

Brokerage Name:			
Broker Telephone:		E-mail:	
Business Name:			
Location Address:			
	City:	Prov.:	P.C.:
Mailing Address:			
	City:	Prov.:	P.C.:
Owner/Operator:	Bus. #:	Fax:	
Email:	Cell #:	Res.#:	
Alternate Contact:	Phone:	Email:	
Website:			

<b>Current Insurance Company:</b> _____	<b>Expiry Date of Current Policy:</b> _____
<b>Retroactive Date of Any Claims Made Policy:</b> _____	<b>Target Premium:</b> _____
<b>Number of years in business?</b> _____	<b>Have you ever been cancelled for nonpayment?</b> _____

**PROPERTY INFORMATION**

Describe your location (strip plaza, shopping mall, etc.): _____			
Building Age (year built): _____	No. Of Stories: _____	Do you own the building? _____	
Total Area of Building: _____ sq. ft.	Total Area of your Facility: _____ sq. ft.		
Sprinkler System: <input type="checkbox"/>	Monitored Alarm: <input type="checkbox"/>	Fire Hydrants within 500 feet: <input type="checkbox"/>	
Is there Any Bar/Restaurant Adjacent to your operation? <input type="checkbox"/>	Does your location include a basement? <input type="checkbox"/>		
Describe precautions taken to avoid slips and falls at entrances: _____			
Do you have any equipment stored offsite? (i.e. home office) <input type="checkbox"/>	If yes, please describe: _____		

**CONSTRUCTION OF BUILDING**

F/R	Structures/buildings must be made of reinforced concrete or protected steel <input type="checkbox"/>	N/C	Building has exterior walls made of masonry materials, such as brick, concrete, hollow concrete block, stone, or other similar materials, with floors and roof constructed of metal <input type="checkbox"/>
Masonry	brick veneer & combination of steel, concrete and wood <input type="checkbox"/>	Frame	wood, tar and brick or similar materials. <input type="checkbox"/>

<b>LATEST UPDATES</b>	<b>FULL</b>	<b>PARTIAL</b>	<b>YEAR COMPLETED</b>	<b>TO CODE</b>
Roof:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Heat:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Plumbing:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Electrical:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

If the building 20+ yrs old, this line is required

If the building 35+ yrs old, these lines are required

**Use the following form to help breakdown and calculate accurate replacement cost:**

<b>STOCK:</b>	Shampoo, Dyes, Gloves	\$ _____	Lotion, Polish, Oils, etc.	\$ _____	Other	\$ _____
<b>EQUIPMENT:</b>	Computers/Laptops	\$ _____	Scissors & Other Tools	\$ _____	Laser/IPL Equip	\$ _____
	Styling Stations/Furniture	\$ _____	Machines (non-laser/IP)	\$ _____	Other	\$ _____
<b>LEASEHOLDS:</b>	Existing Tenants Improv.	\$ _____	Styling Chairs (affixed)	\$ _____	Offices/Built-ins	\$ _____
	Washrooms/Showers	\$ _____	Phone/Alarm Sys.	\$ _____	Construction	\$ _____
	Wall Coverings/Flooring	\$ _____	Treatment Rooms	\$ _____	Other	\$ _____

**TOTAL CONTENTS (including all stock, equipment & leaseholds above)** = \$ \_\_\_\_\_

**BUILDING REPLACEMENT VALUE (if required)** (sq.ft. of building \_\_\_\_\_ x cost/sq.ft. \$ \_\_\_\_\_) = \$ \_\_\_\_\_

**DID YOU KNOW:**

Many people underestimate and therefore underinsure their property limits. Make sure you list how much it would cost to replace all of the above items today. To help estimate your Leasehold Improvements, you can multiply your square footage by \$40-45 (minimum \$/sq. ft. used for this industry).

**OTHER BUSINESS(ES)**

Do you own/operate or rent space to other businesses? \_\_\_\_\_ Total annual rental income \$ \_\_\_\_\_

Describe type(s) of business: \_\_\_\_\_

**EQUIPMENT**

 Do You Have Modified/Rebuilt/Used Equipment?  If Yes, % used: \_\_\_\_\_ % Age: \_\_\_\_\_

