|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Business Name: |  | | | | | |
| Location Address: |  | | | | | |
|  | City: | | | Prov.: | | P.C.: |
| Mailing Address: |  | | | | | |
|  | City: | | | BC | |  |
| Owner/Operator: |  | Bus.#: |  | | Fax: |  |
| Email: |  | Cell #: |  | | Res.#: |  |
| Alternate Contact:(If Applicable) |  | Phone: |  | | Email: |  |

|  |  |  |
| --- | --- | --- |
| **Expiry Date of Current Policy:** | **Current Insurance Company:** | |
| **Number of years in business?** | **Have you ever been cancelled for nonpayment?** |  |

**PROPERTY INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Describe your location (strip plaza, shopping mall, etc.): | | | | | | | | | | | | |
| The Building Age: | | | No. Of Stories: | | | | | Do you own the building? | | | | |
| Total Area of Building:       sq. ft. | | | Total Area of your Facility:       sq. ft. | | | | | | | | | |
| Sprinkler System: |  | Monitored Alarm: | | | | | | |  | Fire Hydrants within 500 feet: : | |  |
| Is there Any Bar/Restaurant Adjacent to your operation? | | | |  | | Are you in a basement location? | | | | | |  |
| Do you operate or rent space to other businesses? | | | |  | | Annual rental income $ | | | | | | |
| Describe precautions taken to avoid slips and falls at entrances: | | | | | | | | | | | | |
| Do you have any equipment stored offsite? (i.e. home office) | | | | |  | | If yes, please describe: | | | | | |
| Do you distribute, manufacture, or wholesale any products/equipment? | | | | | | | | | |  | \*Provide a list with application | |

**CONSTRUCTION OF BUILDING**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **WALL:** | Concrete Block/Masonry |  | Brick Veneer over Wood |  | Frame/Siding |  |
| **ROOF:** | Steel Deck or Concrete |  | Wood Joists |  | Metal Clad |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **LATEST UPDATES** | **FULL** | **PARTIAL** | **YEAR COMPLETED** |
| Roof: |  |  |  |
| Heat: |  |  |  |
| Plumbing: |  |  |  |
| Electrical: |  |  |  |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **STOCK:** | Clothing | $ | Supplements | $ | Other | $ |
| **EQUIPMENT:** | Computers | $ | Laptops | $ | Signs | $ |
|  | Furniture | $ | Machines | $ | Other | $ |
| **LEASEHOLDS:** | Existing Tenants Improv. | $ | Change Rooms | $ | Styling Chairs | $ |
|  | Washrooms/Showers | $ | Phone/Alarm Sys. | $ | Construction | $ |
|  | Offices | $ | Wall Coverings | $ | Other | $ |

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

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

**EQUIPMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Do You Have Modified/Rebuilt/Used Equipment? |  | If Yes, % used:      % | Age: |
| Is Equipment Inspected Daily? | | Who Does Maintenance? | |

**LIABILITY INFORMATION**

**Liability Limit Requested:**  **$2,000,000**  **$3,000,000**  **$4,000,000**  **$5,000,000**

**DESCRIPTION OF OPERATIONS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Any client under the age of 18? |  | Do parents stay on premise? | | |  |
| Do you ever serve alcohol? |  | Do you have a liquor license? | | |  |
| Do any specialists provide additional services? |  | Describe: | | | |
| Are any operations or activities done away off premises? | | |  | Describe: | |
| Describe sterilization/cross-contamination prevention procedures: | | | | | |
| Do you use MMA (Methyl Methacrylate) within the gel nail process? | | | | |  |
| Do you sell any metabolic supplements? | | | | |  |

# 

# WET AREAS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Showers | # | Whirlpools | # | Steam Rooms | # |
| Hydrotherapy Tubs | # | Vichy Showers | # | Infra Red Saunas | # |
| Dry Saunas | # | Wet Saunas | # | Pools | # |
| Are all steam rooms vents/spouts covered/capped to defuse the steam? | | | | |  |
| Any scorching behind heater? |  | Non-Slip Flooring? |  | Rubber Mats In Halls? |  |

# 

**STAFF (Including Owner/Operators, Employees & Sub-Contractors)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Yrs of Exp.** | **Operations Performed (Must attached Certificates)** | **F/T or P/T** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Is all staff certified/educated/trained in the services they perform? | | |  |

**ADDITIONS TO THE POLICY**

**ADDITIONAL INSURED**      

(i.e.: landlord)      

**LOSS PAYEES**      

(i.e.: financing, leases, etc.)      

