

HEALTH & WELLNESS - TEACHING / BEAUTICIAN SCHOOL APPLICATION

Brokerage: _____ Producer name: _____
 Broker telephone: _____ Broker fax: _____
 Broker email: _____

GENERAL INFORMATION

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

Is the applicant/ insured certified to teach? YES NO
 Is the applicant/insured certifying students? YES NO
 Can someone without any esthetics experience take a course? YES NO
 Is there additional training offered to students without prior esthetics? YES NO
 List all courses offered: _____

Number of Students per year? _____
 Number of hours students complete prior to graduations? _____
 Is the final exam proctored by the provincial regulator? YES NO
 Do students offer services to the public? YES NO
 If yes, 1. the number of hours completed prior to offering any services to the public: _____
 2. Do all clients sign a waiver holding the school and student harmless? YES NO
 3. Are the students supervised at all times when offering service to the public? YES NO
 4. Do students offer Micropigmentation services to the public? YES NO
 5. Do students offer Laser/IPL services to the public? YES NO
 6. Do students offer Body Injection services to the public? YES NO

ESTIMATED ANNUAL GROSS RECEIPTS:	
Public Services by Students	\$ _____
Public Services by Non Students	\$ _____
Tuition Fees	\$ _____
Product Sales	\$ _____
Other Gross Receipts	\$ _____
Please advise what other Gross Receipts are: _____	
Total Yearly Teaching Receipts Gross Sales & Operation Receipts \$ _____	

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: _____

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