

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 Machine:	\$
Total Anticipated Annual Gross Receipts	\$.00		
Burglar Alarm? <input type="checkbox"/> Monitored <input type="checkbox"/> Local <input type="checkbox"/> NO		Fire Alarm? <input type="checkbox"/> Monitored <input type="checkbox"/> Local <input type="checkbox"/> NO	
# of Full Time (F/T) Employees?		# of Part Time (P/T) Employees?	# of Contract People?

Operations of Insured:

Basic Esthetics:

Estimated Gross Annual Receipts: \$ _____

Acid Peels less than 31% solution concentration	<input type="checkbox"/> YES <input type="checkbox"/> NO	Hydrotherapy salt floatation chambers	<input type="checkbox"/> YES <input type="checkbox"/> NO
Acupuncture other than Moxibustion acupuncture	<input type="checkbox"/> YES <input type="checkbox"/> NO	Hypnotherapy other than for past life regression and entertainment	<input type="checkbox"/> YES <input type="checkbox"/> NO
Acupressure	<input type="checkbox"/> YES <input type="checkbox"/> NO	Infrared Saunas and massage booths/beds	<input type="checkbox"/> YES <input type="checkbox"/> NO
Aquatic massage beds	<input type="checkbox"/> YES <input type="checkbox"/> NO	Ionization detoxification	<input type="checkbox"/> YES <input type="checkbox"/> NO
Biofeedback therapy	<input type="checkbox"/> YES <input type="checkbox"/> NO	Iridology	<input type="checkbox"/> YES <input type="checkbox"/> NO
Body wraps	<input type="checkbox"/> YES <input type="checkbox"/> NO	Make up – non permanent	<input type="checkbox"/> YES <input type="checkbox"/> NO
Brain wave harmony	<input type="checkbox"/> YES <input type="checkbox"/> NO	Manicure/pedicures	<input type="checkbox"/> YES <input type="checkbox"/> NO
Cellulite treatment other than cellulite reduction weight loss	<input type="checkbox"/> YES <input type="checkbox"/> NO	Massage including relaxation massage, registered massage, reiki, reflexology, and aromatherapy, but does not include services to children under the age of 12 and Myofascial massage	<input type="checkbox"/> YES <input type="checkbox"/> NO
Colon irrigation	<input type="checkbox"/> YES <input type="checkbox"/> NO	Neuro emotional Clearing	<input type="checkbox"/> YES <input type="checkbox"/> NO
Dry Cupping – Wet Cupping is excluded	<input type="checkbox"/> YES <input type="checkbox"/> NO	NLP – Neurolingulistic Programming	
Dermaplanning	<input type="checkbox"/> YES <input type="checkbox"/> NO	Nutritional consulting to follow the Canada Food Guide only	<input type="checkbox"/> YES <input type="checkbox"/> NO
Ear candling	<input type="checkbox"/> YES <input type="checkbox"/> NO	Oxygen treatments other than hyperbaric chambers	<input type="checkbox"/> YES <input type="checkbox"/> NO
Energy healing	<input type="checkbox"/> YES <input type="checkbox"/> NO	Piercing – ears and nose only	<input type="checkbox"/> YES <input type="checkbox"/> NO
Electrolysis	<input type="checkbox"/> YES <input type="checkbox"/> NO	Shamanic healing	<input type="checkbox"/> YES <input type="checkbox"/> NO
EFT – Emotional Freedom Technique/Clearing	<input type="checkbox"/> YES <input type="checkbox"/> NO	Spray tanning	<input type="checkbox"/> YES <input type="checkbox"/> NO
Eyebrow Tinting	<input type="checkbox"/> YES <input type="checkbox"/> NO	Spray tattooing	<input type="checkbox"/> YES <input type="checkbox"/> NO
Facials	<input type="checkbox"/> YES <input type="checkbox"/> NO	Sugaring	<input type="checkbox"/> YES <input type="checkbox"/> NO
Glitter Tattooing – non permanent	<input type="checkbox"/> YES <input type="checkbox"/> NO	Threading	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hair cutting and related service other than hair extension, wig/hair piece fitting/ sales	<input type="checkbox"/> YES <input type="checkbox"/> NO	Toning beds	<input type="checkbox"/> YES <input type="checkbox"/> NO
Henna Tattooing	<input type="checkbox"/> YES <input type="checkbox"/> NO	Wart removal by solution only	<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	Waxing	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hydration machine	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Mid-Range Esthetics

