

HEALTH & WELLNESS PROGRAM - BASIC SPA OPERATIONS APPLICATION

(SUPPLEMENTARY APPLICATIONS NOT ATTACHED)

Brokerage: _____ Phone: _____

Producer Name: _____ Fax: _____

Broker Email: _____

GENERAL INFORMATION

Legal Business Name: _____

Location Address: _____ City: _____ Province: _____ Postal: _____

Mailing (if different): _____ City: _____ Province: _____ Postal: _____

Contact Person: _____ E-mail: _____ Website Address: _____

Phone #: _____ Fax#: _____ Res. #: _____ Cell #: _____

Expiry Date of Policy: _____

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

Target Premium: \$ _____ # of years in business: _____ # of years of experience: _____

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

Does the applicant currently carry Professional Liability insurance? YES NO

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

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

If yes, please explain: _____

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

If yes, please explain: _____

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

Burglar Alarm? Monitored Local NO Fire Alarm? Monitored Local 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: _____

Construction of Building: _____

Loss Payee Information: (i.e.: bank financing, equipment leases, etc.) _____

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

Building (if required) \$ _____ Equipment \$ _____ Profits / BI \$ _____

Leasehold Improvements \$ _____ Stock \$ _____

Liability Limits Desired: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

LIABILITY INFORMATION

Are all inks/pigments from US or Canadian manufacturers? YES NO

Do you dispose of your pigments after each client? YES NO

Do you sell any inks/pigments? YES NO

Do you ever re-use needles? YES NO

Are any clients under the age of 18? YES NO

If yes, please advise minimum age: _____

If yes, please advise what services are provided to these individuals: _____

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NOTE: Please advise if any of the following services are provided.

Physical Therapist on Staff	<input type="checkbox"/> YES <input type="checkbox"/> NO	Chiropractors on staff	<input type="checkbox"/> YES <input type="checkbox"/> NO
All Piercings other than Ear / Nose	<input type="checkbox"/> YES <input type="checkbox"/> NO	Mole Removal – Invasive Cutting	<input type="checkbox"/> YES <input type="checkbox"/> NO
Tattooing – Permanent Body	<input type="checkbox"/> YES <input type="checkbox"/> NO	Skin Tag Removal – Invasive Cutting	<input type="checkbox"/> YES <input type="checkbox"/> NO
Wart Removal – Invasive Cutting	<input type="checkbox"/> YES <input type="checkbox"/> NO		

DESCRIPTION OF OPERATIONS:

Hairdressing and Beautician Operations:

Barbering / Shaving	<input type="checkbox"/> YES <input type="checkbox"/> NO
Facials	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hair cutting and related service other than hair extension, wig/hair piece fitting/sales	<input type="checkbox"/> YES <input type="checkbox"/> NO

Estimated Gross Annual Receipts: \$ _____

Make up – non permanent	<input type="checkbox"/> YES <input type="checkbox"/> NO
Manicure/pedicures (including nail treatments / extensions and nail art)	<input type="checkbox"/> YES <input type="checkbox"/> NO

Basic Esthetics/ Miscellaneous Professional Services:

