

HEALTH & WELLNESS PROGRAM – BASIC SPA OPERATIONS APPLICATION

(SUPPLEMENTARY APPLICATIONS NOT ATTACHED)

Broker Name: _____ Phone: _____
 Producer Name: _____ Fax: _____
 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 experience: _____

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

Does the applicant currently carry Professional Liability insurance? YES NO
 If yes, what is the retroactive date on the current Professional Liability policy? _____
 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.) _____
 Do you own the building? YES NO Total Area of your Facility: _____ Ft No. of Stories: _____
 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
 Burglar Alarm? Monitored Local NO Fire Alarm? Monitored Local 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: _____

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

Building (if required) \$ _____ Equipment \$ _____ Profits / BI \$ _____
 Leasehold Improvements \$ _____ Stock \$ _____

LOSS PAYEE INFORMATION (ie. bank financials, leased equipment or mortgage): _____

LIABILITY INFORMATION

Are all inks/pigments from US or Canadian manufacturers? YES NO
 Do you sell any inks/pigments? YES NO
 Do you relabel or repackage any products? YES NO
 Do you ever re-use needles? YES NO
 Do you dispose of your pigments after each client? YES NO

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 other than 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

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Basic Esthetics:

Estimated Gross Annual Receipts: \$ _____

Acid Peels less than 31% solution concentration	<input type="checkbox"/> YES <input type="checkbox"/> NO	Hydrotherapy salt floatation chambers	<input type="checkbox"/> YES <input type="checkbox"/> NO
Acupuncture other than Moxibustion acupuncture	<input type="checkbox"/> YES <input type="checkbox"/> NO	Hypnotherapy other than for past life regression and entertainment	<input type="checkbox"/> YES <input type="checkbox"/> NO
Acupressure	<input type="checkbox"/> YES <input type="checkbox"/> NO	Infrared Saunas and massage booths/beds	<input type="checkbox"/> YES <input type="checkbox"/> NO
Aquatic massage beds	<input type="checkbox"/> YES <input type="checkbox"/> NO	Ionization detoxification	<input type="checkbox"/> YES <input type="checkbox"/> NO
Biofeedback therapy	<input type="checkbox"/> YES <input type="checkbox"/> NO	Iridology	<input type="checkbox"/> YES <input type="checkbox"/> NO
Body wraps	<input type="checkbox"/> YES <input type="checkbox"/> NO	Make up – non permanent	<input type="checkbox"/> YES <input type="checkbox"/> NO
Brain wave harmony	<input type="checkbox"/> YES <input type="checkbox"/> NO	Manicure/pedicures	<input type="checkbox"/> YES <input type="checkbox"/> NO
Cellulite treatment other than cellulite reduction weight loss	<input type="checkbox"/> YES <input type="checkbox"/> NO	Massage including relaxation massage, registered massage, reiki, reflexology, and aromatherapy, but does not include services to children under the age of 12 and Myofascial massage	<input type="checkbox"/> YES <input type="checkbox"/> NO
Colon irrigation	<input type="checkbox"/> YES <input type="checkbox"/> NO	Neuro emotional Clearing	<input type="checkbox"/> YES <input type="checkbox"/> NO
Dry Cupping – Wet Cupping is excluded	<input type="checkbox"/> YES <input type="checkbox"/> NO	NLP – Neurolinguistic Programming	<input type="checkbox"/> YES <input type="checkbox"/> NO
Dermaplaning	<input type="checkbox"/> YES <input type="checkbox"/> NO	Nutritional consulting to follow the Canada Food Guide only	<input type="checkbox"/> YES <input type="checkbox"/> NO
Ear candling	<input type="checkbox"/> YES <input type="checkbox"/> NO	Oxygen treatments other than hyperbaric chambers	<input type="checkbox"/> YES <input type="checkbox"/> NO
Energy healing	<input type="checkbox"/> YES <input type="checkbox"/> NO	Piercing – ears and nose only	<input type="checkbox"/> YES <input type="checkbox"/> NO
Electrolysis	<input type="checkbox"/> YES <input type="checkbox"/> NO	Shamanic healing	<input type="checkbox"/> YES <input type="checkbox"/> NO
EFT – Emotional Freedom Technique/Clearing	<input type="checkbox"/> YES <input type="checkbox"/> NO	Spray tanning	<input type="checkbox"/> YES <input type="checkbox"/> NO
Eyebrow Tinting	<input type="checkbox"/> YES <input type="checkbox"/> NO	Spray tattooing	<input type="checkbox"/> YES <input type="checkbox"/> NO
Facials	<input type="checkbox"/> YES <input type="checkbox"/> NO	Sugaring	<input type="checkbox"/> YES <input type="checkbox"/> NO
Glitter Tattooing – non permanent	<input type="checkbox"/> YES <input type="checkbox"/> NO	Threading	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hair cutting and related service other than hair extension, wig/hair piece fitting/ sales	<input type="checkbox"/> YES <input type="checkbox"/> NO	Toning beds	<input type="checkbox"/> YES <input type="checkbox"/> NO
Henna Tattooing	<input type="checkbox"/> YES <input type="checkbox"/> NO	Wart removal by solution only	<input type="checkbox"/> YES <input type="checkbox"/> NO
High Intensity focused ultrasound (other than vaginal tightening and incontinence treatment)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Waxing	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hydration machine	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Mid-Range Esthetics

