

1. What Plasma Pen services are offered? Check all that apply:

<input type="checkbox"/> Skin Tightening	<input type="checkbox"/> Tattoo Removal/lightening **Unable to Offer Coverage
<input type="checkbox"/> Skin tag removal	<input type="checkbox"/> Mole removal – sign off by a doctor required
<input type="checkbox"/> Cellulite Reduction	<input type="checkbox"/> Teaching/certifying others in Plasma Pen (min. 1 year of plasma pen experience) **Teaching application required
<input type="checkbox"/> Other (please list all other services offered):	

2. What skin types for you provide services on for Plasma Pen Operations? (Check all that apply)

As per the Fitzpatrick Scale: 1 2 3 4 5** 6**

****Unable to Offer Coverage if services are provided to skin types 5&6**

3. Are waivers and service records signed, dated and kept on file for at least 7 years?

YES NO

4. Do you provide after care instructions? (Please provide a copy)

YES NO

5. Please provide the following information regarding the plasma pen/machine used:

MAKE	MODEL	COUNTRY OF ORIGIN	SERVICES PERFORMED	FDA/HEALTH CANADA APPROVED?

6. Please provide the names of ALL employees & sub-contractors who perform Plasma Pen Services

NAME PERSON PROVIDING PLASMA PEN TREATMENT	PLASMA PEN SERVICES PERFORMED	YEARS EXPERIENCE/ EDUCATION FOR PLASMA PEN	YEARS OF BEAUTICIAN RELATED EXPERIENCE	IS THIS PERSON: RN = REGISTERED NURSE NP = NURSE PRACTITIONER RPN = REGISTERED PRACTICAL NURSE D = DOCTOR O = OTHER (PLEASE LIST)

Claims History:

7. Has the company had claims against them in the last 5 years?

YES NO

8. Has any staff (including contract staff) had claims against them in the last 5 years?

YES NO

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

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: _____

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 ****

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