
 Occupation: Biofeedback Provider  
 Limit of Liability: \$1,000,000/\$1,000,000

**DISCOUNT/COVERAGE INFORMATION**

If Self-employed and Sole Owner and Insured with no professional employees, business name can be included at no additional charge. The Source for Quantum Healing

Do you need to cover additional insureds (excluding your business name)? No  
 Any Additional Insureds have a **Premium Charge.**

Date first licensed/certified/graduated: 6/16/1999

If you've obtained secondary certification or licensure relevant to your profession within the past 12 months or have had more than four (4) hours of continuing education on risk management, ethics or legal issues relevant to your profession within the past 12 months, you are eligible for a 10% discount. In order to receive this discount, you are required to show valid evidence of completion.

No

Are you required by contract to provide proof of coverage directly to a 3rd party (certificate holder)? No

Please indicate total number of years of experience relevant to your profession: Greater than three years

**WARRANTY QUESTIONS**

1) Within the last 10 years, have you had any of the following revoked, suspended, refused, cancelled, or voluntarily surrendered?

- a.) State license, certification or registration: No
- b.) Malpractice insurance: No

2) Within the last 10 years has a claim or suit for alleged malpractice ever been brought against you or are you aware of any incident that might reasonably lead to such a claim or suit?

No

3) Have you ever been convicted (as an adult) of a felony or is any such case pending?

No

4) Within the last 10 years have you had any complaints or charges brought against you by any licensing board or professional ethics body?

No

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**SIGNATURE**

I hereby declare that the preceding statements and particulars contained in this application are true and that I have not suppressed or misstated any material facts and agree that this declaration shall be the basis of the contract between me and the underwriters. SIGNING THIS FORM OR SUBMISSION OF PAYMENT DOES NOT BIND THE APPLICANT OR UNDERWRITER TO COMPLETE THE INSURANCE. HOWEVER, IF COVERAGE IS BOUND, THIS APPLICATION BECOMES A PART OF THE POLICY.

Name: barbara krutchkoff

Date: 05/02/2011

I request that my insurance become effective on: 6/1/2011

(Effective date may not be earlier than 05/03/2011 or later than 07/30/2011)

**Please Note:** Coverage cannot be made effective until full payment is received. To help ensure you receive your requested effective date, please select our online payment service.

**Please also note that:**

1. Lockton may receive compensation from an insurer or other intermediary as a result of the sale of insurance to you.
2. The compensation received by Lockton may differ depending on the product, insurer and/or other intermediary.
3. Lockton may receive additional compensation from the insurer and/or other intermediary based upon other factors, such as premium volume placed with a particular insurer or through a particular intermediary and loss or claims experience.

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**HOW DID YOU FIND OUR WEBSITE?**

Please tell us how you heard about the AAPB sponsored Professional Liability Program?

Followed link from association website

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Continue