Is Equipment Inspected Daily? \_\_\_\_\_ Who Does Maintenance? \_\_\_\_\_

<b>LIABILITY INFORMATION</b>					
<b>Liability Limit Requested:</b> <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000					
<b>DESCRIPTION OF OPERATIONS</b>					
Any client under the age of 18?		_____		If yes, do parents stay on premise? _____	
Do you ever serve alcohol?		_____		If yes, is it complimentary or sold? _____	
If sold, what is the annual revenue? _____			Are staff Smart Serve licensed or equivalent? _____		
Are any operations or activities done away off premises? _____			Describe: _____		
Is all staff certified/educated/trained in the services they perform? _____					
<b>WET AREAS</b>					
Showers	# _____	Pools / Whirlpools	# _____	Steam Rooms	# _____
Hydrotherapy Tubs	# _____	Vichy Showers	# _____	Wet Saunas	# _____
Dry/Infrared Saunas	# _____	Hyperbaric Chambers	# _____	Volcanic Rock Room(s)	# _____
Non-Slip Flooring?	_____	Rubber Mats In Halls?	_____	Other:	_____
<b>SURVEY OF OPERATIONS</b>					
<b>TYPE 1</b>					
Hair	<input type="checkbox"/>	Body Wraps	<input type="checkbox"/>	Facials / Make Up	<input type="checkbox"/>
Ear/Body Piercing	<input type="checkbox"/>	Manicure/Pedicure	<input type="checkbox"/>	Nails (Gel/Acrylic)	<input type="checkbox"/>
<b>Annual Receipts (**MUST HAVE ESTIMATE IN ORDER TO QUOTE):</b>				\$ _____	
<b>TYPE 2</b> (Note: All Bolded Operations Require Further Information – Please Complete Attached Page)					
Lashes (lift/perming)	<input type="checkbox"/>	Lashes (tinting/extensions)	<input type="checkbox"/>	Teeth Whitening	<input type="checkbox"/>
<b>Massage</b>	<input type="checkbox"/>	<b>Reflexology/Reiki</b>	<input type="checkbox"/>	Electrocoagulation	<input type="checkbox"/>
Microdermabrasion	<input type="checkbox"/>	<b>Electrolysis</b>	<input type="checkbox"/>	Radio Frequency	<input type="checkbox"/>
<b>Annual Receipts (**MUST HAVE ESTIMATE IN ORDER TO QUOTE):</b>				\$ _____	
<b>TYPE 3</b> (Note: All Bolded Operations Require Further Information – Please Complete Attached Page)					
<b>Laser Treatments</b>	<input type="checkbox"/>	<b>IPL Treatments</b>	<input type="checkbox"/>	<b>Cold Laser</b>	<input type="checkbox"/>
Cupping	<input type="checkbox"/>	Botox/Collagen	<input type="checkbox"/>	Other Injected Fillers	<input type="checkbox"/>
<b>Micropigmentation/Microblading</b>			<input type="checkbox"/>	<b>Plasma Rich Platelets (PRP)</b>	<input type="checkbox"/>
<b>Teaching/Instructional Courses</b>		<input type="checkbox"/> Other Services:			
<b>Annual Receipts (**MUST HAVE ESTIMATE IN ORDER TO QUOTE):</b>				\$ _____	
<b>ADDITIONAL OPERATIONS</b> (NOTE: If any of the below operations are offered the submission may be declined)					
BB Glow	<input type="checkbox"/>	Mesotherapy	<input type="checkbox"/>	Acupuncture	<input type="checkbox"/>
Hypnotherapy	<input type="checkbox"/>	Vaginal Tightening/Rejuvenation	<input type="checkbox"/>	Plasma-Pen	<input type="checkbox"/>
Osteopathy	<input type="checkbox"/>	Hyaluron Pen	<input type="checkbox"/>	Cryotherapy Chambers	<input type="checkbox"/>
<b>ADDITIONS TO THE POLICY</b>					
<b>ADDITIONAL INSURED:</b> (Provide full name, address and interest in the policy * i.e. Landlord, contractor, etc.)					
1.					
2.					
<b>LOSS PAYEE:</b> (Provide full name, address and interest in the policy * i.e. leasing co., mortgagee, etc.)					
1.					
2.					
<b>CLAIMS HISTORY</b>					
Has the company &/or staff had claims against them in last 5 years? _____, If yes please list details:					
Date of Loss	Loss Details			Amount Paid/Reserve	

I understand and agree that any policy issued will be based upon the information contained in the application and any related forms and correspondence. I understand that any forms or other material submitted with the application constitute part of my application for insurance. I further understand and agree that any misrepresentation or failure to provide true and accurate information may result in the voiding of and/or denial of claims under any policy issued at the option of the company.

By submitting this application and any related forms to **Sports & Fitness Insurance Canada**, you provide **Trothen & McConkey Insurance Broker Ltd.** with your consent to the collection, use and disclosure of your personal information, including that previously collected, for the purpose of: communicating with you; assessing your application for insurance and underwriting your policies; evaluating claims; detecting and preventing fraud; analyzing business results; and acting as required or authorized by law.

