



COMPLETION OF THIS FORM INDICATES YOUR CONSENT FOR PROCESSING YOUR PERSONAL INFORMATION. PLEASE REFER TO PAGE 3 FOR DETAILS ON OUR PRIVACY POLICY.

BEAUTY SALON/OPERATION 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. GENERAL INFORMATION

1.1 Applicant Name: _____ Phone: _____
 Business Name: _____ Website: _____
 Mailing Address: _____
 Business Address: _____

1.2 Business Operated as: Individual Partnership Corporation Independent Contractor

1.3 Business operated as a salon? Yes No If not, other: _____

1.4 How long in business? _____ Do all professionals have licenses? Yes No

1.5 Do you have operations not listed on the schedule? Yes No
 If yes, provide details: _____

Do you have insurance for these operations? Yes No Name of Insurance Company: _____

1.6 Products liability needed? Yes No Gross receipts (excl. private label): _____
 Do you have private label products for sale? Yes No (No coverage is provided for private label products)

Schedule of Services

Indicate which services you provide, number of operators, who does the service and if we are to insure them.

	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number	Do you wish to insure with us?
Manicurists	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Beauticians	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Facials	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Include peels?	<input type="checkbox"/>	<input type="checkbox"/>		
List products & percentage of acids if including peels:				
Are you specifically trained in the use of all peels you are using?	<input type="checkbox"/>	<input type="checkbox"/>		
Microdermabrasion	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been trained in microdermabrasion?	<input type="checkbox"/>	<input type="checkbox"/>		
Do you use a consent form?	<input type="checkbox"/>	<input type="checkbox"/>		(if yes, attach copy)
Wax Hair Removal/Sugaring	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all the facialists doing wax hair removal/sugaring as well?	<input type="checkbox"/>	<input type="checkbox"/>		
Body Wraps	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
List the type of wraps you use:				
Massage	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you certified?	<input type="checkbox"/>	<input type="checkbox"/>		(if yes, attach copy)
Electrology	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ear Piercing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Tanning – Airbrush	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No

The following services require separate applications if coverage is needed

- Tanning – Units** Yes No Units Yes No
- If including tanning, complete the tanning bed supplement application
- Permanent Makeup** Yes No Number Yes No
- Body Piercing** Yes No Number Yes No
- Body Tattoo** Yes No Number Yes No
- Needling/MCA** Yes No Number Yes No
(MCA = multitrepannic collagen actualtion)
- Lasers/Intense Pulsed Light Devices** Yes No Number Yes No
- Pigment Removal/Lightening** Yes No Number Yes No

Liability Limit Requested: _____ Total Number of Operators: _____

PART II. HISTORY

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

2.1 Do you currently have insurance coverage? Yes No If yes, indicate the following:

Insurer	Policy #	Liability Limits	Premium	Expiry Date

If claims made, most recent retroactive date:

2.2 List liability claims history arising from any permanent makeup, body piercing, tattooing or other professional activity, whether or not insured: If none, state so

	1	2	3
YR/Claim			
Nature of Injuries			
Equipment Involved			
Details, if Pending			
Amount, if Settled			

2.3 Do you have knowledge of an event, circumstance or occurrence (other than listed in 2.2 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: .

Declaration must be signed on the last page of this application.

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 underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- 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. 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

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.

Signature of Applicant

Title

Today's date

Requested Effective Date

Note: Coverage becomes effective only when accepted by the Insurance Company.



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.

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.

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