

BEAUTY/ESTHETICS/SPA APPLICATION

Brokerage Name: _____
 Broker Telephone: _____ Fax: _____ 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: (If Applicable)		Phone:		Email:	

Expiry Date of Current Policy: _____	Current Insurance Company: _____
Number of years in business? _____	Have you ever been cancelled for nonpayment? <input type="checkbox"/>

PROPERTY INFORMATION

Describe your location (strip plaza, shopping mall, etc.): _____			
The Building Age: _____	No. Of Stories: _____	Do you own the building? <input type="checkbox"/>	
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"/>	Are you in a basement location? <input type="checkbox"/>		
Do you operate or rent space to other businesses? <input type="checkbox"/>	Annual rental income \$ _____		
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

WALL:	Concrete Block/Masonry <input type="checkbox"/>	Brick Veneer over Wood <input type="checkbox"/>	Frame/Siding <input type="checkbox"/>
ROOF:	Steel Deck or Concrete <input type="checkbox"/>	Wood Joists <input type="checkbox"/>	Metal Clad <input type="checkbox"/>

LATEST UPDATES	FULL	PARTIAL	YEAR COMPLETED
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"/>	_____

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/Shower	\$ _____	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. \$ _____) = \$ _____

BEAUTY/ESTHETICS/SPA APPLICATION

EQUIPMENT

Do You Have Modified/Rebuilt/Used Equipment?	<input type="checkbox"/>	If Yes, % used: _____%	Age: _____
Is Equipment Inspected Daily?	_____	Who Does Maintenance?	_____

LIABILITY INFORMATION

Liability Limit Requested:	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$3,000,000	<input type="checkbox"/> \$4,000,000	<input type="checkbox"/> \$5,000,000
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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 company 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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:

Payout:

BEAUTY/ESTHETICS/SPA APPLICATION

Expenses: _____

SURVEY OF OPERATIONS

TYPE 1							
Hair	<input type="checkbox"/>	Body Wraps	<input type="checkbox"/>	Facials	<input type="checkbox"/>	Waxing/Sugaring	<input type="checkbox"/>
Make-Up (Temporary)	<input type="checkbox"/>	Ear Piercing	<input type="checkbox"/>	Manicure/Pedicure	<input type="checkbox"/>	Acrylic Nails	<input type="checkbox"/>
Gel Nails	<input type="checkbox"/>	Spray Tanning	<input type="checkbox"/>	Supplement Sales	<input type="checkbox"/>	Product Sales	<input type="checkbox"/>
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	<input type="checkbox"/>	Make-Up (Semi-Perm)	<input type="checkbox"/>	Ear Candling	<input type="checkbox"/>	Dry/Infrared Saunas	#
Spray On Tattooing	<input type="checkbox"/>	Oxygen Bar	<input type="checkbox"/>	Henna Tattooing	<input type="checkbox"/>	Sauna Beds	#
Massage (RMT)	<input type="checkbox"/>	Non-Reg. Massage	<input type="checkbox"/>	Aromatherapy	<input type="checkbox"/>	Tanning Beds	#
Reflexology	<input type="checkbox"/>	Reiki	<input type="checkbox"/>	Electrocoagulation	<input type="checkbox"/>	Aqua Massage Beds	#
Acid/Glycolic Peels	<input type="checkbox"/>	Electrolysis	<input type="checkbox"/>	Microdermabrasion	<input type="checkbox"/>	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	<input type="checkbox"/>	IPL Treatments	<input type="checkbox"/>	Cold Laser	<input type="checkbox"/>	Micropigmentation	<input type="checkbox"/>
Botox/Collagen	<input type="checkbox"/>	Other Injectables	<input type="checkbox"/>	List: _____			
Permanent Body Tattooing*			<input type="checkbox"/>	*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 and 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.

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

BEAUTY/ESTHETICS/SPA APPLICATION

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"/>
Psoriasis & Vitiligo	<input type="checkbox"/>	Pigmented Lesions	<input type="checkbox"/>	Vascular Lesions	<input type="checkbox"/>
Other		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? ** _____					
** 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
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

MACHINES

Make	Model	Age	Replacement Cost (CAD)
			\$
			\$
			\$
			\$

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Applicant: Signature: _____ Title: _____ Date: _____

BEAUTY/ESTHETICS/SPA APPLICATION

MASSAGE / REFLEXOLOGY / REIKI OPERATIONS

Name	Type Of Massage Performed	Yrs of Exp.	RMT	Prior Claims
			___	<input type="checkbox"/>
			___	<input type="checkbox"/>
			___	<input type="checkbox"/>
			___	<input type="checkbox"/>

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)?	___
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 per client: _____	
Do all clients sign waivers? _____	Vibrations Machines <input type="checkbox"/> 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 # _____	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: _____