**CLAIMS HISTORY**

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 |
|  |  |  |
|  |  |  |
|  |  |  |

**SURVEY OF OPERATIONS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| TYPE 1 | | | | | | | |
| Hair |  | Body Wraps |  | Facials |  | Waxing/Sugaring |  |
| Make-Up (Temporary) |  | Ear Piercing |  | Manicure/Pedicure |  | Acrylic Nails |  |
| Gel Nails |  | Spray Tanning |  | Supplement Sales |  | Product Sales |  |
| **Annual Receipts for Type 1 Operations (\*\*MUST HAVE ESTIMATE IN ORDER TO QUOTE): $** | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| TYPE 2 **(Note: All Bolded Operations Require Further Information – Please Complete Attached Page)** | | | | | | | |
| Body Piercing |  | Lashes (tinting/extensions) |  | Ear Candling |  | Dry/Infrared Saunas | # |
| Spray On Tattooing |  | **Teeth Whitening\*** |  | Henna Tattooing |  | Sauna Beds | # |
| **Massage (RMT)** |  | **Non-Reg. Massage** |  | **Aromatherapy** |  | **Tanning Beds** | # |
| **Reflexology** |  | **Reiki** |  | Electrocoagulation |  | Aqua Massage Beds | # |
| **Acid/Glycolic Peels** |  | **Electrolysis** |  | **Microdermabrasion** |  | Vibration Machines | # |
| **Annual Receipts for Type 2 Operations (\*\*MUST HAVE ESTIMATE IN ORDER TO QUOTE): $** | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| TYPE 3 **(Note: All Bolded Operations Require Further Information – Please Complete Attached Page)** | | | | | | | |
| **Laser Treatments** |  | **IPL Treatments** |  | **Cold Laser** |  | Micropigmentation |  |
| Botox/Collagen |  | Other Injectables |  | List: | | | |
| Permanent Body Tattooing\* | | |  | **\*Call to discuss with an Underwriter** | | | |
| **Annual Receipts for Type 3 Operations (\*\*MUST HAVE ESTIMATE IN ORDER TO QUOTE): $** | | | | | | | |

* **If you have checked any “Bolded” Operations above, please continue to next page.**

**OR**

* **If you have not checked off any “Bolded” Operations above, you do not need to complete any further information, please sign below and remit to our office for quotation.**

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 **Pacific insurance brokers** , you provide **Pacific insurance brokers .** 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:

**LASER/IPL APPLICATION**

**SERVICES OFFERED**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Laser | | |  | IPL | | |  | Cold Laser | | | | | | |  |
|  | | | | | | | | | | | | | | | |
| Acne |  | Skin Resurfacing | | |  | Hair Removal | | |  | Leg Veins | | | | |  |
| Psoriasis & Vitiligo |  | Pigmented Lesions | | |  | Vascular Lesions | | |  | Re-Pigmentation | | | | |  |
| Other |  | List: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| What Skin Types (Based on Fitzpatrick Scale) do you provide services for: | | | | | | | | | 1 | | 2 | 3 | 4 | 5 | 6 |
| 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? **\*\*** | | | | | | | | | | | | | | |  |
| **\*\* MINORS: You need to keep these records/waivers on file for 2 yrs after client turns 18** | | | | | | | | | | | | | | | |
| 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.** | **Services Performed** | **Skin Types Performed On** | **Prior Claims** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**MACHINES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Make** | **Model** | **Model Year** | **Replacement Cost (CAD)** |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
| 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](http://webprod5.hc-sc.gc.ca/mdll-limh/prepareSearch-preparerRecherche.do?type=active〈=eng) or call (613) 957-7285 | | | |

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**Applicant: Signature: Title:**        **Date:**      

**MASSAGE / REFLEXOLOGY / REIKI OPERATIONS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Type Of Massage Performed** | **Yrs of Exp.** | **RMT** | **Prior Claims** | |
|  |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |  | |
| 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? **\*\*** | | | | |  |
| **\*\* MINORS: You need to keep these records/waivers on file for 2 yrs after client turns 18** | | | | | |
| Minimum age of clients for massage services: | | | | | |

**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)? WILL BE | | | | | | | | |  |
| Are all staff trained or certified through SmartTan or equivalent certifying body? WILL BE | | | | | | | | |  |
| Are clients given tanning instruction – PRE&POST | | |  | 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 per client: | | | | | | | | | |
| Do all clients sign waivers? |  | Vibrations Machines NO | | | | |  | How Many? | |
| Do you sell supplements? |  | Do any contain ephedra or other metabolic enhancers? | | | | | | |  |
| Do you provide any services other than tanning? | | | | |  | Please Describe: | | | |

# BEDS/BOOTHS:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Beds | # | Booths | # | | Spray Booths MOBILE SPRAY KIT | # | 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? | | | | | | | | |  |

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**Applicant: Signature: Title: Date:**

**MICROPIGMENTATION (PERMANENT MAKE UP)**

|  |  |  |  |
| --- | --- | --- | --- |
| Eye Liner (Top &/or Bottom Lids) |  | Eye Brows |  |
| Lips |  | Areolas &/or Scars |  |
| Semi-Permanent (Lash Tinting/Extensions) |  | Other (Please Describe): |  |
|  | | | |
| Make & Model of Machine Used? | | | |
| Manufacturer(s) Of Pigment Used: | | | |
| Are All Machines & Pigments Manufactured Within North America? | | | |

**TEETH WHITENING**

|  |  |  |  |
| --- | --- | --- | --- |
| Product Used: | | | |
| Active ingredient: | | | |
| Carbamide Peroxide (10%) |  | Carbamide Peroxide (more than 10%)      % |  |
| Hydrogen Peroxide (3%) |  | Hydrogen Peroxide (more than 3%)      % |  |
| Product Used: | | | |
| Make and Model(s) of Machine Used: | | | |

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**Applicant: Signature: Title:**       **Date:**