



COMPLETION OF THIS FORM INDICATES YOUR CONSENT FOR PROCESSING YOUR PERSONAL INFORMATION. PLEASE REFER TO PAGE 4 FOR DETAILS ON OUR PRIVACY POLICY.

## PERMANENT MAKEUP LIABILITY INSURANCE APPLICATION

Please read and complete the application in its entirety. Blanks &/or dashes are not acceptable and will delay consideration of this application. Answer all questions, if the question does not apply, indicate "N/A" in the space provided.

### PART I

- 1.1 Your Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Business Name: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Business Address: \_\_\_\_\_
- 1.2 Operating as:  Sole Proprietorship  Partnership  Corporation  Employee
- 1.3 Type of Business (where equipment is located): Salon  Clinic  Independent, multiple locations, Number: \_\_\_\_\_  
 Other, describe: \_\_\_\_\_
- 1.4 Do you operate a retail business grossing over \$10,000?  Yes  No  
 Do you have other insurance for the business?  Yes  No
- 1.5 Are you in compliance with city, county, provincial ordinances?  Yes  No  
 Business license No. \_\_\_\_\_
- 1.6 How long in the business applying permanent colour? \_\_\_\_\_
- 1.7 Have you had formal instruction in the application of permanent colour?  Yes  No  
 If yes, attached all certificates of training. If no, attach description of training and experience.
- 1.8 How many procedures have you performed in the past 12 months for the following:  
 Eyeliner \_\_\_\_\_ Eyebrows \_\_\_\_\_ Lipliner \_\_\_\_\_ Lips \_\_\_\_\_ Cheek Blush \_\_\_\_\_  
 Skin Repigmentation/Camouflage \_\_\_\_\_ Decorative Tattooing \_\_\_\_\_ Other, Explain \_\_\_\_\_

### PART II. GENERAL INFORMATION ON YOUR PROFESSION

- 2.1 Do you use a medical history/client information form on everyone?  Yes  No  
**If yes, attach a copy for all services.**
- 2.2 Do you use a hold harmless or informed consent form?  Yes  No  
**If yes, attach a copy.**
- 2.3 Do you take before and after photos of cover-ups and cosmetic work?  Yes  No
- 2.4 Do you schedule a follow-up appointment after the procedures?  Yes  No  
 If yes, when? \_\_\_\_\_
- 2.5 Do you advertise other than a listing in the local telephone directory?  Yes  No

### PART IIIa. EQUIPMENT AND PROCEDURES

- 3.1 Are all pigments you use from US/Canadian Manufacturers?  Yes  No  
 If No, advise where they come from: \_\_\_\_\_
- 3.2 Do you ever re-use needles?  Yes  No
- 3.3 Is all your equipment pre-sterile, one-time use?  Yes  No  
 If No, indicated your method of sterilization: \_\_\_\_\_
- 3.4 Is all your equipment in proper running order?  Yes  No

- 3.5 Do you wear gloves with each procedure?  Yes  No
- 3.6 Do you have hot and cold running water on site?  Yes  No
- 3.7 Do you dispose of your pigments after each client?  Yes  No
- 3.8 Provide the following information on all machines/devices:  
 Manufacturer \_\_\_\_\_ Purchase Date \_\_\_\_\_  
 Manufacturer \_\_\_\_\_ Purchase Date \_\_\_\_\_
- 3.9 What anesthetics, if any, do you use? \_\_\_\_\_

**PART IV. HISTORY**

**NOTE: All questions must be answered. Failure to disclose claims history could invalidate coverage.**

- 4.1 Do you currently have insurance coverage?  Yes  No

If Yes, indicate the following:

Insurer	Policy #	Liability Limits	Premium	Exp. Date (mm/dd/yyyy)
			\$	

- 4.2 List liability claims or incidents that would give rise to a claim arising from any permanent makeup, beauty, tattooing, or other professional activity, whether or not insured:  
 If none state so:  No claims history

Claim Year	Description of Claim/Incident	Equipment Involved	Amt., if Settled	Details, if pending

- 4.3 Do you have knowledge of an event, circumstance or occurrence (other than listed in 4.2 above) prior to the effective date of the proposed policy, or do you foresee that a claim may be brought as a result of said event, circumstance or occurrence?  Yes  No
- If yes, describe details of the event: \_\_\_\_\_

I understand and agree this Application and any and all supplements attached hereto will be made a part of any policy issued, and any such policy will be issued in reliance upon the representation made herein. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the company, result in the voiding of the insurance issued in reliance on this application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release all Lloyd's of London participating syndicates, any documents, records or other information bearing upon the foregoing. I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

Furthermore, I understand that the policy applied for will apply only to CLAIMS FIRST MADE AND REPORTED to the Company in writing within the period of coverage shown on the certificate of insurance issued with the policy or certificate on the date the policy is canceled or terminated, whichever comes first or as otherwise provided by the policy.