BEAUTY/ESTHETICS/SPA APPLICATION

MICROPIGMENTATION APPLICATION

Business Name:					
Location Address:					
	City:	Prov.:		P.C.:	
Mailing Address:					
	City:	Prov.:		P.C.:	
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? _____			

LIABILITY INFORMATION

Liability Limit Requested: ☐ \$2,000,000 ☐ \$3,000,000 ☐ \$4,000,000 ☐ \$5,000,000

DESCRIPTION OF OPERATIONS

Eye Liner (Top &/or Bottom Lids)	___	Eye Brows	___
Lips	___	Areolas &/or Scars	___
Semi-Permanent (Lash Tinting/Extensions)	___	Other (Please Describe): _____	___
TOTAL GROSS ANNUAL RECEIPTS: \$ _____			
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: _____			

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

Name	Yrs of Exp.	Type Of Certification (Must attached Certificates)	F/T or P/T
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EQUIPMENT

Make & Model of Machine Used? _____			
Do You Have Modified/Rebuilt/Used Equipment?	___	If Yes, % used: _____%	Age: _____
Is Equipment Inspected Daily?	___	Who Does Maintenance? _____	
Manufacturer(s) Of Pigment Used: _____			
Are All Machines & Pigments Manufactured Within North America? _____			

ADDITIONS TO THE POLICY

☐ **ADDITIONAL INSURED**

(i.e.: landlord)

BEAUTY/ESTHETICS/SPA APPLICATION

CLAIMS HISTORY

Has the company &/or staff had claims against them in last 5 years? ____,

If yes please list details:

Date Of Loss:

Payout:

Expenses:

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

Leon Levi

Commercial Account Executive

☎T: 416-388-8918

☎T: Tel: [905-752-3600](tel:905-752-3600) ext 513

• [1-855-752-3600](tel:1-855-752-3600) ext. 513

☎T: Fax: [905-752-3688](tel:905-752-3688)

✉ llevi@insureitgroup.com

<https://torontoinsurancesolutions.com>



BEAUTY/ESTHETICS/SPA APPLICATION

TANNING SALON APPLICATION

Business Name:					
Location Address:					
	City:	Prov.:		P.C.:	
Mailing Address:					
	City:	Prov.:		P.C.:	
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? <input type="checkbox"/>			

PROPERTY INFORMATION

Describe your location (strip plaza, shopping mall, etc.): _____			
The Building Age: _____		No. Of Stories: _____	
Do you own the building? <input type="checkbox"/>			
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"/>		Are you in a basement location? <input type="checkbox"/>	
Do you operate or rent space to other businesses? <input type="checkbox"/>		Annual rental income \$ _____	
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

WALL:	Concrete Block/Masonry <input type="checkbox"/>	Brick Veneer over Wood <input type="checkbox"/>	Frame/Siding <input type="checkbox"/>
ROOF:	Steel Deck or Concrete <input type="checkbox"/>	Wood Joists <input type="checkbox"/>	Metal Clad <input type="checkbox"/>

LATEST UPDATES	FULL	PARTIAL	YEAR COMPLETED
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"/>	_____

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

STOCK:	Clothing/Sunglasses	\$ _____	Lotion	\$ _____	Other	\$ _____
EQUIPMENT:	Computers/Laptops	\$ _____	Goggles	\$ _____	Signs	\$ _____
	Laundry Machines/Towels	\$ _____	Tanning Beds	\$ _____	Other	\$ _____
LEASEHOLDS:	Existing Tenants Improv.	\$ _____	Tanning Rooms	\$ _____	A/C Unit	\$ _____
	Office	\$ _____	Phone/Alarm Sys.	\$ _____	Other	\$ _____

TOTAL CONTENTS (including all stock, equipment & leaseholds) \$ _____

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

BEAUTY/ESTHETICS/SPA APPLICATION

EQUIPMENT

Do You Have Modified/Rebuilt/Used Equipment?	<input type="checkbox"/>	If Yes, % used: _____ %	Age: _____
Is Equipment Inspected Daily?	_____	Who Does Maintenance? _____	

LIABILITY INFORMATION

Liability Limit Requested: <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000

Annual Receipts:

Tanning	\$ _____	Esthetics/Hair/Massage	\$ _____	Jewelry	\$ _____
Lotion	\$ _____	Clothing	\$ _____	Other	\$ _____
TOTAL GROSS ANNUAL RECEIPTS: \$ _____					

DESCRIPTION OF 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 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 <input type="checkbox"/> 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/BOOTHES:

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? _____							

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: _____

Payout/Expenses: _____

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BEAUTY/ESTHETICS/SPA APPLICATION

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

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