Acoustic wave therapy body contouring	<input type="checkbox"/> YES <input type="checkbox"/> NO
Acupressure	<input type="checkbox"/> YES <input type="checkbox"/> NO
Acupuncture other than Moxibustion acupuncture	<input type="checkbox"/> YES <input type="checkbox"/> NO
Alkaline skin wash	<input type="checkbox"/> YES <input type="checkbox"/> NO
Application of local anesthetic topical creams for pain relief during aesthetic treatments	<input type="checkbox"/> YES <input type="checkbox"/> NO
Aromatherapy	<input type="checkbox"/> YES <input type="checkbox"/> NO
Aquatic massage beds	<input type="checkbox"/> YES <input type="checkbox"/> NO
Art therapy	<input type="checkbox"/> YES <input type="checkbox"/> NO
Biofeedback therapy	<input type="checkbox"/> YES <input type="checkbox"/> NO
BioSkin Jetting / BioSkin smoothing	<input type="checkbox"/> YES <input type="checkbox"/> NO
Blue Light Therapy	<input type="checkbox"/> YES <input type="checkbox"/> NO
Brain wave harmony	<input type="checkbox"/> YES <input type="checkbox"/> NO
Brow Lamination	<input type="checkbox"/> YES <input type="checkbox"/> NO
Cellulite treatment other than cellulite reduction weight loss	<input type="checkbox"/> YES <input type="checkbox"/> NO
Chemical Acid Peels less than 31% solution concentration	<input type="checkbox"/> YES <input type="checkbox"/> NO
Colon irrigation	<input type="checkbox"/> YES <input type="checkbox"/> NO
Dance movement therapy	<input type="checkbox"/> YES <input type="checkbox"/> NO
Dermaplaning	<input type="checkbox"/> YES <input type="checkbox"/> NO
Dry cupping – excludes wet and fire cupping	<input type="checkbox"/> YES <input type="checkbox"/> NO
Ear Candling	<input type="checkbox"/> YES <input type="checkbox"/> NO
EFT – Emotional Freedom Technique / Clearing	<input type="checkbox"/> YES <input type="checkbox"/> NO
Electrolysis hair removal	<input type="checkbox"/> YES <input type="checkbox"/> NO
Energy Healing	<input type="checkbox"/> YES <input type="checkbox"/> NO
Eyebrow Tinting	<input type="checkbox"/> YES <input type="checkbox"/> NO
Eyelash Dipping	<input type="checkbox"/> YES <input type="checkbox"/> NO

Estimated Gross Annual Receipts: \$ _____

Hypnotherapy other than for past life regression and entertainment	<input type="checkbox"/> YES <input type="checkbox"/> NO
Infrared Saunas and massage booths/beds	<input type="checkbox"/> YES <input type="checkbox"/> NO
Ionization detoxification	<input type="checkbox"/> YES <input type="checkbox"/> NO
Iridology	<input type="checkbox"/> YES <input type="checkbox"/> NO
Kinesiology taping	<input type="checkbox"/> YES <input type="checkbox"/> NO
Latisse eyelash growth serum	<input type="checkbox"/> YES <input type="checkbox"/> NO
LED Light Therapy	<input type="checkbox"/> YES <input type="checkbox"/> NO
Lymphatic massage	<input type="checkbox"/> YES <input type="checkbox"/> NO
Make up (non-permanent)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Manicures/pedicures	<input type="checkbox"/> YES <input type="checkbox"/> NO
Massage including relaxation massage, registered massage, but does not include services to children under the age of 12 and Myofascial massage	<input type="checkbox"/> YES <input type="checkbox"/> NO
Microblading	<input type="checkbox"/> YES <input type="checkbox"/> NO
Microshading / Ombre Brows	<input type="checkbox"/> YES <input type="checkbox"/> NO
Neuro emotional clearing	<input type="checkbox"/> YES <input type="checkbox"/> NO
NLP – Neurolinguistic Programming	<input type="checkbox"/> YES <input type="checkbox"/> NO
Non-Invasive Laser / Lipolysis Body Contouring and firming procedure	<input type="checkbox"/> YES <input type="checkbox"/> NO
Nutritional consulting to follow the Canada Food Guide only	<input type="checkbox"/> YES <input type="checkbox"/> NO
Oxygen treatments other than hyperbaric chambers	<input type="checkbox"/> YES <input type="checkbox"/> NO
Paraffin	<input type="checkbox"/> YES <input type="checkbox"/> NO
Piercing – ears and nose only	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pilates	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pregnancy massage	<input type="checkbox"/> YES <input type="checkbox"/> NO
Reflexology	<input type="checkbox"/> YES <input type="checkbox"/> NO
Reiki	<input type="checkbox"/> YES <input type="checkbox"/> NO
Shamanic healing (no contact and no supply of substances)	<input type="checkbox"/> YES <input type="checkbox"/> NO

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(SUPPLEMENTARY APPLICATIONS NOT ATTACHED)

