

School membership application

PO Box 1869, Evergreen, Colorado 80437
 800-458-2267 • fax: 800-667-8260
 expectmore@abmp.com • www.abmp.com



1

School Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Website: _____
 Mailing Address (if different from above): _____
 City: _____ State: _____ Zip: _____
 Telephone: (_____) _____ Fax: (_____) _____

Legal Status of School: Sole Proprietorship Partnership Corporation Joint Venture Other (please describe)

2

Please Provide

- Curriculum Breakdown (provide a copy of school catalog)
- State Approval Documentation
- List of all campuses; include name, address and phone numbers

Graduation Requirements

Written Exam Yes No
 Practical Exam Yes No

Internship Hours: _____
 Student Clinic Hours: _____

PROCEED TO MEMBERSHIP AND PAYMENT SECTION IF YOU ARE NOT PURCHASING SCHOOL LIABILITY INSURANCE.

3

Name of Owner: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: (_____) _____

Massage/Bodywork/Somatic Therapy Practitioner? Yes No

Use additional sheet to list information for other legal owners as above, if applicable.

4

Please explain all "yes" responses

Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? Yes No

Has any insurance policy or coverage been declined, cancelled, or non-renewed during the prior five years? Yes No If "yes" complete #5. If "no" proceed to #6.

Comments: _____

5

Loss History: Enter all liability insurance loss history for the prior five years or attach loss summary.

Date of Loss	Description of Loss	Amount Paid/Pending
		\$
		\$
		\$
		\$
		\$

Comments: _____

6

Yes No Requesting AIE coverage

Name of Landlord: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: (_____) _____

Use separate sheet to list additional AIEs, include address and phone number.

