

Acupuncture Business Insurance Solutions



Broad Coverage, Easy Choice

CNA's Acupuncture Business Insurance Solutions provides a wide range of coverage limits listed below at a nominal price. Additionally, increased limits may be available for an even more customized insurance solution.

Coverage Highlights

General Liability	\$1,000,000 occurrence/ \$2,000,000 aggregate
Fire Legal Liability	\$300,000
Business Personal Property	\$50,000 (*Can request additional.)
Accounts Receivable	\$250,000
Business Income for Interruption of Practice	\$1,000 per day, 15 days
Business Income and Extra Expense	Up to 365 Days
Valuable Papers and Records	\$125,000
Hired and Non-Owned Auto Liability	Included
Employment Practices Liability	\$10,000
Lost Key Consequential Loss	\$500

Key Coverage Definitions

Accounts Receivable- Covers the reconstruction and reimbursement of uncollectible money from your customers due to a covered cause of loss.

Business Income for Interruption of Practice- Provides an alternative valuation for short-term losses, reimbursing you for your lost time, even if appointments are rescheduled. Limits up to \$5,000 per day are available for an additional premium.

Fire Legal Liability- Pays the amount the insured is legally obligated to pay as a result of damages to the part of a non-owned building rented to, or occupied by the insured. Also pays if insured negligently causes a fire in rented or leased space and the insured is legally obligated to pay for the damage.

Hired and Non-Owned Auto Liability- Pays for bodily injury or property damage arising out of the maintenance or use of a hired auto or non-owned auto by you or your employees in the course of your business.

Employment Practices Liability (EPL) – Protects organizations and employees against liability for wrongful employment practices claims.

Valuable Papers and Records - Covers the cost to research, replace or restore lost information on valuable papers or records such as patient files.

Lost Key Consequential Loss- Provides up to \$500 per premises for replacement of locks and keys in the event a key is accidentally lost.

Business Information

Business Name _____ Contact Name: _____

Address: _____
Street Address *Suite #*

City *State* *ZIP Code*

Phone: () _____ Effective Date _____

E-mail Address: _____ Years in Business: _____

Premises Information

Building Type: _____ Year Built: _____

Business Property/Contents Limit: _____

Fire Sprinklers: Yes / No _____ Square Footage: _____ Burglar Alarm: Yes / No _____

Annual Gross Revenues: \$ _____

Fax form to **888-368-7450** or call **877-821-2009** <http://aac.endorsedbenefits.com>