

Spa & Wellness Program – Renewal Application

Brokerage: _____ Producer Name: _____
 Insured Name: _____ Policy No.: _____

Additional Insured(s) (If applicable): _____

Have there been any changes in property limits from last year? If yes, please provide the renewal limits required for each category below.

Building (if require): \$ _____ Equipment: \$ _____
 Leasehold Improvements: \$ _____ Stock: \$ _____
 Laser/Medical Machine: \$ _____

Total Anticipated Annual Gross Receipts \$ _____ .00
 Burglar Alarm? Monitored Local NO Fire Alarm? Monitored Local NO
 # of Full Time (F/T) Employees? _____ # of Part Time (P/T) Employees? _____ # of Contract People? _____

Operations of Insured:

Hairdressing and Beautician Operations:

Barbering / Shaving YES NO
 Facials YES NO
 Hair cutting and related service other than hair extension, wig/hair piece fitting/sales YES NO

Estimated Gross Annual Receipts: \$ _____

Make up – non permanent YES NO
 Manicure/pedicures (including nail treatments / extensions and nail art) YES NO

Basic Esthetics / Miscellaneous Professional Services

Acoustic wave therapy body contouring YES NO
 Acupressure YES NO
 Acupuncture other than Moxibustion acupuncture YES NO
 Alkaline skin wash YES NO
 Application of local anesthetic topical creams for pain relief during aesthetic treatments YES NO
 Aromatherapy YES NO
 Aquatic massage beds YES NO
 Art therapy YES NO
 Biofeedback therapy YES NO
 BioSkin Jetting / BioSkin smoothing YES NO
 Blue Light Therapy YES NO
 Brain wave harmony YES NO
 Brow Lamination YES NO
 Cellulite treatment other than cellulite reduction weight loss YES NO
 Chemical Acid Peels less than 31% solution concentration YES NO
 Colon irrigation YES NO
 Dance movement therapy YES NO
 Dermaplaning YES NO
 Dry cupping – excludes wet and fire cupping YES NO
 Ear Candling YES NO
 EFT – Emotional Freedom Technique / Learning YES NO
 Electrolysis hair removal YES NO
 Energy Healing YES NO
 Eyebrow Tinting YES NO
 Eyelash Dipping YES NO
 Eyelash Extensions YES NO
 Eyelash Tinting / perming / lifting YES NO
 Face / body painting, application of glitter and henna (excluding black henna or Paraphenylenediamine/PPD) YES NO
 Facial and body wraps / scrubs / masks YES NO

Estimated Gross Annual Receipts: \$ _____

Hypnotherapy other than for past life regression and entertainment YES NO
 Infrared Saunas and massage booths/beds YES NO
 Ionization detoxification YES NO
 Iridology YES NO
 Kinesiology taping YES NO
 Latisse eyelash growth serum YES NO
 LED Light Therapy YES NO
 Lymphatic massage YES NO
 Make up (non-permanent) YES NO
 Manicures/pedicures YES NO
 Massage including relaxation massage, registered massage, but does not include services to children under the age of 12 and Myofascial massage YES NO
 Microblading YES NO
 Microshading / Ombre Brows YES NO
 Neuro emotional clearing YES NO
 NLP – Neurolinguistic Programming YES NO
 Non-Invasive Laser / Lipolysis Body Contouring and firming procedure YES NO
 Nutritional consulting to follow the Canada Food Guide only YES NO
 Oxygen treatments other than hyperbaric chambers YES NO
 Paraffin YES NO
 Piercing – ears and nose only YES NO
 Pilates YES NO
 Pregnancy massage YES NO
 Reflexology YES NO
 Reiki YES NO
 Shamanic healing (no contact and no supply of substances) YES NO
 Skin Booster injections via mesotherapy (microneedling, dermaroller, nappage, and dermapen) YES NO
 Sound therapy YES NO
 Speech and language therapy YES NO
 Spray tanning YES NO