Eyelash Extensions	<input type="checkbox"/> YES <input type="checkbox"/> NO	Skin Booster injections via mesotherapy (microneedling, dermaroller, nappage, and dermapen)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Eyelash Tinting / perming / lifting	<input type="checkbox"/> YES <input type="checkbox"/> NO	Sound therapy	<input type="checkbox"/> YES <input type="checkbox"/> NO
Face / body painting, application of glitter and henna (excluding black henna or Paraphenylenediamine/PPD)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Speech and language therapy	<input type="checkbox"/> YES <input type="checkbox"/> NO
Facial and body wraps / scrubs / masks	<input type="checkbox"/> YES <input type="checkbox"/> NO	Spray tanning	<input type="checkbox"/> YES <input type="checkbox"/> NO
Facials	<input type="checkbox"/> YES <input type="checkbox"/> NO	Spray tattooing	<input type="checkbox"/> YES <input type="checkbox"/> NO
Glitter Tattooing – non-permanent	<input type="checkbox"/> YES <input type="checkbox"/> NO	Tanning – UV – sunbeds	<input type="checkbox"/> YES <input type="checkbox"/> NO
Gua sha	<input type="checkbox"/> YES <input type="checkbox"/> NO	Threading and tweezing	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hair stylist including hair extensions, sale of wigs / wig fitting	<input type="checkbox"/> YES <input type="checkbox"/> NO	Toning beds	<input type="checkbox"/> YES <input type="checkbox"/> NO
High Intensity Focused Ultrasound (other than vaginal tightening and incontinence treatment)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Tooth gems	<input type="checkbox"/> YES <input type="checkbox"/> NO
Holistic Vitamins	<input type="checkbox"/> YES <input type="checkbox"/> NO	Wart removal by solution only	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hydration machine	<input type="checkbox"/> YES <input type="checkbox"/> NO	Waxing, epilation, sugaring, hair bleaching, and application of hair removal cream	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hydrotherapy salt floatation chambers	<input type="checkbox"/> YES <input type="checkbox"/> NO	Yoga (Hot yoga excluded)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hyperhidrosis treatment via iontophoresis	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Mid-Range Esthetics

Estimated Gross Annual Receipts: \$ _____

Arasy fat reducing / toning machines	<input type="checkbox"/> YES <input type="checkbox"/> NO	Microdermabrasion / Hydrodermabrasion	<input type="checkbox"/> YES <input type="checkbox"/> NO
BB Glow	<input type="checkbox"/> YES <input type="checkbox"/> NO	Micropigmentation / semi-permanent make-up / Camouflage tattoo	<input type="checkbox"/> YES <input type="checkbox"/> NO
Body vibration fitness machines	<input type="checkbox"/> YES <input type="checkbox"/> NO	Mole removal by solution only (excludes cutting and diagnostic)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Carboxy therapy	<input type="checkbox"/> YES <input type="checkbox"/> NO	Mole removal via cryopen / freeze pen, laser or electrolysis (excludes excision)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Chemical Acid peels greater than 30% but less than 61% solution concentration	<input type="checkbox"/> YES <input type="checkbox"/> NO	Myofascial massage	<input type="checkbox"/> YES <input type="checkbox"/> NO
Cool Sculpting / Cryolipolysis	<input type="checkbox"/> YES <input type="checkbox"/> NO	Oxygeneo facials and skin tightening	<input type="checkbox"/> YES <input type="checkbox"/> NO
Electrocoagulation thread vein removal	<input type="checkbox"/> YES <input type="checkbox"/> NO	Plasma-Pen / Fibroblast	<input type="checkbox"/> YES <input type="checkbox"/> NO
EMS – Electro Muscular Stimulation including Acuscope and Myopulse / electrotherapy muscle recovery	<input type="checkbox"/> YES <input type="checkbox"/> NO	Radio frequency treatments	<input type="checkbox"/> YES <input type="checkbox"/> NO
Emsculpt / Emsella / Emsculpt Neo	<input type="checkbox"/> YES <input type="checkbox"/> NO	Radiofrequency / Microneedling combined treatment (such as Profound RF or Morpheus 8)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Endermologie	<input type="checkbox"/> YES <input type="checkbox"/> NO	Sclerotherapy	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fluid Isometrics	<input type="checkbox"/> YES <input type="checkbox"/> NO	Shockwave therapy	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fractional Skin Resurfacing Radiofrequency treatment (includes Fractora)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Skin and micro-needling	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hii Pen, Hya Pen, and Hyaluron Pen	<input type="checkbox"/> YES <input type="checkbox"/> NO	Skin tag and wart removal by solution, cryopen, Freeze pen, laser or electrolysis (excludes cutting)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Laser carbon facial	<input type="checkbox"/> YES <input type="checkbox"/> NO	Teeth whitening	<input type="checkbox"/> YES <input type="checkbox"/> NO
Laser/IPL/EPL/LHE various operations but not including laser treatments for purposes other than skin and hair treatment	<input type="checkbox"/> YES <input type="checkbox"/> NO	Thermolysis / Thermo-lo / diathermy – for skin tags/spider vein treatment	<input type="checkbox"/> YES <input type="checkbox"/> NO
LILT & LLLT – low intensity laser therapy for weight reduction and gain, addictions, mental illness, and pain reduction	<input type="checkbox"/> YES <input type="checkbox"/> NO	Thread vein removal via laser or electrolysis	<input type="checkbox"/> YES <input type="checkbox"/> NO

