SPECIAL RISK INSURANCE MANAGERS

Beauty/Spa Program Application

#103-8411 200th STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008

Brokerage: _____ Contact Person: _____ E-mail_____

✯**FAILURE TO ANSWER ALL QUESTIONS MAY RESULT IN A DELAY PROCESSING YOUR SUBMISSION**✯

General Information

Name of Insured: _____

Mailing Address: _____

Location Address: (if different from mailing): _____

Telephone: (_____)_____ Website: _____

Previous insurance company: _____ Is renewal being offered: _____

5 year loss history: _____

Years in business: _____ Years of experience: _____

Desired effective date: _____ Target/Expiring Premium: _____

Liability Information

Estimated Total Revenue: _____ Retail Receipts: _____

Any USA retail sales? _____If so, please provide percentage of revenues allocated towards USA sales: _____

Do you manufacture/re-label or re-package any products for sale? _____

Do you use case history cards? _____

Types of work performed, please check all that apply:
Those that are bold will require an additional supplement application be provided.

- ☐ Acupuncture
- ☐ Aromatherapy
- ☐ Body Wraps
- ☐ **Body Injections**
- ☐ Cellulite Reduction
- ☐ Chemical Peels (30% or less)
- ☐ Ear Piercing
- ☐ Ear Candling
- ☐ Electrolysis
- ☐ Energy Healing/Reiki
- ☐ Eyebrow/Eyelash Tinting
- ☐ Eyelash Extensions
- ☐ Eyelash Lifting/Perming
- ☐ Facials
- ☐ Floatation Chambers #____
- ☐ Hairstylist/Barber
- ☐ Infrared Saunas #____
- ☐ **Laser Hair Removal**
- ☐ Light Therapy/Cold Laser
- ☐ Manicure/Pedicure
- ☐ Microdermabrasion
- ☐ Micro-needling
- ☐ Non- Permanent Makeup
- ☐ Oxygen Treatments
- ☐ Paraffin
- ☐ **Permanent Makeup/Microblading**
- ☐ Radio Frequency Treatments
- ☐ Reflexology
- ☐ Registered Massage **
- ☐ Relaxation Massage
- ☐ Skin Tag Removal (non-invasive only)
- ☐ Spray Tanning
- ☐ Teeth Whitening (LED or Tray Only)
- ☐ Waxing/Sugaring

Other services, please list: _____

Do you offer mobile services? Yes No If yes what services? _____

**If Registered Massage Therapy is provided, do all therapists carry separate E&O insurance? _____

Do you provide any teaching operations or have students offering services to the public while under your supervision? _____ If yes, what services? _____
Provide teaching supplement as per attached.

Is liquor served? _____ If yes, do they have a liquor license in place? _____
Provide percentage of revenues allocated towards liquor sales_____

Please provide number of employees: #_____ Full-Time # _____ Part-Time

****** Coverage is excluded if machines are used for medical use and must be Canada Safety Authority (CSA) rated. All products must be approved by Health Canada/Canada Food & Drug Act. Any use of caustic chemicals including Methyl Methacrylate is excluded.***

Property Coverage

Construction: _____ Year Built: _____ Any Upgrades: _____

#of Stories: _____ Sprinklered: _____ Alarmed? Local: _____ Monitored: _____ None: _____

Square Footage: _____ Other Occupancies:_____

Any additional information: _____

PROPERTY & BUSINESS INTERRUPTION COVERAGES	AMOUNT OF INSURANCE
Building	
Equipment (Including Tenants Improvements)	
Stock	
Business Interruption (Profits or ALS, please specify)	
Rent or Rental Value	
Extra Expense	
Office Contents	
Computer (Hardware/Software)	
Miscellaneous Property Floater	
Equipment Breakdown	
LIABILITY COVERAGE	AMOUNT OF INSURANCE
Commercial General Liability	

OPTIONAL COVERAGES: (Select any of the following optional coverages you require)