Facials	<input type="checkbox"/> YES <input type="checkbox"/> NO	Spray tattooing	<input type="checkbox"/> YES <input type="checkbox"/> NO
Glitter Tattooing – non-permanent	<input type="checkbox"/> YES <input type="checkbox"/> NO	Tanning – UV – sunbeds	<input type="checkbox"/> YES <input type="checkbox"/> NO
Gua sha	<input type="checkbox"/> YES <input type="checkbox"/> NO	Threading and tweezing	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hair stylist including hair extensions, sales of wigs / wig fitting	<input type="checkbox"/> YES <input type="checkbox"/> NO	Toning beds	<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	Tooth gems	<input type="checkbox"/> YES <input type="checkbox"/> NO
Holistic Vitamins	<input type="checkbox"/> YES <input type="checkbox"/> NO	Wart removal by solution only	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hydration machine	<input type="checkbox"/> YES <input type="checkbox"/> NO	Waxing, epilation, sugaring, hair bleaching, and application of hair removal cream	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hydrotherapy salt floatation chambers	<input type="checkbox"/> YES <input type="checkbox"/> NO	Yoga (hot yoga excluded)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hyperhidrosis treatment via iontophoresis	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Mid-Range Esthetics

Arasy fat reducing / toning machines	<input type="checkbox"/> YES <input type="checkbox"/> NO
BB Glow	<input type="checkbox"/> YES <input type="checkbox"/> NO
Body vibration fitness machines	<input type="checkbox"/> YES <input type="checkbox"/> NO
Carboxy therapy	<input type="checkbox"/> YES <input type="checkbox"/> NO
Chemical Acid peels greater than 30% but less than 61% solution concentration	<input type="checkbox"/> YES <input type="checkbox"/> NO
Cool Sculpting / Crolipolysis	<input type="checkbox"/> YES <input type="checkbox"/> NO
Electrocoagulation thread vein removal	<input type="checkbox"/> YES <input type="checkbox"/> NO
EMS – Electro Muscular Stimulation including Acuscope and Myopulse / electrotherapy muscle recovery	<input type="checkbox"/> YES <input type="checkbox"/> NO
Emsculpt / Emsella / Emsculpt Neo	<input type="checkbox"/> YES <input type="checkbox"/> NO
Endermologie	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fluid Isometrics	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fractional Skin Resurfacing Radio frequency treatment (includes Fractora)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hii Pen, Hya Pen, and Hyaluron Pen	<input type="checkbox"/> YES <input type="checkbox"/> NO
Laser carbon facial	<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
LILT & LLLT – low intensity laser therapy for weight reduction and gain, addictions, mental illness, and pain reduction	<input type="checkbox"/> YES <input type="checkbox"/> NO
Magnetic pulsed field therapy	<input type="checkbox"/> YES <input type="checkbox"/> NO
Meta therapy	<input type="checkbox"/> YES <input type="checkbox"/> NO
Micro-current facials and body treatment	<input type="checkbox"/> YES <input type="checkbox"/> NO

Estimated Gross Annual Receipts: \$ _____

Microdermabrasion / Hydrodermabrasion	<input type="checkbox"/> YES <input type="checkbox"/> NO
Micropigmentation / semi-permanent make-up / Camouflage tattoo	<input type="checkbox"/> YES <input type="checkbox"/> NO
Mole removal by solution only (excludes cutting and diagnostic)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Mole removal via cryopen / freeze pen, laser or electrolysis (excludes excision)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Myofascial massage	<input type="checkbox"/> YES <input type="checkbox"/> NO
Oxygeneo facials and skin tightening	<input type="checkbox"/> YES <input type="checkbox"/> NO
Plasma-Pen / Fibroblast	<input type="checkbox"/> YES <input type="checkbox"/> NO
Radio frequency treatments	<input type="checkbox"/> YES <input type="checkbox"/> NO
Radio frequency / Microneedling combined treatment (such as Profound RF or Morpheus 8)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sclerotherapy	<input type="checkbox"/> YES <input type="checkbox"/> NO
Shockwave therapy	<input type="checkbox"/> YES <input type="checkbox"/> NO
Skin and micro-needling	<input type="checkbox"/> YES <input type="checkbox"/> NO
Skin tag and wart removal by solution, cryopen, freeze pen, laser or electrolysis (excludes cutting)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Teeth whitening	<input type="checkbox"/> YES <input type="checkbox"/> NO
Thermolysis / Thermo-lo / diathermy – for skin tags/spider vein treatment	<input type="checkbox"/> YES <input type="checkbox"/> NO
Thread vein removal via laser or electrolysis	<input type="checkbox"/> YES <input type="checkbox"/> NO
Ultrasonic Cavitation	<input type="checkbox"/> YES <input type="checkbox"/> NO
Ultrasound treatment for hair restoration (including Alma Ted)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Vaginal Tightening and Incontinence Treatment – Any internal treatments must be performed by a Doctor, Registered Nurse or Nurse Practitioner (such as Enfemme 360)	<input type="checkbox"/> YES <input type="checkbox"/> NO

