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New Submissions: professionalliability@tottengroup.com Website: www.tottengroup.com

SPA PACKAGE INSURANCE APPLICATION

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

Business Name _____

Principal(s) _____

Mailing Address _____

Website Address _____

Loss Payable _____

of Years in Business _____ # of Years Experience _____

Loss Experience (5 years)

Date _____ Reserve _____ Paid _____ Expenses _____ Closed Yes No

Details _____

Date _____ Reserve _____ Paid _____ Expenses _____ Closed Yes No

Details _____

Date _____ Reserve _____ Paid _____ Expenses _____ Closed Yes No

Details _____

Current insurance company on risk _____

Is renewal being offered? Yes No

If no, explain _____

Current expiry date? _____ Expiring Premium _____ Renewal Premium _____

Other markets approached _____

Additional Comments: _____



PROPERTY INFORMATION

Risk Location # _____ # of years at this location _____

Address (if different from page 1 of app) _____

Occupancy

Occupancy by Insured Yes No Occupancy by Others Yes No
 Is any portion of this building - Vacant or Unoccupied? Yes No
 - Under Renovation? Yes No

Construction

of Stories _____ Year Built _____ Square Footage _____
Walls HCB Frame Metal Clad Other - _____
Roof Concrete Steel Deck Wood Joist Patent _____
 Updates (if older than 20 years) - Full Partial Year _____

Utilities

Heat Gas F/A Electric Oil Other- _____
 Woodstove Wood Furnace Fireplace Insert
 If wood, confirm ULC Approved? Yes No Installed to Code? Yes No
 Updates (if older than 20 years) - Full Partial Year _____
Electrical C/B Fuses _____ Amps
 Updates (if older than 20 years) - Full Partial Year _____
Plumbing Copper Plastic Other _____
 Updates (if older than 20 years) - Full Partial Year _____

Protection

Fire Hydrant within _____ Feet Metres
 Fire hall Fulltime _____ kms Volunteer _____ kms
Sprinkler System Yes No Wet Dry % of Building Sprinklered _____
Alarm Yes No Central Monitored Local
Fire Extinguishers # _____ Type ABC K (restaurants) _____ Size _____ lbs
Burglar Alarm Central Monitored Local ULC Approved Yes No
 Full Perimeter Partial Perimeter Contacts All Windows All Doors
 Motion Detector Heat Detector Other _____
Safe Yes No Class _____
 How often are bank deposits made? _____ By whom? _____
 Are all doors fitted with deadbolts? Yes No

Housekeeping Excellent Good Fair Poor

Physical Condition Excellent Good Fair Poor

Financial Position Excellent Good Fair Poor

Neighbourhood Excellent Good Fair Poor



LIABILITY INFORMATION

Operations

Operations	Gross Receipts		
	Estimate Next Year	Current Year	Prior Year
Product Manufacturing -	_____	_____	_____
Product Sales -	_____	_____	_____
Spa Services -	_____	_____	_____
Other Sales (please provide details) -	_____	_____	_____
_____	_____	_____	_____
% U.S. _____ % Foreign _____	Details _____		

Any operations conducted at other owned or leased premises? Yes No
 Any work performed away from premises? Yes No If yes, describe _____

Revenue generated from work performed away from premises _____
 Number of employees doing work away from premises _____

Subcontractors? Yes No Payroll for subcontractors _____
 Are "Certificates of Insurance" obtained from all subcontractors? Yes No

Employees # Full time _____ # Part time _____ # Clerical _____ Payroll _____

Does the Insured engage in any of the following operations:

- Body Wraps Botox Injections Chirobody Collagen Injections
- Diet / Nutrition Ear Candling Ear Piercing Electrolysis
- Facials Hairdressing Laser Hair Removal Manicures / Pedicures
- Microdermabrasion Nails - Acrylic Gel Nails Paraffin Treatments
- Pigment Removal Physical Therapy Shiatsu Therapy Waxing or Threading
- Other _____

ERRORS & OMISSIONS / MEDICAL MALPRACTICE INFORMATION

Do you currently carry E&O Coverage? Yes No *Please note that this package warrants that E&O coverage is in place at all times

Current Carrier _____
 Current Limit _____ Current Deductible _____ Current Expiry Date _____

Please note that Totten Group have facilities to quote this class of business. Please contact our office for further details.

Additional Info Please provide any additional information that may be pertinent in the assessment of this Applicant?



BROKER DECLARATION

Each and every question must be answered by the Broker and/or Account Executive.

Is this account NEW to your office? Yes No If no, how long have you known the applicant? _____

Do you handle other insurance for the Applicant? Yes No Is the applicant financially sound? Yes No

Did you receive the order direct from the Applicant? Yes No Do you recommend this applicant in every respect? Yes No

Other markets approached _____

Comments: _____

Note: I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

DATE

SIGNATURE OF PRODUCER/ACCOUNT EXECUTIVE

PRINT NAME OF BROKERAGE

PRINT NAME OF BROKER/PRODUCER

PRINT ADDRESS OF BROKERAGE



COVERAGES AND LIMITS

SECTION I - PROPERTY- Location # _____ - Building # _____

Form Named Perils Broad Form
 ACV Replacement Cost

Deductible \$1,000 Other _____

Limits Building #1 _____
 Contents _____
 Stock _____
 Equipment _____
 Gross Earnings _____
 Profits _____
 Extra Expense _____
 Rental Income _____

SECTION II - CRIME

Deductible \$1,000 Other _____

Inside/Outside Robbery _____
 Burglary Damage to Buildings _____
 Mercantile Stock Burglary _____
 Money & Securities (BF) _____
 Safe Burglary _____

SECTION III - LIABILITY

Deductible \$1,000 Other _____
 Property Damage Bodily Injury & Property Damage Other: _____

Form Occurrence Claims Made

Limit Owner's, Landlords & Tenants _____
 Commercial General _____
 Tenants Legal Liability _____

SECTION IV - GLASS

Plain Plate - Total Sq Ft _____ Thermopane - Installed Cost _____

SECTION V - MULTI-PERIL

Deductible \$1,000 Other _____

Limit Accounts Receivable _____
 Contractor's Equipment Form _____
 EDP Hardware _____ Media _____ Extra Exp _____
 Office Equipment Floater _____
 Signs _____
 Tool Floater _____
 Valuable Papers _____

SECTION VI - MACHINERY BREAKDOWN

Property Damage _____
 Business Interruption _____ (if provided in Section 1 above)
 Consequential Damage \$5,000 (if provided in Section 1 above)