☐ Sewer Back-up ☐ Comprehensive Property Extension Endorsement

☐ Flood ☐ Earthquake ☐ 3D Crime

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

Applicant's Signature: _____ Date: _____

****Only complete the following supplements if they apply****

SPECIAL RISK
INSURANCE MANAGERS

Beauty/Spa Program
Injectable Supplement

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Name	Years of Education	Years of Experience	Have their own insurance for this service	Is this Person a Doctor	Is this Person a Nurse

Please provide list of injectable services provided:

_____

_____

Has the company had claims against them in the last 5 years: ☐ Yes ☐ No

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 provide full details:

_____

_____

SPECIAL RISK
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Beauty/Spa Program
Laser Supplement

#103-8411 200th STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008

Confirm all laser services and applications offered (ie.Laser, Pulse Light or Radio Frequency):

Hair Removal		Acne Scarring	
Wrinkles		Large Pores	
Fine Lines		Hyperpigmentation	
Loose Skin		Vascular Lesions	
Rough Texture		Tattoo Removal	
Skin Resurfacing		Other	

Please advise if OTHER:_____

Are the treatments/procedures: Invasive/Ablative _____ Fractional _____ Non-Invasive/Non-Ablative _____

Names of People Providing Laser Treatments	Years of Education	Yrs of Experience	Any prior claims against individual, details

Complete this section for all laser machines, if hand pieces please list these separately

Make	Model	Age	Replacement Cost

Hand devices used: _____

Additional Information:

Gross Receipts from laser treatments? $_____ **Confirm minimum age of clients is 18 for laser services** _____

Is a patch test completed 24 or more hours prior to laser treatments? _____ How often do you calibrate your machines? _____

Does client wear protective eyewear during procedures? _____ Do you wear surgical gloves? _____

Do you keep copies of clients service records? ☐ Yes ☐ No If yes for how many years? _____

Is a waiver signed? ☐ Yes ☐ No Please attach copy for our file. How many years are the waivers kept? _____

What precare information do you provide clients?

_____

What post care information do you provide clients?

_____

Do you provide any off site laser treatments? ☐ Yes ☐ No If yes, please describe locations, methods, frequency, etc.

_____

SPECIAL RISK INSURANCE MANAGERS

Beauty/Spa Program Microblading/Permanent Makeup Supplement

#103-8411 200th STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008

Names of People Providing Permanent makeup/microblading services	Years of Education	Total Hours of Practical Experience	Any prior claims against individual, details

Additional Information:

**** Please note that the minimum age for permanent makeup/microblading services is 18**

Gross Receipts from Microblading/Permanent Make-up services? _____

Is a patch test completed 24 or more hours prior to laser treatments? _____

Hand devices used: _____

Are services performed with sterilized single-use, disposable needles _____

Are all inks/pigments from Canadian or US manufacturers? ☐ Yes ☐ No If no where? _____

Do you wear surgical gloves? _____

Do you keep copies of clients service records? ☐ Yes ☐ No If yes for how many years? _____

Confirm that a waiver is signed for these services _____ How many years are the waivers kept? _____

Advise what pre-care & post-care information is provided to clients? Please attach copy for our file. _____

_____

Do you provide any off site microblading treatments? ☐ Yes ☐ No If yes, please describe locations, methods, frequency, etc. _____

_____

Confirm you are fully certified to provide these services (advise what certification you hold)_____

_____

SPECIAL RISK
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Beauty/Spa Program
Teaching/Beauty Schools

#103-8411 200th STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008

Approximate Number of students per year? _____

Number of hours students complete prior to graduation? _____

Is the final exam proctored by the provincial regulator? ☐ Yes ☐ No

Is the insured trained to certify others? ☐ Yes ☐ No

Number of years experience the insured has teaching this course _____years

Do student offers services to the public? ☐ Yes ☐ No

If YES,

1. Number of hours completed prior to offering services to public: _____
2. Do all clients sign a waiver? ☐ Yes ☐ No
3. Are the students supervised at all times when offering services to the public? ☐ Yes ☐ No
4. Do students offer Micropigmentation/Permanent Makeup to the public? ☐ Yes ☐ No
5. Do students offer Laser/IPL services to the public? ☐ Yes ☐ No

Please confirm percentage of gross revenues allocated towards training services _____