PREMIER canada

HEALTH & WELLNESS PROGRAM - FULL SPA OPERATIONS APPLICATION

Brokerage: Phone:

Producer Name: Fax:

Broker Email:

GENERAL INFORMATION

Legal Business Name:

Location Address: City: Province: Postal:

Mailing (if different): City: Province: Postal:

Contact Person: E-mail: Website Address:

Phone #: Fax#: Res. #: Cell #:

Expiry Date of Policy:

Current Insurance Company: **Risk Ever Been Canceled:** ☐YES ☐NO

Target Premium: $ # of years in business: # of years of experience:

PLEASE PROVIDE A BROCHURE OF YOUR OPERATIONS WHEN YOU SUBMIT THIS APPLICATION

Has the company had claims against them in last 5 years? ☐YES ☐NO

If yes, please explain:

Has the any staff (including contract staff) had claims against them in last 5 years**?** ☐YES ☐NO

If yes, please explain:

PROPERTY INFORMATION

Describe your location (Two storey, strip plaza, shopping mall, etc.) No. of Stories:

Do you own the building? ☐YES☐NO Total Area of your Facility: _____ Ft

The Building Age:	Latest Update: Roof	Heat	Plumbing	Electric
Fire Hydrants within 500 Feet?	☐YES ☐NO	Restaurant within 2 adjacent units:	☐YES☐NO	Building Sprinklered? ☐YES ☐NO
Monitored Alarm System?	☐YES ☐NO	Local Alarm System?	☐YES☐NO	Fire Alarm? ☐YES ☐NO
Surveillance System?	☐YES ☐NO	# of Fire Extinguishers:		
Doors have deadbolts?	☐YES ☐NO	Bars on Doors/Windows?		☐YES☐NO

What is at - Front**:** Back: Left: Right

Construction of Building:

Loss Payee Information: (i.e.: bank financing, equipment leases, etc.)

"PROPERTY VALUES" (IF YOU HAD TO REPLACE THE FOLLOWING ITEMS TODAY)

Building (if required)	$	Equipment	$
Leasehold Improvements	$	Stock	$

LIABILITY INFORMATION

Description of Operations:

Liability Limits Desired: ☐ $1,000,000 ☐ $2,000,000 ☐ $3,000,000 ☐ $4,000,000 ☐ $5,000,000

NOTE: we cannot offer coverage for the following services at this time. Please advise if these services are provided:

Physical Therapist on Staff?	☐YES ☐NO	Chiropractors on staff	☐YES ☐NO
All Piercings except Ear / Nose	☐YES ☐NO	Mole Removal – Invasive Cutting	☐YES ☐NO
Tattooing – Permanent Body	☐YES ☐NO	Skin Tag Removal – Invasive Cutting	☐YES ☐NO
Wart Removal – Invasive Cutting	☐YES ☐NO		

Basic Esthetics: **Estimated Gross Annual Receipts: $** _____

Acid Peels less than 31% solution concentration	☐YES ☐NO	Infrared Saunas and massage booths/beds	☐YES ☐NO
Acupuncture other than Moxibustion acupuncture	☐YES ☐NO	Ionization detoxification	☐YES ☐NO
Acupressure	☐YES ☐NO	Iridology	☐YES ☐NO

