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SPA INSURANCE

Health & Wellness Operations

Professional Liability and General Liability Insurance Application for: Health & Wellness Operations

- Please answer all questions. If any section does not apply, please indicate with "Not Applicable" OR "None".
- If there is insufficient space to complete your answer for a particular question please use and attach as many additional pages as required to include any supplementary information.

APPLICATION FORMS PART OF THE POLICY

The Applicant(s) submission of this application including any additional information does not obligate the Applicant to buy insurance nor are we obligated to sell or offer insurance upon any specific terms requested. If insurance is effected, this application, including any additional information provided, all will attach to and form part of the policy that is issued.

Completion of this form does not bind coverage. Applicant's written acceptance of an insurance company's quotation and company's written agreement to be bound are required to bind coverage and issue policy.

Section 1 – Applicant Information

Business Name: _____

Applicant's Name: _____

Location Address: _____ City: _____ Province: _____ Postal Code: _____

Mailing Address (if different from above): _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Contact Information: Phone: _____ Fax: _____ Cell: _____ Website: _____

Additional Insured(s): _____

Years in Business: _____ Years of experience: _____

Current Policy Expiry Date: _____ Current Insuring Company: _____

Target Premium: _____

Is this business a: Beauty Salon Spa Medi-Spa Other (Describe): _____

Are you a member of any applicable professional associations or professional body? Yes No

» If yes, please specify: _____

Section 2 – Building

Building Type: _____ Age: _____

Construction Type:

Exterior Walls: Wood Non-combustible

Sliding: Wood Brick Vinyl

Floors: Wood Non-combustible

Roof: Wood Non-combustible Tar & Gravel Shake

Do you own the building? Yes No # of stories: _____

Total Area: _____ Sq. Ft.

Recent Updates: Roof _____ Heat _____ Plumbing _____ Electric _____

Building Exposures: Right _____ Left _____ Front _____ Back _____

Section 3 – Protection

Is there a Fire Hydrant: Yes No Location of Hydrant: _____ ft. away

Distance to fire hall: _____ km Fire Department: Volunteer Fully paid Building Sprinklers?: Yes No

Type of Neighborhood: Residential Commercial Residential and Commercial Other _____

Monitored Alarm System? Yes No Fire Alarm? Yes No # of Fire Extinguishers: _____

Section 4 – Property Values

Building: _____ Stock: _____ Equipment: _____
 Contents: _____ Lease Hold Improvements: _____

Loss Payee Information (Bank info, etc.):

Section 5 – Liability

Describe All Operations that take place at the spa (esthetics, procedures, etc.):

Requested Limits: \$1MM \$2MM \$3MM \$4MM \$5MM Other: _____

Overall Estimated Gross Annual Receipts: \$ _____

Estimated Gross Annual Receipts for Basic Esthetics (please check off applicable activities below): \$ _____

Estimated Gross Annual Receipts for Mid-Range Esthetics (please check off applicable activities below): \$ _____

Estimated Gross Annual Receipts for High-End Esthetics (please check off applicable activities below): \$ _____

Estimated Gross Annual Receipts for Miscellaneous Esthetics (please check off applicable activities below): \$ _____

Estimated Gross Annual Receipts for Teaching Operations (please check off applicable activities below): \$ _____

Estimated Gross Annual Receipts for Product Sales: \$ _____

Basic Esthetics (Please check off applicable activities)