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- Magnetic pulsed field therapy YES NO Ultrasonic Cavitation YES NO
- Meta therapy YES NO Ultrasound treatment for hair restoration YES NO
(including Alma Ted)
- Micro-current facials and body treatment YES NO Vaginal Tightening and Incontinence YES NO
Treatment – Any internal treatments must be performed by a Doctor, Registered Nurse or Nurse Practitioner (such as Enfemme 360)

High End Esthetics:

- Bio resonance diagnostics YES NO
- Botulinum Toxin injections (including Platysmal Bands, Masseter, Vshape Definition, Gummy Smile and Hyperhydrosis) YES NO
- Cellulite reduction and body contouring and slimming by electronic device YES NO
- Hyaluronic Acid Dermal fillers (facial including Lip, Cheek, Jaw, Chin, Breast, Tear Troughs, Non-Surgical Rhinoplasty and Russian Lip) excluding genitalia YES NO
- Hyaluronidase / Hyalase / Hyaluron reversal agent YES NO
- Intramuscular vitamin injections (including vitamin B12) YES NO
- Intra-muscular cortico-steroid injections/creams to treat psoriasis, acne, eczema, onychomycosis and scarring YES NO
- Intravenous vitamin infusion therapy YES NO

Estimated Gross Annual Receipts: \$ _____

- Local Anesthetic injections for Aesthetic Treatments YES NO
- Platelet Rich Fibrin (PRF) for cosmetic purposes (excluding genitalia) YES NO
- Platelet Rich Plasma (PRP) for facial and neck rejuvenation YES NO
- Platelet Rich Plasma (PRP) for purposes of Hair restoration administration of PRP to the genital (including O and P shots) must be performed by a Doctor, Registered Nurse, Nurse Practitioner or Licensed/Registered Practical Nurse YES NO
- Tattoo removal by Elimink system YES NO
- Tattoo removal by Laser/IPL/EPL/LHE YES NO
- Thread lifting (Dissolvable – including PDO/Silhouette Soft/COG/Mono) YES NO
- Weight loss / fat-dissolving injections (including but not limited to Aqualyx, Lipolax, Desoface, body, Lipolab) YES NO

Teaching Operations:

Teaching and students offering service(s) to the public while under supervision YES NO

Estimated Gross Annual Receipts: \$ _____

Product/Retail Sales:

YES NO If yes, please confirm product/retails are usual to services being provided. YES NO

Do you relabel or repackage any products? YES NO

If yes, please provide type of products sold, relabeled, repackaged: _____

Estimated Gross Annual Receipts: \$ _____

Other Operations:

YES NO If yes, please describe: _____

Estimated Gross Annual Receipts: \$ _____

WET AREAS

- Diving Boards YES NO
 - Are there any Slides YES NO
 - Chemicals Tested Daily YES NO
 - Hot Tub / Whirl Pool / Sauna / Steam Room YES NO
- # of Swimming Pools? _____
- # of units _____