Aquatic massage beds	☐YES ☐NO	Make up – non permanent	☐YES ☐NO
Biofeedback therapy	☐YES ☐NO	Henna Tattooing	☐ YES ☐NO
Body wraps	☐YES ☐NO	Manicure/pedicures	☐YES ☐NO
Brain wave harmony	☐YES ☐NO	Massage including relaxation massage, registered massage, reiki, reflexology, and aromatherapy, but does not include services to children under the age of 12 and Myofacial massage	☐YES ☐NO
Cellulite treatment other than cellulite reduction weight loss	☐YES ☐NO	Neuro emotional Clearing	☐YES ☐NO
Colon irrigation	☐YES ☐NO	NLP – Neurolingulistic Programming	☐YES ☐NO
Ear candling	☐YES ☐NO	Nutritional consulting to follow the Canada Food Guide only	☐YES ☐NO
Energy healing	☐YES ☐NO	Oxygen treatments other than hyperbaric chambers	☐YES ☐NO
Electrolysis	☐YES ☐NO	Piercing – ears and nose only	☐YES ☐NO
EFT – Emotional Freedom Technique/Clearing	☐YES ☐NO	Shamanic healing	☐YES ☐NO
Eyebrow Tinting	☐YES ☐NO	Spray tanning	☐YES ☐NO
Facials	☐YES ☐NO	Spray tattooing	☐YES ☐NO
Glitter Tattooing – non permanent	☐YES ☐NO	Sugaring	☐YES ☐NO
Hair cutting and related services other than hair extensions	☐YES ☐NO	Threading	☐YES ☐NO
Wigs/hair piece fitting/ sales	☐YES ☐NO	Toning beds	☐YES ☐NO
Hydration machine	☐YES ☐NO	Wart removal by solution only	☐YES ☐NO
Hydrotherapy salt floatation chambers	☐YES ☐NO	Waxing	☐YES ☐NO
Hypnotherapy other than for past life regression and entertainment			☐YES ☐NO
Mid-Range Esthetics	**Estimated Gross Annual Receipts: $ _____**		
Acid peels greater than 30% but less than 61% solution concentration	☐YES ☐NO	Micropigmentation	☐YES ☐NO
Arasy machines	☐YES ☐NO	Mole removal by solution only	☐YES ☐NO
Body vibration fitness machines	☐YES ☐NO	Myofacial massage	☐YES ☐NO
Electrocoagulaton	☐YES ☐NO	Radio frequency treatments	☐YES ☐NO
EMS – Elector Muscular Stimulation including Acuscope and Myopulse	☐YES ☐NO	Sclerotherapy	☐YES ☐NO
Endermologie	☐YES ☐NO	Skin and micro needling	☐YES ☐NO
Fluid Isometrics	☐YES ☐NO	Skin tag removal by solution or laser	☐YES ☐NO
Laser/IPL/EPL/LHE various operations but not including laser treatments for purposes other than skin and hair treatment	☐YES ☐NO	Teeth whitening	☐YES ☐NO
LILT & LLLT – low intensity laser therapy for weight reduction and gain, addictions, mental illness and pain reduction	☐YES ☐NO	Thermolysis	☐YES ☐NO
Micro current treatment	☐YES ☐NO	Thermo-Lo	☐YES ☐NO
Microdermabrasion	☐YES ☐NO	Vibrodermabrasion	☐YES ☐NO
High End Esthetics:	**Estimated Gross Annual Receipts: $ _____**		
Cellulite reduction and body contouring and slimming by electronic device	☐YES ☐NO	Body injections for cosmetic purposes, including but not limited to Botox, Juvederm	☐YES ☐NO
Bio resonance diagnostics	☐YES ☐NO	Restylane, and Teosyal treatment	☐YES ☐NO
Tattoo removal by Laser/IPL/EPL/LHE	☐YES ☐NO		
Miscellaneous Professional Services:	**Estimated Gross Annual Receipts: $ _____**		
Eyelash Dipping	☐YES ☐NO	Tanning – UV and Spray	☐YES ☐NO
Eyelash Extensions	☐YES ☐NO	Tooth gems	☐YES ☐NO
Eyelash Tinting	☐YES ☐NO	Wigs – Not attached by adhesive	☐YES ☐NO

Hair Extensions ☐YES ☐NO

Teaching Operations: **Estimated Gross Annual Receipts: $** _____

Teaching and students offering service(s) to the public while under supervision ☐YES ☐NO

Other Operations: **Estimated Gross Annual Receipts: $** _____

☐YES ☐NO If yes, please describe:

