PREMIER canada

HEALTH & WELLNESS PROGRAM - 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.	$

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? **(**Must be kept on file for min. 7 years)** ☐YES ☐NO

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7. Is a waiver signed, dated and kept on record? (please attach a copy) ☐YES ☐NO

8. Do you explain to the client what steps to take prior to any laser treatment? ☐YES ☐NO

   Please describe: _____

   _____

9. Do you explain to the client what steps to take after any laser treatment? ☐YES ☐NO

   Please describe: _____

   _____

10. How often do you calibrate your machines? _____

11. 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: _____

    _____

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.

Applicant: _____

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).

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

Vancouver - T 604.669.5211 F 604.669.2667 **London - T 519.850.1610 F 519.850.1614**