ADDITIONAL INFORMATION

- Do you use a deep fat fryer? YES NO
- Do you ever serve alcohol as part of your service? YES NO
- Snack Bar on Premises? YES NO
- Do you rent space to associated businesses? YES NO

If yes, please describe: _____

Do you bring any specialists into your premise to provide additional operations? YES NO

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If yes, please describe: _____

Are there any operations or activities away from the premises? YES NO

If yes, please describe: _____

Please confirm if any products used or being sold contain any formaldehyde? YES NO

Please confirm that you are meeting Health Canada standards with respect to sterilization / cross-contamination prevention procedure. YES NO

Are any of the following operations conducted?

- Massage - Registered YES NO → If yes, please **complete the Massage Supplementary application**
- Tanning Beds & Booths YES NO → If yes, please **complete the Tanning Supplementary application**
- Laser / IPL Treatment YES NO → If yes, please **complete the Laser / IPL Supplementary application**
- Teaching Operations YES NO → If yes, please **complete the Teaching Supplementary application**
- Teeth Whitening YES NO → If yes, please **complete the Teeth Whitening Supplementary application**

Full Time / Contract Employee Information:

of Full time (F/T) Employees? _____ # of Part time (P/T) Employees? _____

of Contract People? _____

NAME	YEARS OF EDUCATION	YEARS OF EXPERIENCE	OPERATIONS OF EACH INDIVIDUAL	F/T, P/T OR CONTRACT	CERTIFICATION ATTACHED?

• **ADDITIONAL INSURED** (i.e.: landlord) _____

**** 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

(SUPPLEMENTARY APPLICATIONS NOT ATTACHED)

STATEMENT OF FACT

IMPORTANT INFORMATION – this policy will only cover you for specified aesthetic treatments as per the application. It will not cover you for any other clinical activity. Please confirm you are in agreement with the following Statements of Facts and the Declaration. If you are unable to confirm the Declaration, please refer to Premier Canada advising the reason(s) why.

Statement of Facts:

If you, the insured, or any practitioner on your behalf, is performing injectable treatments, please confirm **one or more** of the below statements is true:

All practitioners performing injectables (Botulinum Toxin and dermal filler injections) are a registered medical practitioner (doctor), registered Nurse, practical nurse, Nurse practitioner or a registered dentist

AND hold a current license to practice with the relevant provincial regulatory body (licensing) authority for the province or territory in which they operate

AND Minimum 3 years' experience in injectable treatments

AND Canadian accredited training certificates for the injectable treatments you wish to perform

Please confirm the below statements are **all** true:

You, the Insured, and all practitioners performing treatments on your behalf hold Canadian accredited training certificates treatments you wish to perform (proof may be required in the event of a claim)

AND hold minimum 12 months experience in all treatments for you may be providing training for

AND confirm the treatments and income are correct as per the policy schedule

AND have had continuous Claims Made cover in force from the date which has been selected as the Retroactive Date or do not require cover prior to inception

You, the Insured, and all practitioners performing treatments on your behalf do not provide: any non-aesthetic treatments to professional sports individuals or elite athletes

AND any spinal joint manipulation where a high velocity manipulation consisting of a violent thrust and contortion of the spine is used to achieve the audible popping sounds or cracking of the cervical, lumbar, or thoracic spine in an attempt to realign or adjust the spine

AND any treatments relating to clinical trials

You, the Insured, and all practitioners performing treatments on your behalf have never been: refused, suspended, withdrawn, or had conditions or restrictions imposed, by the relevant regulatory or licensing body for any province or territory

AND subject to a criminal conviction (excluding motor vehicle offences or any convictions considered spent in the province or territory you operate within) or have any pending criminal matters awaiting a court hearing

AND subject to any claim or circumstance or complaint which may result in a Medical Malpractice, Professional Indemnity or Commercial General Liability claim

Declaration

All the statements in this Statement of Facts together with any oral or written statements provided to us are true, complete and not misleading.

You the insured have confirmed: **Yes**

This statement does not obligate us to provide insurance cover.

DECLARATION / CONSENT

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