WET AREAS # of Swimming Pools? _____

Diving Boards ☐YES ☐NO

Are there any Slides ☐YES ☐NO

Chemicals Tested Daily ☐YES ☐NO

Hot Tub / Whirl Pool / Sauna / Steam Room # of units _____ ☐YES ☐NO

ADDITIONAL INFORMATION

Do you use a deep fat fryer? ☐YES ☐NO

Do you ever serve alcohol as part of your service? ☐YES ☐NO

Snack Bar on Premises? ☐YES ☐NO

Do you rent space to associated businesses? ☐YES ☐NO

If so, Please describe:

Do you bring any specialists into your premise to provide additional operations? ☐YES ☐NO

If so, Please describe:

Are there any operations or activities away from the premises? ☐YES ☐NO

If so, Please describe:

Please describe your sterilization / cross-contamination prevention procedures:

Are any of the building procedures conducted?

Electrolysis ☐ YES ☐ NO → If yes, please **complete the Electrolysis Supplementary application**

Massage - Registered ☐ YES ☐ NO → If yes, please **complete the Massage Supplementary application**

Massage - Non-Registered ☐ YES ☐ NO → If yes, please **complete the Massage Supplementary application**

Microdermabrasion ☐ YES ☐ NO → If yes, please **complete the Microdermabrasion Supplementary application**

Tanning Beds & Booths ☐ YES ☐ NO → If yes, please **complete the Tanning Supplementary application**

Laser / IPL Treatment ☐ YES ☐ NO → If yes, please **complete the Laser / IPL Supplementary application**

Injectable Services ☐ YES ☐ NO → If yes, please complete **the Injectable Supplementary application**

Full Time / Contract Employee Information:

of **Full time (F/T)** Employees? _____ # of **Part time (P/T)** Employees? _____

of **Contract** People? _____

NAME	YEARS OF EDUCATION	YEARS OF EXPERIENCE	OPERATIONS OF EACH INDIVIDUAL	F/T, P/T OR CONTRACT	CERTIFICATION ATTACHED?

- **ADDITIONAL INSURED** (i.e.: landlord)

PLEASE NOTE:

The applicant agrees to notify the company of any material changes in the answers to the questions on this questionnaire which may arise during the course of this policy issued and further understands that claims may be denied if information regarding these material changes was not provided.

The purpose of this questionnaire is to assist in the underwriting process. Information contained herein is specifically relied on in determination of insurability. The under-signed, therefore, warrants that the information contained herein is true and accurate to the best of his / her knowledge, information, and belief. This questionnaire and the application shall be the basis of any insurance policy that be issued and will be part of such policy.

A consumer report containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or any renewal, extension or variation thereof. Signing of this form does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued. For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd's Underwriters' insurance business in Canada.

Insured Signature:	Date:
Broker Signature:	Date:
Broker Email:	

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

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ACID PEELS SUPPLEMENTARY APPLICATION

1. Do you sterilize equipment? ☐ YES ☐ NO
2. Does all staff wear sterilized gloves when performing services? ☐ YES ☐ NO
3. Do you provide Medium Peels? ☐ YES ☐ NO
4. Do you provide Deep Peels? ☐ YES ☐ NO
5. Have you ever had a claim made against you? ☐ YES ☐ NO

If so, please advise:

ELECTROLYSIS SUPPLEMENTARY APPLICATION

1. Do you sterilize equipment? ☐ YES ☐ NO
2. Does all staff wear sterilized gloves when performing services? ☐ YES ☐ NO
3. Do you use disposable tips for each new client? ☐ YES ☐ NO
4. Have you ever had a claim made against you? ☐ YES ☐ NO

If so, please advise:

INJECTABLE SUPPLEMENTAL APPLICATION

Please Complete This Section for ALL Employees & Sub-Contractors who perform Injectable services:

of **Full time (F/T)** Employees? **#** of **Part time (P/T)** Employees? # of **Contract** People?