Acid Peels less than 31% solution concentration	<input type="checkbox"/> YES <input type="checkbox"/> NO	Infrared Saunas and massage booths/beds	<input type="checkbox"/> YES <input type="checkbox"/> NO
Acupuncture other than Moxibustion Acupuncture	<input type="checkbox"/> YES <input type="checkbox"/> NO	Ionization detoxification	<input type="checkbox"/> YES <input type="checkbox"/> NO
Acupressure	<input type="checkbox"/> YES <input type="checkbox"/> NO	Iridology	<input type="checkbox"/> YES <input type="checkbox"/> NO
Aquatic massage beds	<input type="checkbox"/> YES <input type="checkbox"/> NO	Make up – non permanent	<input type="checkbox"/> YES <input type="checkbox"/> NO
Biofeedback therapy	<input type="checkbox"/> YES <input type="checkbox"/> NO	Henna Tattooing	<input type="checkbox"/> YES <input type="checkbox"/> NO
Body wraps	<input type="checkbox"/> YES <input type="checkbox"/> NO	Manicure/pedicures	<input type="checkbox"/> YES <input type="checkbox"/> NO
Brain wave harmony	<input type="checkbox"/> YES <input type="checkbox"/> NO	(No coverage if Methyl Methacrylate (MMA) is used)	
Massage including relaxation massage, registered massage, Reiki, reflexology, and aromatherapy, but does not include services to children under the age of 12 and Myofascial massage			<input type="checkbox"/> YES <input type="checkbox"/> NO
Cellulite treatment other than cellulite reduction weight loss	<input type="checkbox"/> YES <input type="checkbox"/> NO	Neuro emotional Clearing	<input type="checkbox"/> YES <input type="checkbox"/> NO
Colon irrigation	<input type="checkbox"/> YES <input type="checkbox"/> NO	NLP – Neurolingulistic Programming	<input type="checkbox"/> YES <input type="checkbox"/> NO
Ear candling	<input type="checkbox"/> YES <input type="checkbox"/> NO	Nutritional consulting to follow the Canada Food Guide only	<input type="checkbox"/> YES <input type="checkbox"/> NO
Energy healing	<input type="checkbox"/> YES <input type="checkbox"/> NO	Oxygen treatments other than hyperbaric chambers	<input type="checkbox"/> YES <input type="checkbox"/> NO
Electrolysis	<input type="checkbox"/> YES <input type="checkbox"/> NO	Piercing – ears and nose only	<input type="checkbox"/> YES <input type="checkbox"/> NO
EFT – Emotional Freedom Technique/Clearing	<input type="checkbox"/> YES <input type="checkbox"/> NO	Shamanic healing	<input type="checkbox"/> YES <input type="checkbox"/> NO
Eye Brow Tinting	<input type="checkbox"/> YES <input type="checkbox"/> NO	Spray tanning	<input type="checkbox"/> YES <input type="checkbox"/> NO
Facials	<input type="checkbox"/> YES <input type="checkbox"/> NO	Spray tattooing	<input type="checkbox"/> YES <input type="checkbox"/> NO
Glitter Tattooing – non permanent	<input type="checkbox"/> YES <input type="checkbox"/> NO	Sugaring	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hair cutting and related services other than hair extensions	<input type="checkbox"/> YES <input type="checkbox"/> NO	Threading	<input type="checkbox"/> YES <input type="checkbox"/> NO
Wig/hair piece fitting/ sales	<input type="checkbox"/> YES <input type="checkbox"/> NO	Toning beds	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hydration machine	<input type="checkbox"/> YES <input type="checkbox"/> NO	Wart removal by solution only	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hydrotherapy salt floatation chambers	<input type="checkbox"/> YES <input type="checkbox"/> NO	Waxing	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hypnotherapy other than for past life regression and entertainment			<input type="checkbox"/> YES <input type="checkbox"/> NO

Mid-Range Esthetics (Please check off applicable activities)

- Acid peels greater than 30% but less than 61% solution concentration YES NO
- Arasy machines YES NO
- Body vibration fitness machines YES NO
- Electrocoagulation YES NO
- EMS – Elector Muscular Stimulation including Acuscope and Myopulse YES NO
- Endermologie YES NO
- Fluid Isometrics YES NO
- Laser/IPL/EPL/LHE various operations but not including laser treatments for purposes other than skin and hair treatment YES NO
- LILT & LLLT – low intensity laser therapy for weight reduction and gain, addictions, mental illness and pain reduction YES NO
- Micro current treatment YES NO
- Microdermabrasion YES NO
- Micropigmentation YES NO
- Mole removal by solution only YES NO
- Myofascial massage YES NO
- Radio frequency treatments YES NO
- Sclerotherapy YES NO
- Skin and micro needling YES NO
- Skin tag removal by solution or laser YES NO
- Teeth whitening YES NO
- Thermolysis YES NO
- Thermo-Lo YES NO
- Vibrodermabrasion YES NO