High End Esthetics:

Bio resonance diagnostics	<input type="checkbox"/> YES <input type="checkbox"/> NO
Botulinum Toxin injections (including Platysmal Bands, Masseter, Vshape Definition, Gummy Smile and Hyperhidrosis)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Cellulite reduction and body contouring and slimming by electronic device	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hyaluronic Acid Dermal fillers (facial including Lip, Cheek, Jaw, Chin, Breast, Tear Troughs, Non-Surgical Rhinoplasty and Russian Lip) excluding genitalia	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hyaluronidase / Hyalase / Hyaluron reversal agent	<input type="checkbox"/> YES <input type="checkbox"/> NO
Intramuscular vitamin injections (including vitamin B12)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Intra-muscular cortico-steroid injections/creams to treat psoriasis, acne, eczema, onychomycosis and scarring	<input type="checkbox"/> YES <input type="checkbox"/> NO
Intravenous vitamin infusion therapy	<input type="checkbox"/> YES <input type="checkbox"/> NO

Estimated Gross Annual Receipts: \$ _____

Local Anesthetic injections for Aesthetic Treatments	<input type="checkbox"/> YES <input type="checkbox"/> NO
Platelet Rich Fibrin (PRF) for cosmetic purposes (excluding genitalia)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Platelet Rich Plasma (PRP) for facial and neck rejuvenation	<input type="checkbox"/> YES <input type="checkbox"/> NO
Platelet Rich Plasma (PRP) for purposes of Hair restoration administration of PRP to the genital (including O and P shots) must be performed by a Doctor, Registered Nurse, Nurse Practitioner or Licensed/Registered Practical Nurse	<input type="checkbox"/> YES <input type="checkbox"/> NO
Tattoo removal by Elimink system	<input type="checkbox"/> YES <input type="checkbox"/> NO
Tattoo removal by Laser/IPL/EPL/LHE	<input type="checkbox"/> YES <input type="checkbox"/> NO
Thread lifting (Dissolvable – including PDO/Silhouette Soft/COG/Mono)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Weight loss / fat-dissolving injections (including but not	<input type="checkbox"/> YES <input type="checkbox"/> NO

limited to Aqualyx, Lipolax, Desoface, body, Lipolab)

Teaching Operations:

Teaching and students offering service(s) to the public while under supervision

Estimated Gross Annual Receipts: \$ _____

YES NO

Other Operations:

YES NO If yes, please describe: _____

Estimated Gross Annual Receipts: \$ _____

Product/Retail Sales

YES NO If yes, please confirm product/retails are usual to services being provided

Estimated Gross Annual Receipts: \$ _____

YES NO

Do you relabel or repackage any products?

YES NO

If yes, please provide type of products sold, relabeled, repackaged:

YES NO

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**
- 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**

**** 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.

Signature of Applicant: _____ Date: _____

Signature of Broker: _____ Date: _____

Broker Firm: _____ Broker AGT #: _____

Broker Email: _____ Tel: _____ Fax: _____

NOTE: THERE IS NO AUTOMATIC RENEWAL. WE REQUIRE THIS FORM COMPLETED AND RETURNED PRIOR TO THE EXPIRY DATE IN ORDER FOR US TO OFFER RENEWAL TERMS.

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 - processingcommercial@premiergroup.ca ****

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