NAME	YEARS OF EDUCATION	YEARS OF EXPERIENCE	HAVE THEIR OWN INSURANCE FOR THIS SERVICE	IS THIS PERSON A DOCTOR	IS THIS PERSON A REGISTERED NURSE

COVERAGE AVAILABLE

**** PLEASE CHECK APPLICABLE SERVICES**

**** PLEASE ADVISE WHO PERFOMS SERVICE (D = doctor & N = Nurse)**

**** N/A means that we cannot offer this service**

Aquamid		Bio-Alcamid		Bioinblue	
Botox – Vistabel		Botox/Dysport/Xeomin/Azzalure /Neurobloc Bocouture		Dermadeep	
Dermalive		Elastence		Esthelis Basic/Soft/Glycerol	
Evolence		Evolution		Hydra-Fill 1/2/3/Softline/Softline Max	
Hylaform/Fineline/plus		IAL-System		Juvederm Ultra (24)	
Juvederm Ultra XC		Juvederm Ultra Plus (30)		Juvederm Ultra Plus XC	
Juvederm Refine		Juvederm Volift/Volbella		Laresse	
Matridex		Matridur		Outline	
Phiderma SR		Puragen/Puragen Plus		Radiesse	
Ravenesse		Ravenesse Ultra		Redexis	
Redexis Ultra		Restylane/Touch/Perlane/Lipp (Restylane Lidocaine/Vital)		Restylane Lip Volume/Refresh	
Restylane SubQ		Reviderm Intra		Sculptra (Poly l Lactic Acid)	
Surgiderm 18/24XP/30/30XP/Surgilips		Surgilift Plus		Teosyal Global Action/Touch Up/First Lines/Deep Lines/Kiss/Ultra Deep/Pure Sense/Redensity	
Teosyal Voluma		Teoyal Pure Sense Ultimate		Voluma	
Viscontour		Zyderm 1/2/Zyplast			

Has the company had claims against them in last 5 years? ☐ YES ☐ NO

Has the any staff (including contract staff) had claims against them in last 5 years**?** ☐ YES ☐ NO

If yes to either of the above questions, please list full details on the cover page.

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LASER SUPPLEMENTARY APPLICATION

★PLEASE COMPLETE **ALL** QUESTIONS★

★IF YOU REQUIRE ADDITIONAL SPACE, PLEASE ADD ADDITIONAL PAGES AS NECESSARY★

Please advise IF and HOW you provide the following operations (Please check all lines of operations):

SERVICE	LASER		PULSE LIGHT/IPL	
	YES	NO	YES	NO
Acne	☐	☐	☐	☐
Endovenous Laser Treatment	☐	☐	☐	☐
Leg Veins	☐	☐	☐	☐
Psoriasis & Vitiligo	☐	☐	☐	☐
Skin Resurfacing	☐	☐	☐	☐
Cosmetic Re-pigmentation	☐	☐	☐	☐
Hair Removal	☐	☐	☐	☐
Pigmented Lesions	☐	☐	☐	☐
Vascular Lesions	☐	☐	☐	☐
Cellulite Treatment	☐	☐	☐	☐
Other (please describe):	☐	☐	☐	☐

****Please provide all operators who provide laser treatment or cellulite treatment and their experience:**

NAME PERSON PROVIDING LASER TREATMENT	YEARS OF EDUCATION	YEARS EXPERIENCE/ QUALIFICATION	ANY PRIOR CLAIMS MADE AGAINST EACH INDIVIDUAL (PLEASE GIVE BRIEF DETAILS)

****Complete this section for all laser/cellulite machines (please list additional hand pieces separately):**

MAKE	MODEL	AGE	CURRENT REPLACEMENT COST IN CANADIAN $$
		Yrs.	$
		Yrs.	$
		Yrs.	$
		Yrs.	$
		Yrs.	$
		Yrs.	$
		Yrs.	$
		Yrs.	$

Please answer all questions:

1. Please circle what skin types you provide services on for the laser treatments:
   As per the Fitzpatrick Scale: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐
2. Do you complete a skin patch test prior to laser treatments? ☐YES ☐NO
3. How long do you wait after the patch test to perform laser treatment?
4. Do you wear surgical gloves when providing laser services to clients? ☐YES ☐NO
5. Does your client wear protective eyewear during laser services? ☐YES ☐NO

