

**HEALTH & WELLNESS PROGRAM – FULL MESSAGE OPERATIONS APPLICATION**

Broker Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Producer Name: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Legal Business Name: \_\_\_\_\_  
 Location Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal: \_\_\_\_\_  
 Mailing (if different): \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Res. #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Does the applicant currently carry Professional Liability insurance?  YES  NO

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

**Expiry Date of Policy:** \_\_\_\_\_

**Current Insurance Company:** \_\_\_\_\_ **Risk Ever Been Canceled:**  YES  NO

**Target Premium: \$** \_\_\_\_\_

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

**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 Monitored Alarm System?  YES  NO  
 Local Alarm System?  YES  NO Fire Alarm?  YES  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: \_\_\_\_\_  
**Wall Joists Construction:**  Concrete Block/Masonry  Brick Veneer over Wood  Frame/Siding  
**Roof Joists Construction:**  Concrete  Steel Deck  Wood Joist

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

Building (if require) \$ \_\_\_\_\_ Equipment \$ \_\_\_\_\_  
 Leasehold Improvements \$ \_\_\_\_\_ Stock \$ \_\_\_\_\_

**NOTE:** we cannot offer coverage for the following services at this time. Please advise if these services are provided:

Physical Therapist on Staff?  YES  NO Chiropractors on staff?  YES  NO  
 Piercings other than Ear / Nose  YES  NO Mole Removal – Invasive Cutting  YES  NO  
 Tattooing – Permanent Body  YES  NO Skin Tag Removal – Invasive Cutting  YES  NO  
 Wart Removal – Invasive Cutting  YES  NO

Liability Limits Desired (check one):  \$1,000,000  \$2,000,000  \$3,000,000  \$4,000,000  \$5,000,000

<b>ESTIMATED ANNUAL GROSS RECEIPTS:</b>			
Message Services	\$ _____	Product Sales	\$ _____
Other Sales	\$ _____		
<b>Total Yearly Gross Sales &amp; Operation Receipts \$ _____</b>			

NAME OF MESSAGE THERAPIST	TYPE(S) OF MESSAGE THEY PERFORM (please list all)	YEARS OF EDUCATION	YEARS OF EXPERIENCE	ARE YOU AN RMT?	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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- 1 What type(s) of Massage do you perform? (Please list all) \_\_\_\_\_
  - 2 Do you collect and discuss the client's health information?  YES  NO
  - 3 How long to you keep clients' health information / waivers on file? \_\_\_\_\_ years
  - 4 Is a waiver signed, dated and kept on record?  YES  NO
  - 5 Do you offer massages to infants'?  YES  NO
  - 6 Have any of the masseuses listed above had a claim made against them?  YES  NO  
If so, please advise: \_\_\_\_\_
  - Has the company had claims against them in last 5 years?  YES  NO
  - Has the any staff (including contract staff) had claims against them in last 5 years?  YES  NO
- If yes to either of the above questions, please list full details on the cover page.

**\*\* 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

**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: \_\_\_\_\_

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

**LOSS PAYEES** (i.e.: bank financing, equipment leases, etc.)

*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](mailto:newbizcommercial@premiergroup.ca) \*\***

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