**Applicant:**    **Signature:** \_\_\_\_\_    **Title:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**MESSAGE / REFLEXOLOGY / REIKI OPERATIONS**

Name	Type Of Massage Performed	Yrs of Exp.	RMT

List all types of massage offered: \_\_\_\_\_

Do you discuss and keep copies of all health information/service records on file for at least 2 yrs? \*\*

Is a signed waiver kept on file for at least 2 yrs? \*\*  Minimum age of clients for massage services: \_\_\_\_\_

**\*\* MINORS: You need to keep these records/waivers on file for 2 yrs after client turns 18**

**ELECTROLYSIS / PEELS / MICRODERMABRASION OPERATIONS**

Do you use an autoclave to sterilize equipment?

Does all staff wear surgical gloves when performing services?

Do you use disposable tips for each new client?

Do you provide Medium Peels?  Do you provide Deep Peels?

Do you discuss and keep copies of all health information/service records on file for at least 2 yrs? \*\*

Is a signed waiver kept on file for at least 2 yrs? \*\*

**\*\* MINORS: You need to keep these records/waivers on file for 2 yrs after client turns 18**

Minimum age of clients for electrolysis: \_\_\_\_\_ peels: \_\_\_\_\_ microdermabrasion: \_\_\_\_\_

**TANNING OPERATIONS**

Are you a full member of SmartTan Association (or other tanning association)?

Are all staff trained or certified through SmartTan or equivalent certifying body?

Are clients given tanning instruction?  Minimum age of tanning clients: \_\_\_\_\_

Are goggles supplied and required to be used?  Do you complete a skin analysis for every client?

Is touching of clients allowed by staff?  Are beds cleaned after every use?

Minimum time allowed between tans/client: \_\_\_\_\_ Do all clients sign waivers?

Beds # \_\_\_\_\_ Booths # \_\_\_\_\_ Spray Booths # \_\_\_\_\_ Air Brush Units # \_\_\_\_\_

Where are timing controls located? \_\_\_\_\_ Who sets timers? \_\_\_\_\_

Do electricians service the equipment?  Are any beds coin operated?

Average age of beds: \_\_\_\_\_ yrs Outside dryer vents cleaned at least every 6 months?

Are beds/Booths protected by ground fault interrupted (GFI) circuits?

**MICROPIGMENTATION (PERMANENT MAKE UP)**

Eye Liner (Top &/or Bottom Lids) <input type="checkbox"/>	Eye Brows <input type="checkbox"/>
Lips <input type="checkbox"/>	Areolas &/or Scars <input type="checkbox"/>
Scalp <input type="checkbox"/>	Other (Please Describe): _____ <input type="checkbox"/>
Tattoo Removal *MUST describe all methods * - _____ <input type="checkbox"/>	
Percentage of Services Performed – Cosmetic Procedures _____% vs. Corrective Procedures _____% (i.e. liner, brows, lips, etc.) (i.e. tattoo removal, scars, areolas)	
Manufacturer, Make & Model of Pen/Instrument Used? _____	
Manufacturer(s) Of Pigment Used: _____	
Are All Machines & Pigments Manufactured Within North America? <input type="checkbox"/>	
If no, please advise where: _____	

**SKIN NEEDLING**

Needle Depth Used: \_\_\_\_\_

Make and Model(s) of Machine Used: \_\_\_\_\_

Do you keep copies of all client appointment/service records on file for at least 2 yrs? \*\*

Is a signed waiver kept on file for at least 2 yrs? \*\*

**\*\* MINORS: You need to keep these records/waivers on file for 2 yrs after client turns 18**

TEACHING/INSTRUCTIONAL COURSES	
What services are being taught?	
Are certifications being issued to students?	
Do you charge tuition/fees? <input type="checkbox"/> If yes, what do you charge?	
What are the annual gross receipts?	
How many students do you certify each year?	
How many students participate in a course?	
How long are the courses?	
How many hours must a student complete to graduate?	
How many courses are offered each year?	
Is there a final exam?	
Do students offer services to the public?	

