

Broker Name: _____ Phone: _____
 Producer Name: _____ Fax: _____
 Legal Business Name: _____
 Location Address: _____ City: _____ Province: _____ Postal: _____
 Mailing (if different): _____ City: _____ Province: _____ Postal: _____
 Contact Person: _____ E-mail: _____
 Phone #: _____ Fax #: _____ Res. #: _____ Cell #: _____

Does the applicant currently carry Professional Liability insurance? YES NO

If yes, what is the retroactive date on the current Professional Liability policy? _____

Expiry Date of Policy: _____

Current Insurance Company: _____ Risk Ever Been Canceled: YES NO

Target Premium: \$ _____

PLEASE PROVIDE A BROCHURE OF YOUR OPERATIONS WHEN YOU SUBMIT THIS APPLICATION

PROPERTY INFORMATION

Describe your location (Two storey, strip plaza, shopping mall, etc.): _____ No. of Stories: _____

Do you own the building? YES NO Total Area of your Facility: _____ Ft
 The Building Age: _____ Latest Update: Roof _____ Heat _____ Plumbing _____ Electric _____
 Fire Hydrants within 500 Feet? YES NO Restaurant within 2 adjacent units: YES NO
 Building Sprinklered? YES NO Monitored Alarm System? YES NO
 Local Alarm System? YES NO Fire Alarm? YES NO
 Surveillance System? YES NO # of Fire Extinguishers: _____
 Doors have deadbolts? YES NO Bars on Doors/Windows? YES NO
 What is at - Front: _____ Back: _____ Left: _____ Right: _____

Wall Joists Construction: Concrete Block/Masonry Brick Veneer over Wood Frame/Siding

Roof Joists Construction: Concrete Steel Deck Wood Joist

“PROPERTY VALUES” (IF YOU HAD TO REPLACE THE FOLLOWING ITEMS TODAY)

Building (if require) \$ _____ Equipment \$ _____
 Leasehold Improvements \$ _____ Stock \$ _____

NOTE: we cannot offer coverage for the following services at this time. Please advise if these services are provided:

Physical Therapist on Staff? YES NO Chiropractors on staff? YES NO
 Piercings other than Ear / Nose YES NO Mole Removal – Invasive Cutting YES NO
 Tattooing – Permanent Body YES NO Skin Tag Removal – Invasive Cutting YES NO
 Wart Removal – Invasive Cutting YES NO

Liability Limits Desired (check one): \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

ESTIMATED ANNUAL GROSS RECEIPTS:			
Message Services	\$ _____	Product Sales	\$ _____
Other Sales	\$ _____		
Total Yearly Gross Sales & Operation Receipts			\$ _____

NAME OF MESSAGE THERAPIST	TYPE(S) OF MESSAGE THEY PERFORM (please list all)	YEARS OF EDUCATION	YEARS OF EXPERIENCE	ARE YOU AN RMT?	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

- 1 What type(s) of Massage do you perform? (Please list all)
- 2 Do you collect and discuss the client's health information? YES NO
- 3 How long do you keep clients' health information / waivers on file? _____ years YES NO
- 4 Is a waiver signed, dated and kept on record? YES NO
- 5 Do you offer massages to infants'? YES NO
- 6 Have any of the masseuses listed above had a claim made against them? YES NO

If so, please advise: _____

Has the company had claims against them in last 5 years? YES NO

Has the any staff (including contract staff) had claims against them in last 5 years? YES NO

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

**** 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

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: _____

ADDITIONAL INSURED (i.e.: landlord)

LOSS PAYEES (i.e.: bank financing, equipment leases, etc.)

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 ****

Vancouver - T 604.669.5211 F 604.669.2667

London - T 519.850.1610 F 519.850.1614