

Please Complete this section for ALL people performing Injectable services:

RPN = REGISTERED PRACTICAL NURSE RN = REGISTERED NURSE NP = NURSE PRACTITIONER D = DOCTOR

NAME	YEARS OF EDUCATION	YEARS OF EXPERIENCE	DO THEY HAVE OWN INSURANCE FOR THIS SERVICE	PROVIDE DESIGNATION AS ABOVE	ADVISE FT, PT, OR CONTRACT

PLEASE CHECK APPLICABLE SERVICES & ADVISE WHO PERFORMS SERVICE (RPN, RN, NP, D – AS NOTED ABOVE)

*** Means this injection must be performed by Doctor

<input type="checkbox"/> Aquamid***	<input type="checkbox"/> Belkyra Deoxycholic	<input type="checkbox"/> Belotero Balance***
<input type="checkbox"/> Bio-Alcamid***	<input type="checkbox"/> Bioinblue	<input type="checkbox"/> Botox – Vistabel
<input type="checkbox"/> Botox/Dysport/Xeomin/ Azzalure/Neurobloc Bocouture	<input type="checkbox"/> Dermadeep***	<input type="checkbox"/> Dermalive
<input type="checkbox"/> Elastence	<input type="checkbox"/> Emervel Lips/Volume Classic	<input type="checkbox"/> Esthelis Basic/Soft/Glycerol
<input type="checkbox"/> Evolence	<input type="checkbox"/> Evolution***	<input type="checkbox"/> Hydra-Fill 1/2/3/Softline/Softline Max
<input type="checkbox"/> Hylaform / Finition / Plus	<input type="checkbox"/> IAL-System	<input type="checkbox"/> Juvederm Ultra (24)
<input type="checkbox"/> Juvederm Ultra XC	<input type="checkbox"/> Juvederm Ultra Plus (30)	<input type="checkbox"/> Juvederm Ultra Plus XC
<input type="checkbox"/> Juvederm Refine	<input type="checkbox"/> Juvederm Volift/Volbella	<input type="checkbox"/> Juvederm Vollure XC
<input type="checkbox"/> Laresse	<input type="checkbox"/> Matridex***	<input type="checkbox"/> Matridur
<input type="checkbox"/> Nuceiva	<input type="checkbox"/> Outline	<input type="checkbox"/> Phiderma SR
<input type="checkbox"/> Princess Volume / Princess Fillers	<input type="checkbox"/> Puragen / Puragen Plus	<input type="checkbox"/> Radiesse
<input type="checkbox"/> Ravenesse	<input type="checkbox"/> Ravenesse Ultra	<input type="checkbox"/> Redexis
<input type="checkbox"/> Redexis Ultra***	<input type="checkbox"/> Restylane/Touch/Perlane/Lipp (Restylane Lidocaine/Vital)	<input type="checkbox"/> Restylane Lip Volume / Refresh
<input type="checkbox"/> Restylane SubQ / Restylane Lyft / Restylane Kysse / Restylane Refyne / Restylane Defyne / Restylane Volyme / Restylane Skin Boosters	<input type="checkbox"/> Reviderm Intra***	<input type="checkbox"/> Sculptra (Poly L Lactic Acid)
<input type="checkbox"/> Stylage(S/ML/XL/Special Lips/Hydromax)	<input type="checkbox"/> Surgiderm 18/24XP/30/30XP/Surgilips	<input type="checkbox"/> Surgilift Plus
<input type="checkbox"/> Teosyal Global Action/Touch Up/First Lines/Deep Lines/Kiss/Ultra Deep/Pure Sense/Redensity	<input type="checkbox"/> Teosyal Voluma	<input type="checkbox"/> Teoyal Pure Sense Ultimate
<input type="checkbox"/> Voluma	<input type="checkbox"/> Viscontour	<input type="checkbox"/> Zyderm 1/2/Zyplast
<input type="checkbox"/> Mesotherapy	<input type="checkbox"/> Platelet Rich Plasma <i>Please have PRP Supplemental Application completed</i>	

List any other injections offered that are not noted above: _____

Has the company had claims against them in the last 5 years? Y N

Has any staff (including contract staff) had claims against them in the last 5 years? Y N

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

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: _____

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