

Alternative Therapy Association

Po Box 450 Hillsboro, NH 03244 •Voice/Fax: 800-871-3848 • Email:AlternativeBalance@mail.com •Website: AlternativeBalance.net

Additional Benefit Holders

Your membership will provide you with insurance as an individual only.

Often your landlord or place of work such as a salon, spa healthcare center, hotel and or resort or tradeshow require that they be listed on your Certificate of Insurance as an Additional Benefit Holder specifically for your work. If this is the case simple complete the detailed information below.

You may also choose to list your company name as the additional insured.

The Additional Benefit Holder is not for other professional providers as they must have their own individual policy.

There is a \$10 charge for each additional insured. After 10 Additional Benefit Holders, there is no charge for adding more.

Additional Insured Benefit Holder #1

Additional Insured : _____
Mailing Address: _____
City: _____ State: _____
Zip: _____ Country: _____
E-mail: _____
Website: _____
Phone (Home) (____) _____
Business: (____) _____
____ Landlord ____ Employer ____ Trade Show
____ Other please list _____

Additional Insured Benefit Holder #2

Additional Insured : _____
Mailing Address: _____
City: _____ State: _____
Zip: _____ Country: _____
E-mail: _____
Website: _____
Phone (Home) (____) _____
Business: (____) _____
____ Landlord ____ Employer ____ Trade Show
____ Other please list _____

Additional Insured Benefit Holder #3

Additional Insured : _____
Mailing Address: _____
City: _____ State: _____
Zip: _____ Country: _____
E-mail: _____
Website: _____
Phone (Home) (____) _____
Business: (____) _____
____ Landlord ____ Employer ____ Trade Show
____ Other please list _____

For Alternative Balance Use Only

____ Standard Processing ____ Pr Mail Date: ____/____/____
____ Rush Processing ____ Email ____ Fax ____/____/____
Policy # _____ Active Date: ____/____/____
Policy Holder: _____
Rep _____

Additional Insured Benefit Holder #4

Additional Insured : _____
Mailing Address: _____
City: _____ State: _____
Zip: _____ Country: _____
E-mail: _____
Website: _____
Phone (Home) (____) _____
Business: (____) _____
____ Landlord ____ Employer ____ Trade Show
____ Other please list _____

Additional Insured Benefit Holder #5

Additional Insured : _____
Mailing Address: _____
City: _____ State: _____
Zip: _____ Country: _____
E-mail: _____
Website: _____
Phone (Home) (____) _____
Business: (____) _____
____ Landlord ____ Employer ____ Trade Show
____ Other please list _____