**IMPORTANT: THIS APPLICATION MUST BE SIGNED BY THE APPLICANT. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE.**

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 TODAY'S DATE

\_\_\_\_\_  
 REQUESTED EFFECTIVE DATE

**Note: Coverage becomes effective only when accepted by the insurance company.**

LIABILITY LIMIT REQUESTED: \_\_\_\_\_ NUMBER OF OPERATORS: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_

## **PART V. NOTICE CONCERNING PERSONAL INFORMATION**

By soliciting insurance from South Western Insurance Group Limited, you agree and provide consent that your personal information, including that previously collected, will be collected, processed, used, communicated, transferred and retained for the following purposes:

- the communication with underwriters;
  - the evaluation of claims;
  - the analysis of business results;
  - the underwriting of policies;
  - the detection and prevention of fraud;
  - purposes required or authorized by law;
- In accordance with SWG's privacy policy available at the bottom of this application and as per our website: <https://swgins.com/page/privacy.html>

You can exercise your right to access your personal information in our possession, to have it rectified or to withdraw your consent by contacting us at [PrivacyOfficer@swgins.com](mailto:PrivacyOfficer@swgins.com). Should you exercise your right to withdraw your consent to the communication or use of the information collected required to provide certain products or services, this would prevent South Western Insurance Group from being able to provide such products or services. Further information about South Western Insurance Group Limited personal information protection policy may be obtained by contacting our privacy officer at 416-620-6604.

## **PART VI. WARRANTY STATEMENT**

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. In the event that there is any material change in the answers given to the questions contained in this application prior to the inception of the policy, the applicant must notify the underwriters in writing and the underwriters may revoke, or effect changes to, the quotation provided.

Signing of the proposal does not bind the undersigned to complete the insurance but it is agreed that this form, and any additional information/document provided in support thereof by the client and/or broker, shall be the basis of the contract should a policy be issued.

### **NEW BRUNSWICK RESIDENTS ONLY:**

I hereby confirm my request that the present document and any other document and correspondence pertaining to the present insurance be in the English language.



## Privacy Policy

South Western Insurance Group Limited is committed to protecting the privacy and the confidentiality of our brokers and their Insured's personal information. In order to comply with privacy legislation, we have developed this Privacy Policy. Any personally identifiable information about an Insured is considered personal information and will be treated in accordance with this Privacy Policy.

### IDENTIFIED PURPOSES

South Western Group only collects, uses and discloses Personal Information for the following purposes:

- Offering and providing insurance and related products and services;
- Verifying the identity and the accuracy of personal information with government agencies, industry associations, or other Insurers;
- Analyzing, assessing and underwriting risks on a prudent basis;
- Investigating and paying claims;
- Detecting and preventing fraud or other illegal activities;
- Compiling statistics;
- Complying with the laws or the requests of law enforcement agencies or regulators.

In this Privacy Policy, the above list of Identified Purposes will be referred to as the 'Identified Purposes'.

### THIRD PARTY DISCLOSURE

South Western Insurance Group may share information about you with third party companies, permitted by law. Such disclosures may include those that South Western feels are required to provide customer service, prevent fraud, perform research or comply with the law. Recipients may include South Western's family of insurance service companies, claims representatives, service providers, consumer reporting agencies, insurance agents and brokers, law enforcement, courts and government agencies. These parties may disclose the information to others as permitted by law.

### PRIVILEGE & CONFIDENTIALITY NOTICE – Electronic Messages

Electronic mail or faxes and any files transmitted with them are confidential and may be privileged and are intended solely for the use of the individual or entity to whom they are addressed. If you have received this e-mail in error, please notify the sender immediately.

### CONSENT

South Western Group relies on the following actions by our Brokers and Companies as indication of their consent from an Insured to our existing and future Personal Information practices:

- The Broker has voluntarily requested personal information from an Insured for the purpose of acquiring an insurance contract or related service or product;
- The Broker has the Insured's express consent or acknowledgement contained within a written, verbal or electronic application process;
- The Insured's consent solicited by our Companies or our Brokers is for a specified purpose;
- The Broker must provide the Insured with a copy of their privacy policy and must inform South Western Group of any withdrawal of this consent by an Insured;
- The Broker may obtain the Insured's consent through the Insured's authorized representative such as a legal guardian, agent or holder of a power of attorney.

If an Insured refuses to provide the Broker with certain Personal Information or withdraws their consent South Western Group may be unable to provide insurance coverage.

### LIMITING COLLECTION AND RETENTION OF PERSONAL INFORMATION

South Western Insurance Group will only collect, use or disclose personal information that is necessary for the Identified Purposes or as required by law. We will retain personal information only as long as necessary for the fulfillment of the Identified Purposes. South Western may store certain data in jurisdictions outside of Canada and may share information with third party companies that are located outside of Canada.

## ACCURACY

South Western Group requests our brokers to maintain the Insured's Personal Information as accurate, complete, and up-to-date as is necessary for the Identified Purposes.

## SAFEGUARDS

South Western Group will protect the Insured's Personal Information by security safeguards appropriate to the sensitivity of the information. Safeguards will vary depending on the sensitivity, format, location and storage of the Personal Information.

## ACCOUNTABILITY, OPENNESS AND ACCESS

South Western Group is responsible for all Personal Information under its control and has designated a Privacy Officer who is accountable to Senior Management for South Western's compliance with the Privacy Policy.

You may contact our Privacy Officer at [PrivacyOfficer@swgins.com](mailto:PrivacyOfficer@swgins.com).

## CHALLENGING COMPLIANCE

If any Broker is not satisfied with South Western's response to a privacy related inquiry or complaint, they may contact the Office of the Privacy Commissioner of Canada during business hours at [1-800-282-1376](tel:1-800-282-1376) or at [www.privcom.gc.ca](http://www.privcom.gc.ca).

**Please refer to the updated comprehensive version of privacy policy on our website: <https://swgins.com/page/privacy.html>**