Hiscox Small Business Insurance Program
Applications Questions for Professional and General Liability Policies
Occupation: Acupressure/Acupuncture

This form is available strictly as a reference for our partner agents and is not intended to be used as an application that can be presented in person, via mail, fax or email to Hiscox or to any other party for purposes of creating a quote.

The questions on this form correspond to the questions that can be found on our online application. Should you find conflict between questions on this form and the online application please defer to the online version of our application, which is the most current.

The application contains questions for both Professional Liability and General Liability policies; questions specific to General Liability only are indicated by a CGL at the beginning of the question. We encourage agents to quote both PL and CGL products to their clients.

Note:
Available in both PL and GL
Not Available in the following state: NV
About You
Title: Mr., Miss, Mrs., Ms., Dr.

First name: ____________________________
Last name: ____________________________

Primary Service: Acupressure/Acupuncture

Business name (name policy will be issued under): ____________________________

Business address:
Street ____________________________
Secondary Street (optional) ____________________________
City ____________________________
County ____________________________
State ____________________________
Zip code _______________

Telephone number: ______-______-______

E-mail address: ____________________________

Approximately how many square feet does your business occupy at this location? ____________________________

CGL – Is your business operated out of your home? Yes/No

Other than the business address provides above, how many additional locations does your business own or rent? _________

What best describes your business’s ownership structure (select one):

- Individual/Sole Proprietor
- Joint Venture
- Limited Liability Company
- Partnership
- Trust
- Corporation or other Organization (other than the above)
CGL – Including yourself, how many full-time and temporary employees does your business have? (Do not include subcontractors) ______________

CGL – Do you or your business supply, manufacture, or distribute any tangible goods or products? Yes/No

CGL – Does your business perform any design, construction, installation, removal, or physical repair of any property or tangible goods? Yes/No

Within the last 12 months, have you had similar insurance in place? Yes/No

If yes, name of insurance carrier: ____________________________

Date when you would like coverage to start (today or future): _____________

Your Business

Does your business provide any Acupuncture/Acupressure services? Yes/No

Do you perform any of the following? Yes/No

• Homeopathy
• Cupping
• Direct moxibustion
• Injections
• Perform acupuncture for purposes of anesthesia
• Prescribe or dispense herbs or herbal drugs other than mugwort
• Prescribe or dispense over the counter or prescription drugs
• Use of non-disposable needles

What is the most common reason for patients to seek treatment from you?

o Addiction
o General body aches, pains and discomfort
o Immune boosting
o Insomnia
o Relieving stress
o Sexual disorders
o Other; please explain

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
What is the most common age group that you treat?
- Children up to 12 yrs old
- Teenagers 13 – 17 yrs old
- Adults 18 – 64 yrs old
- Seniors +

Approximately when did your business begin?  

CGL – For the next 12 months, what is your estimated Payroll expense for yourself, your full time, part-time, and temporary employees (do not include sub-contractors) $_____________________

What are your business estimated gross sales during the next 12 months? $_____________________

Does your business use a written contract or statement of work?
- Always (100%)
- Most of the time (75% to 99%)
- Some of the time (1% to 74%)
- Never (0%)

Do you ever work in a hospital, long term care facility or physician's office?
- Yes
- No

As required by state law, do you or the principle of your firm maintain current and valid professional training, certifications, licenses or designations for all services you provide?
- Yes
- No

Are you an active or retired Medical Doctor, Registered Nurse, Nurse Practitioner, Licensed Practical Nurse, Physician's Assistant or Naturopathic Doctor?
- Yes
- No