High-End Esthetics (Please check off applicable activities)

- Cellulite reduction and body contouring and slimming by electronic device YES NO
- Bio resonance diagnostics YES NO
- Tattoo removal by Laser/IPL/EPL/LHE YES NO
- Body injections for cosmetic purposes, including but not limited to Botox, Juvederm Restylane, and Teosyal treatment YES NO

Miscellaneous Esthetics (Please check off applicable activities)

- Eyelash Dipping YES NO
- Eyelash Extensions YES NO
- Eyelash Tinting YES NO
- Hair Extensions YES NO
- Tanning – UV and Spray YES NO
- Tooth gems YES NO
- Wigs – Not attached by adhesive YES NO

Teaching Operations (Please check off applicable activities)

- Teaching and students offering service(s) to the public while under supervision YES NO
- If yes, please describe: _____

Other Operations (If applicable, please describe operations)

- YES NO If yes, please describe: _____

Do you bring any specialists into your premises to provide any additional services? Yes No

» If yes, describe the services provided: _____

Are there any activities conducted away from the premises? Yes No

Please provide all sterilization/cross contamination prevention procedures, if applicable (i.e. needle stick injury, sharps disposals/provision of blood borne pathogens, etc.): _____

Products (If applicable, please describe)

Do you sell any products? Yes No

» If yes, please describe: _____

Section 6 – Employees

of employees: Full time: _____ Part time: _____ Contracted: _____

Name	Full, Part or Contracted	Years of Education	Years of Experience	Responsibilities/Operations	Certifications? (please attach)

If there are more employees to list, please attach additional information to submission.

Section 7 – Cyber & Privacy Information

Does the company store any medical/health information for clients? Yes No

*Higher cyber limits may be available, please contact your underwriter for details.

Section 8 – Claims Information

Have you ever had any prior losses (claimed or not) in the past five (5) years? Yes No

» If Yes, please describe: _____

Have you ever had insurance refused or cancelled? Yes No

» If Yes, Please describe: _____

Has the staff, including contractors, had any claims against them in the past five (5) years? Yes No

» If Yes, Please describe: _____

Section 9 – Broker Information

Broker Name: _____

Broker Signature: _____ Date: _____

Brokerage: _____ Email: _____

Fax No: _____ Tel No: _____

Section 10 – Warranty Statement and Signature

THE UNDERSIGNED WARRANTS THAT TO THE BEST OF HIS OR HER KNOWLEDGE, THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE UNDERSIGNED ALSO WARRANTS THAT THEY HAVE NOT SUPPRESSED OR MISSTATED ANY MATERIAL FACTS.

IF THE INFORMATION PROVIDED IN THIS APPLICATION SHOULD CHANGE BETWEEN THE DATE OF THE APPLICATION AND THE EFFECTIVE DATE OF THE POLICY, THE UNDERSIGNED WARRANTS HE OR SHE WILL IMMEDIATELY REPORT SUCH CHANGES TO THE INSURER.

SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE THIS INSURANCE, NOR DOES IT BIND THE INSURER TO COMPLETE THIS INSURANCE. HOWEVER, SHOULD THE INSURER BIND AND ISSUE A POLICY, THIS APPLICATION SHALL SERVE AS THE BASIS OF SUCH CONTRACT AND WILL BE ATTACHED TO AND FORM PART OF THE POLICY.

Applicant's Name (printed): _____ Title/Position: _____

Applicant's Signature: _____ Date: _____