HEALTH & WELLNESS PROGRAM - LASER SUPPLEMENTARY APPLICATION

PREMIER Canada

★PLEASE COMPLETE ALL QUESTIONS★

★IF YOU REQUIRE ADDITIONAL SPACE, PLEASE ADD ADDITIONAL PAGES AS NECESSARY★

Please advise IF and HOW you provide	the following operatio	ons (Please check all lin	nes of	operations):			
SERVICE		LASER			PULSE LI	PULSE LIGHT/IPL	
		YES		NO	YES	NO	
Acne							
Endovenous Laser Treatment							
Leg Veins							
Psoriasis & Vitiligo							
Skin Resurfacing							
Cosmetic Re-pigmentation							
Hair Removal							
Pigmented Lesions							
Vascular Lesions							
Cellulite Treatment							
Other (please describe)							
**Di							
Flease provide all operators who provi	**Please provide all operators who provide laser treatment or cellulite treatment and their experience: ANY PRIOR CLAIMS MADE AGAINST EACH						
NAME PERSON PROVIDING LASER TREATMENT	YEARS OF EDUCATION	YEARS EXPERIENCE/		INDIVIDUAL			
TREATMENT	EDUCATION	QUALIFICATION	N	(P	LEASE GIVE BRIEF DETAILS)		
**Complete this section for all laser/cellu	lite machines (nlease	list additional hand nie	2000 00	enarately):			
**Complete this section for all laser/cellulite machines (please list additional hand			2000 00	CURRENT REPLACEMENT COST			
MAKE		MODEL	DEL AGE			NADIAN \$\$	
				Yrs.	\$		
				Yrs.	\$		
				Yrs.	\$		
				Yrs.	\$		
				Yrs.	\$		
				Yrs.	\$		
Please answer all questions:							
1. Please circle what skin types you provide services on for the laser treatments:							
As per the Fitzpatrick Scale:	1 🗆 :	2 3 3 4 [5 🗌 6 🗆			
2. Do you complete a skin patch test prior to laser treatments? ☐YES ☐NO							
3. How long do you wait after the patch test to perform laser treatment?							
4. Do you wear surgical gloves when providing laser services to clients?							
5. Does your client wear protective eyewear during laser services?					□YES □NO		



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6.	Do you keep copies of all client service records?	(**Must be kept on file for min. 7 years)	□YES □NO
7.	Is a waiver signed, dated and kept on record? (please	e attach a copy)	□YES □NO
8.	Do you explain to the client what steps to take prior to	to any laser treatment?	□YES □NO
	Please describe.		
9.	Do you explain to the client what steps to take after a	any laser treatment?	□YES □NO
	Please describe.		
10.	. How often do you calibrate your machines?		
11.	. Do you provide any off-site laser treatments?		□YES □NO
	If yes, list all locations, methods of transporting equip	<u>oment</u> and <u>frequency</u> of all off-site treatments:	·
The base The repre	ejudice of the insurer or knowingly misrepresents or fails to disclose a these facts during the term of the contract; (c) the insured contravence e Applicants have reviewed all parts and attachments of this application sed on the truth and completeness of this information. e personal information provided in this document and in the future incorresentative or insurance company, subject to local legislation, for the derwriting any such policies, evaluating claims, detecting and prevent is document have authorized that I agree to the above on their behalf.	nes a term of the contract or commits a fraud; or (d) the institution and acknowledge that all information is true and correctional part of the institution and claims have purpose of communicating with the insured or their reprinting fraud, and analyzing business results. I confirm that	nsured willfully makes a false statement in respect of a claim. Trect and understand that this application for insurance is history may be collected, used and disclosed by the insured's presentative, assessing the application for insurance and
NOT	TE: Insurance is not in effect until Premier has issued a binder	or policy documents.	
Apr	pplicant:		
Ins	sured Signature:	Date:	
Bro	oker Signature:		Date:
Bro	oker Email:		_
	emier Canada Assurance Managers Ltd. is one of Canada's larg gion - please refer to specific quote for declaration of the underw	writing insurance company(s).	<u> </u>
	** Email application an Vancouver - T 604.669.5211 F 604.669.2	nd attachments to - newbizcommercial@prem 2667 London -	<u>niergroup.ca</u> ** - T 519.850.1610 F 519.850.1614

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