6.	Do you keep copies of all client service records?	☐YES ☐NO
7.	How many years is service records kept on file?	years
8.	Is a waiver signed, dated and kept on record? (please attach a copy)	☐YES ☐NO
9.	How many years are waivers kept on file?	years
10.	Do you explain to the client what steps to take prior to any laser treatment?	☐YES ☐NO
	Please describe:	
11.	Do you explain to the client what steps to take after any laser treatment?	☐YES ☐NO
	Please describe**:**	
12.	How often do you calibrate your machines?	
13.	Do you provide any off-site laser treatments?	☐YES ☐NO
	If yes, list all locations, methods of transporting equipment and frequency of all off-site treatments:	

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TANNING SALON SUPPLEMENTARY APPLICATION

LIABILITY INFORMATION – Limits will be the same as the main operations that you have provided.

EQUIPMENT INFORMATION	# of Units	Type of Timer (digital, coin, token, manual, etc.)
BEDS		
BOOTHS		
SPRAY BOOTHS		
AIR BRUSH		

Average age of beds? Average Age of Booths? Who Changes the Bulbs?

Is there any massage offered	☐YES ☐NO	Are clients given tanning instructions?	☐YES ☐NO
Do all client sign waivers?	☐YES ☐NO	Do all clients complete skin analysis?	☐YES ☐NO
Do any beds operate by tokens?	☐YES ☐NO	Do any beds operate by coins?	☐YES ☐NO
Are clients required to wear goggles?	☐YES ☐NO	Are signs posted to wear goggles?	☐YES ☐NO

Does the sign in sheet that clients initial prior to each session state that "Clients Must Wear Eye Goggles"? ☐YES ☐NO

Are the Tanning Staff Smart Tan or Equivalent Certified? ☐YES ☐NO

Is Equipment Inspected and Cleaned After Each Use? ☐YES ☐NO

Who sets the amount of time a client is able to tan on each bed? ☐ CLIENT or ☐ STAFF

Where is the timer located, which sets the amount of time a client tan? ☐ FRONT DESK or ☐ BED

Are tanning sessions and waiver records saved and filed for NO less than 2 years? ☐YES ☐NO

Is the tanning salon listed as a full member of Smart Tan Canada? ☐YES ☐NO

So the insured does not have to send us a copy of all Smart Tan certifications and a copy of their membership ---

Please check "YES" so that we can confirm this information with Smart Tan Canada ☐YES ☐NO

(Premium advantages if each salon location is listed as a Smart Tan Member – Ask us if salons are not members)

Do you rent space to others within your unit? ☐YES ☐NO If yes, do they list you as an additional insured? ☐YES ☐NO

If yes, please advise name of lessee:

MICRODERMABRASION SUPPLEMENTARY APPLICATION

Please complete this section for all Massage Therapists on Staff:

Do you sterilize equipment? ☐YES ☐NO

Does all staff wear sterilized gloves when performing services? ☐YES ☐NO

Do you collect and discuss the client's health information? ☐YES ☐NO

How long do you keep clients' health information on file? years

Have you ever had a claim made against you? ☐YES ☐NO

If so, please advise:

MASSAGE SUPPLEMENTARY APPLICATION

Please complete this section for all Massage Therapists on Staff:

NAME OF MASSAGE THERAPIST	TYPE(S) OF MASSAGE THEY PERFORM (please list all)	YEARS OF EDUCATION	YEARS OF EXPERIENCE	ARE YOU AN RMT? YES	ARE YOU AN RMT? NO
				☐	☐
				☐	☐
				☐	☐
				☐	☐

1 What type(s) of Massage do you perform? (Please list all)

2 Do you collect and discuss the client's health information? ☐YES ☐NO

3 How long to you keep clients' health information / waivers on file? years

4 Is a waiver signed, dated and kept on record? ☐YES ☐NO

5 Do you offer massages to infants? ☐YES ☐NO

6 Have any of the masseuses listed above had a claim made against them? ☐YES ☐NO

If so, please advise:

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