

1. Receipts from Applicant's operations:

Last 12 months (expiring)	Next 12 months (expiring)

2. What PRP services are offered? Check all that apply:

<input type="checkbox"/> Hair Restoration	<input type="checkbox"/> Vampire Facials with Skin & Micro needling – excludes facelifts
<input type="checkbox"/> Vaginal Rejuvenation – O Shots	<input type="checkbox"/> Neck Rejuvenation
<input type="checkbox"/> Cellulite Reduction	<input type="checkbox"/> Erectile Dysfunction – P Shots
<input type="checkbox"/> PRP with Body Injections (i.e. Dermal Filler) ** Injectable supplement application required	<input type="checkbox"/> Teaching / certifying others in PRP ** Teaching application required
<input type="checkbox"/> Other PRP Services, please list:	

3. Please provide list of names of ALL employees & sub-contractors who perform PRP services:

NAME PERSON PROVIDING PRP TREATMENT	PRP SERVICES PERFORMED	YEARS OF EXPERIENCE / EDUCATION FOR PRP	ATTACH / LIST ALL CERTIFICATIONS / QUALIFICATIONS	IS THIS PERSON: RN = REGISTERED NURSE NP = NURSE PRACTITIONER RPN = REGISTERED PRACTICAL NURSE D = DOCTOR O = OTHER (PLEASE LIST)

Claims History:

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

5. 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.

Full Claims Information: _____

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 ****

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