Estimated Gross Annual Receipts: \$ _____

Acid peels greater than 30% but less than 61% solution concentration	<input type="checkbox"/> YES <input type="checkbox"/> NO	Micropigmentation	<input type="checkbox"/> YES <input type="checkbox"/> NO
Arasy machines	<input type="checkbox"/> YES <input type="checkbox"/> NO	Mole removal by solution only	<input type="checkbox"/> YES <input type="checkbox"/> NO
BB Glow	<input type="checkbox"/> YES <input type="checkbox"/> NO	Myofascial massage	<input type="checkbox"/> YES <input type="checkbox"/> NO
Body vibration fitness machines	<input type="checkbox"/> YES <input type="checkbox"/> NO	Oxygeneo	<input type="checkbox"/> YES <input type="checkbox"/> NO
Coolsculpting	<input type="checkbox"/> YES <input type="checkbox"/> NO	Plasma-Pen	<input type="checkbox"/> YES <input type="checkbox"/> NO
Electrocoagulation	<input type="checkbox"/> YES <input type="checkbox"/> NO	Radio frequency treatments	<input type="checkbox"/> YES <input type="checkbox"/> NO
EMS – Elector Muscular Stimulation including Acuscope and Myopulse	<input type="checkbox"/> YES <input type="checkbox"/> NO	Sclerotherapy	<input type="checkbox"/> YES <input type="checkbox"/> NO
Endermologie	<input type="checkbox"/> YES <input type="checkbox"/> NO	Skin and micro needling	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fluid Isometrics	<input type="checkbox"/> YES <input type="checkbox"/> NO	Skin tag removal by solution or laser	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hyaluron Pen	<input type="checkbox"/> YES <input type="checkbox"/> NO	Teeth whitening	<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	Thermolysis	<input type="checkbox"/> YES <input type="checkbox"/> NO

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LILT & LLLT – low intensity laser therapy for weight reduction and gain, addictions, mental illness and pain reduction YES NO Thermo-Lo YES NO
 Micro current treatment YES NO Vaginal Tightening and Incontinence Treatment YES NO
 Microdermabrasion YES NO Vibrodermabrasion YES NO

High End Esthetics:

Cellulite reduction and body contouring and slimming by electronic device YES NO Tattoo removal by EliminiK YES NO
 Bio resonance diagnostics YES NO Body injections for cosmetic purposes listed within our "injectable supplemental application" YES NO
 Tattoo removal by Laser/IPL/EPL/LHE YES NO Platelet Rich Plasma YES NO

Estimated Gross Annual Receipts: \$ _____

Miscellaneous Professional Services:

Brow Lamination YES NO Microblading YES NO
 Eyelash Dipping YES NO Tooth gems YES NO
 Eyelash Extensions YES NO Wigs and Extensions – Not attached by adhesive YES NO
 Eyelash Tinting YES NO Latisse YES NO
 Hair Extensions YES NO Hollistic Vitamins YES NO
 Tanning – UV YES NO

Estimated Gross Annual Receipts: \$ _____

Teaching Operations:

Teaching and students offering service(s) to the public while under supervision YES NO

Estimated Gross Annual Receipts: \$ _____

Other Operations:

YES NO If yes, please describe: _____

Estimated Gross Annual Receipts: \$ _____

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**
- Injectable Services YES NO → If yes, please **complete the Injectable 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**
- Platelet-rich Plasma YES NO → If yes, please **complete the Platelet-rich Plasma (PRP) Supplementary application**
- Plasma Pen YES NO → If yes, please **complete the Plasma Pen Supplementary application**

NEW THIS YEAR, ENHANCED WORDING AVAILABLE FOR "CYBER LIABILITY" PLEASE CONFIRM:

- 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.

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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