Estimated Gross Annual Receipts: \$ _____

Acid peels greater than 30% but less than 61% solution concentration	<input type="checkbox"/> YES <input type="checkbox"/> NO	Micropigmentation	<input type="checkbox"/> YES <input type="checkbox"/> NO
Arasy machines	<input type="checkbox"/> YES <input type="checkbox"/> NO	Mole removal by solution only	<input type="checkbox"/> YES <input type="checkbox"/> NO
BB Glow	<input type="checkbox"/> YES <input type="checkbox"/> NO	Myofascial massage	<input type="checkbox"/> YES <input type="checkbox"/> NO
Body vibration fitness machines	<input type="checkbox"/> YES <input type="checkbox"/> NO	Oxygeneo	<input type="checkbox"/> YES <input type="checkbox"/> NO
Coolsculpting	<input type="checkbox"/> YES <input type="checkbox"/> NO	Plasma-Pen	<input type="checkbox"/> YES <input type="checkbox"/> NO
Electrocoagulation	<input type="checkbox"/> YES <input type="checkbox"/> NO	Radio frequency treatments	<input type="checkbox"/> YES <input type="checkbox"/> NO
EMS – Elector Muscular Stimulation including Acuscope and Myopulse	<input type="checkbox"/> YES <input type="checkbox"/> NO	Sclerotherapy	<input type="checkbox"/> YES <input type="checkbox"/> NO
Endermologie	<input type="checkbox"/> YES <input type="checkbox"/> NO	Skin and micro needling	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fluid Isometrics	<input type="checkbox"/> YES <input type="checkbox"/> NO	Skin tag removal by solution or laser	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hyaluron Pen	<input type="checkbox"/> YES <input type="checkbox"/> NO	Teeth whitening	<input type="checkbox"/> YES <input type="checkbox"/> NO
Laser/IPL/EPL/LHE various operations but not including laser treatments for purposes other than skin and hair treatment	<input type="checkbox"/> YES <input type="checkbox"/> NO	Thermolysis	<input type="checkbox"/> YES <input type="checkbox"/> NO

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LILT & LLLT – low intensity laser therapy for weight reduction and gain, addictions, mental illness and pain reduction YES NO Thermo-Lo YES NO

Micro current treatment YES NO Vaginal Tightening and Incontinence Treatment 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 Tattoo removal by Elimlinik YES NO

Bio resonance diagnostics YES NO Body injections for cosmetic purposes listed within our “injectable supplemental application” YES NO

Tattoo removal by Laser/IPL/EPL/LHE YES NO Platelet Rich Plasma YES NO

Miscellaneous Professional Services:

Estimated Gross Annual Receipts: \$ _____

Brow Lamination YES NO Microblading YES NO

Eyelash Dipping YES NO Tooth gems YES NO

Eyelash Extensions YES NO Wigs and Extensions – Not attached by adhesive YES NO

Eyelash Tinting YES NO Latisse YES NO

Hair Extensions YES NO Hollistic Vitamins YES NO

Tanning – UV 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

DESCRIPTION OF OPERATIONS

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 yes, Please describe: _____

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

If yes, Please describe: _____

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

If yes, Please describe: _____

Do you provide any permanent hair straightening operations? YES NO

If yes, please provide name of products used: _____

Please confirm if any of these products contain any formaldehyde? YES NO

Please describe all sterilization / cross-contamination prevention procedures: _____

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Are any of the following operations conducted:

- Massage - Registered YES NO → If yes, please **complete the Massage 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**
- Teaching Operations YES NO → If yes, please **complete the Teaching Supplementary application**
- Teeth Whitening YES NO → If yes, please **complete the Teeth Whitening Supplementary application**
- Platelet-rich Plasma YES NO → If yes, please **complete the Platelet-rich Plasma(PRP) Supplementary application**
- Plasma Pen YES NO → If yes, please **complete the Plasma Pen Supplementary application**

Please Complete This Section for ALL Full Time & Contract Employees.

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): _____

**** CYBER LIABILITY ****

- Does the Company store any medical/health information for clients? YES NO
- If yes, does the Company follow the minimum standards under the HIPAA (encryption and firewalls in place)? YES NO
- If yes, does the Company follow the minimum standards under PIPEDA or the respective PIPA requirements (encryption and firewalls in place)? YES NO
- Higher cyber limits may be available, please contact your underwriter for details.

DECLARATION / CONSENT

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Insured Signature: _____ Date: _____

Broker Signature: _____ Date: _____

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).

**** Email application and attachments to - newbizcommercial@premiergroup.ca ****

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