EMPLOYEES/SUB-CONTRACTORS			
Name	Type of Service(s) being taught	Yrs of Exp.	Certification

Plasma Rich Platelets (PRP)	
What are the receipts for the Plasma Rich Platelets services in the last 12 months?	
Do all employees/sub-contractors have their Blood Borne Pathogens certification?	___
Does all staff wear surgical gloves when performing services?	___
Describe your sterilization/cross-contamination prevention procedures:	
How do you dispose of any biological waste?	
Do you have clients sign pre & post treatment info? <b>(MUST attach copies)</b>	___
What is the minimum age of clients for Plasma Rich Platelets services?	
Has any staff (including sub-contractors) had any claims against them in the last 5 years?	___
Do you keep copies of all client appointment/service records on file for at least 2 yrs?	___
Is a signed waiver kept on file for at least 2 yrs?	___

PRP TREATMENT SERVICES					
Hair Restoration	<input type="checkbox"/>	Cellulite Reduction	<input type="checkbox"/>	Erectile Dysfunction	<input type="checkbox"/>
Neck Rejuvenation	<input type="checkbox"/>	Vaginal Rejuvenation	<input type="checkbox"/>	Facial Rejuvenation	<input type="checkbox"/>
Pain Management	<input type="checkbox"/>	Injury Treatment	<input type="checkbox"/>	Other: ___	

EMPLOYEES/SUB-CONTRACTORS (MUST ATTACH CERTIFICATES)				
RN = Registered Nurse NP = Nurse Practitioner RPN = Registered Practical Nurse D = Doctor O = Other				
Name	Yrs of Exp.	Services Performed	List all Certifications	Is this person: RN, NP, RPN, D or O (list)
	___			
	___			
	___			
	___			

LASER/IPL APPLICATION							
SERVICES OFFERED							
Laser	<input type="checkbox"/>	IPL	<input type="checkbox"/>	Cold Laser	<input type="checkbox"/>		
Acne	<input type="checkbox"/>	Skin Resurfacing	<input type="checkbox"/>	Hair Removal	<input type="checkbox"/>	Leg Veins	<input type="checkbox"/>
Psoriasis & Vitiligo	<input type="checkbox"/>	Pigmented Lesions	<input type="checkbox"/>	Vascular Lesions	<input type="checkbox"/>	Re-Pigmentation	<input type="checkbox"/>
Tattoo Removal	<input type="checkbox"/>	Other	<input type="checkbox"/>	List: _____			
What Skin Types (Based on Fitzpatrick Scale) do you provide services for:				1	<input type="checkbox"/>	2	<input type="checkbox"/>
				3	<input type="checkbox"/>	4	<input type="checkbox"/>
				5	<input type="checkbox"/>	6	<input type="checkbox"/>
What percentage of treatments are performed on Skin Types 5 & 6? _____ %							
Do you always follow laser/IPL manufacturer guidelines regarding patch test & wait times? _____							
Do you keep copies of all client appointment/service records on file for at least 2 yrs? ** _____							
Is a signed waiver kept on file for at least 2 yrs? ** _____							
<b>** MINORS: You need to keep these records/waivers on file for 2 yrs after client turns 18</b>							
Do you have clients sign pre & post treatment info? (MUST attach copies) _____							
Minimum age of clients for laser/IPL treatments: _____							
How often do you calibrate your machines? _____							
Do you provide any laser/IPL treatments away from premises? _____							
List: _____							

TECHNICIANS (MUST ATTACH CERTIFICATES)					
Name	Yrs of Exp.	Year Certified	Services Performed	Skin Types Performed On	Prior Claims
eg. JANE SMITH	3	2010	Hair Removal, Skin Resurfacing	1 - 4	N

MACHINES			
Make	Model	Model Year	Replacement Cost (CAD)
e.g. Syneron	Elos Plus	2014	\$42,000
			\$
			\$
			\$

Has all equipment listed above been licensed for use by Health Canada?  Yes  No

\*All Lasers, IPL Machines etc. must be licensed for use/sale by Health Canada to be legally used and insured within Canada. You can check your machine(s) at <http://webprod5.hc-sc.gc.ca/mdll-limh/prepareSearch-preparerRecherche.do?type=active&lang=eng> or call (613) 957-7285

I understand and agree that any policy issued will be based upon the information contained in the application and any related forms. I understand that any forms or other material submitted with the application constitute part of my application for insurance. I further understand and agree that any misrepresentation or failure to provide true and accurate information may result in the voiding of and/or denial of claims under any policy issued at the option of the company.

By submitting this application and any related forms to **Sports & Fitness Insurance Canada**, you provide **Trothen & McConkey Insurance Broker Ltd.** with your consent to the collection, use and disclosure of your personal information, including that previously collected, for the purpose of: communicating with you; assessing your application for insurance and underwriting your policies; evaluating claims; detecting and preventing fraud; analyzing business results; and acting as required or authorized by law.

**Applicant:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_