

Beauty / Spa Application



Broker:	Broker Office:		
Broker Contact:	Broker Email:		
Insured/Business Name:			
Mailing Address:			
Risk Address:			
Name and Address of Mortgagee/Loss Payee:			
Existing Insurer:	Expiry Date:	Expiring Premium:	
Has prior coverage been on a Claims Made Basis?		If yes, Retroactive Date:	
OPERATION INFORMATION			
Description of Operations:			
Website Address:			
Do you work with clients under 18 years of age? If yes, do parents stay on premise?			
Are records kept? If yes, how long are records kept:			
Do clients sign a waiver?			
Do you bring any specialists into your premise to provide additional operations? If yes, please provide full details on the last page of this document.			
Are there any operations or activities performed away from the premises? If yes, please provide full details on the last page of this document.			
PROVIDE FULL DETAILS ON ALL EMPLOYEES AND SUBCONTRACTORS.			
Name	Years of Education	Years of Experience	Operations:
Has the company or any of the staff had claims against them in the last five years? If yes, provide this information on the last page of this document. If there are more employees, please include this information on the last page of this document.			

SURVEY OF OPERATIONS

<p style="text-align: center;">Class A:</p> <p>Hair Cutting and/or Colouring Body Wraps Facials Waxing and/or Sugaring Makeup (Non-Permanent) Piercing – Ears Only Manicure and/or Pedicures Nails Gel or Acrylic Spray Tanning – Handheld</p>	<p style="text-align: center;">Class B:</p> <p>Piercing – Body (Ex-Genitals) Aromatherapy Massage – Registered/Non-Registered Reiki Reflexology Semi-Permanent Makeup Henna or Spray-On Tattooing Oxygen Bars Day Heat Saunas Electrolysis Microdermabrasion Acid/Glycolic Peels Tanning (# of Bed/Booths):</p>	<p style="text-align: center;">Class C:</p> <p>Laser Treatments IPL Treatments Sclerotherapy Permanent Make Up Supplement Sales Wart Removal</p>	
Receipts for Class A:	Receipts for Class B:	Receipts for Class C:	
Other Operations:		Revenues:	
Injections/Fillers (Ex. Botox)			
Spider Vein Removal			
Chiropractors/Physical Therapy			
Permanent Tattooing			
Other:			
PROPERTY INFORMATION			
Year Built:	Construction:	Number of Stories:	Square Feet:
BUILDING UPDATES INFORMATION (REQUIRED – PROVIDE YEAR UPDATED BELOW)			
	Full Update	Partial Update	
Electrical			
Heating			
Plumbing			
Roof			
CONSTRUCTION MATERIALS			
Type of Electrical (Breakers/Fuses)			
Type of Plumbing			
Type of Roof			
Type of Heating			
Type of Auxiliary Heating		Not Applicable:	
PROTECTION			
Distance to a Fire Hydrant (in meters)			
Distance to a Fire Hall (in kilometers)			
Unprotected?			
Other Protection Devices:	Fire Extinguishers?	Smoke Detectors?	Sprinkler System?
Alarm System?	If yes, is it monitored?		

LIMITS OF INSURANCE		
Building		
Outbuilding		
Contents		
Equipment Breakdown	Include in Quote?	
Business Interruption	Profits Gross Earnings Actual Loss Sustained	Limit:
Crime Coverage		
Liability:	\$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000	
Med Malpractice/Professional:	\$500,000 \$1,000,000 \$2,000,000	
LOSS HISTORY – PROVIDE FULL DETAILS (IF NONE, PLEASE INDICATE BELOW)		
<p>I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my 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.</p>		
Applicant's Signature:		Date:



Additional Information: