

Beauty, Spa and Wellness Program Application

General Information

1. Effective Date: _____
2. Broker: _____ Broker Number: _____
3. Applicant: _____ Years in Business: _____

4. Mailing Address: _____
5. Name of Principal(s): _____
6. Applicant is: Individual Partnership Corporation Joint Venture
 Other: _____
7. Website Address: _____
8. Have there been any losses, cancellations, restrictions, or declines in the past 5 years? Yes No
 If **yes**, please provide details: _____
9. Previous Insurer and Policy Number: _____
10. Other Agile Policies: _____

Business Type

1. Please indicate the primary service generating the highest revenue:

<input type="checkbox"/> Beauty Parlour / Hair Styling Salon	<input type="checkbox"/> Tatto / Permanent or Semi-permanent Makeup Parlour
<input type="checkbox"/> Electrology Office	<input type="checkbox"/> Barber Shop
<input type="checkbox"/> Massage Therapy	<input type="checkbox"/> Tanning Studio
	<input type="checkbox"/> Day Spa
	<input type="checkbox"/> Ear / Body Piercing Studio
	<input type="checkbox"/> Nail Salon

Location Details

1. Location of Premises: Same as above; or: _____
2. Loss Payable:
 Type = **LP** - Lienholder | **MT** - Mortgagee

Name:	Mailing Address:	Type:	Interest:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Additional Insured:

Type = **DE** – Designated Person/Organization | **LE** – Lessor | **LN** – Landlord | **MC** – Municipality | **VE** – Vendor

Name:	Mailing Address:	Type:	Interest:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Construction:

- Fire-Resistive Modified Fire-Resistive Masonry Non-combustible
 Joisted Masonry Non-combustible All Other

5. Building Type:

- Single Enclosed Mall Strip Mall Highrise Other Condo: Yes No

6. Year Built: _____ # of Stories: _____ Ground Floor Area (sq. ft.): _____

7. Sprinkler System? Yes No

8. Type of:

Roof _____ Heat _____ Plumbing _____ Wiring _____

9. Year of Updates:

Roof _____ Heat _____ Plumbing _____ Wiring _____

10. Protection: Within 300 metres (1,000 ft.) of fire hydrant More than 300 metres (1,000 ft.) of fire hydrant
 Within 8 km (5 miles) of responding firehall More than 8 km (5 miles) of responding firehall
 Nearest town of responding firehall: _____

11. Alarm:

Fire Burglar Local Central Cellular Backup ULC Certified? Yes No

12. Occupied by others as (provide details): _____

13. % occupied by Insured: _____ % occupied by others: _____

Crime Details (for limits in excess of \$7,500)

1. Money kept on premises overnight: \$ _____ In what? _____

2. Frequency of deposits: _____ Amount carried at one time: \$ _____

3. Do deposit times vary? Yes No Is route changed? Yes No

Services Provided (applicant's brochure, pamphlet, or list of services must be provided)

- | | |
|---|---|
| 1. <input type="checkbox"/> Acupuncture | 6. <input type="checkbox"/> Chiropody |
| 2. <input type="checkbox"/> Aromatherapy | 7. <input type="checkbox"/> Ear / Body Piercing |
| 3. <input type="checkbox"/> Bath Treatments | <input type="checkbox"/> Ear Stretching <input type="checkbox"/> Implants |
| 4. <input type="checkbox"/> Body Wraps, Brushing, or Polishing | <input type="checkbox"/> Scalpeling <input type="checkbox"/> Ear Shaping |
| 5. <input type="checkbox"/> Body Treatments involving Electrical Currents | 8. <input type="checkbox"/> Ear Candling |

- 9. Exercising, Slenderizing, or Reducing Consultation
- 10. Facials
 - Lasers Light Peels
 - Injections General
- 11. Hair Cutting, Colouring, Perming
- 12. Hair Removal
 - Waxing Sugaring Lasers
 - Electrolysis Shortwave Light
- 13. Hydrotherapy
- 14. Makeup Application
 - Permanent Temporary
- 15. Massage Therapy
- 16. Manicures / Pedicures / Artificial Nails
- 17. Physiotherapy
- 18. Plastic Surgery
- 19. Reflexology
- 20. Reiki
- 21. Removal of Warts, Moles, or Other Growths
- 22. Sauna
- 23. Shower
- 24. Steam Room
- 25. Tanning
 - UV Spray
- 26. Tattooing
 - Permanent Removal Black Henna
 - Other Henna Branding Implants
 - Scarification
- 27. Vein Treatments
- 28. Fish Treatments
- 29. Microdermabrasion
- 30. Teeth Bleaching
- 31. Tongue Splitting
- 32. Amputation
- 33. Electrocautery
- 34. Flesh Hooks
- 35. Microneedling
- 36. Oxygen Bars
- 37. Phenol / Deep Chemical Peels
- 38. Photo or Bio Stimulation
- 39. Pocketing
- 40. Theta Healing
- 41. Microblading
- 42. Other Services (please describe):

Service Details (must be completed for all services)

- 1. With the exception of basic hair and esthetic services, is it mandatory that customers complete and sign a medical questionnaire? **Please attach a copy.** Yes No
- 2. With the exception of basic hair and esthetic services, is it mandatory that customers complete and sign a waiver form? **Please attach a copy.** Yes No
- 3. Is it mandatory to advise customers of the risks inherent with the service(s) they are receiving? Yes No
- 4. If specific care is required after a service is performed, is it mandatory to provide customers with aftercare instructions? **If yes, please attach a copy.** Yes No
- 5. Are records kept for a period of at least 3 years? Yes No
- 6. As a matter of practice, do you provide written or oral advice on the use or healing qualities of herbal, organic or drug items or supplements? Yes No
- 7. As a matter of practice, do you administer or recommend any form of anesthetic, analgesic, or tranquilizer medication? Yes No
- 8. Are all operators professionally licensed or registered as an apprentice for the service(s) they are performing? Yes No
- 9. What is your standard ratio of apprentices to licensed professionals? _____

10. Are apprentices always supervised by licensed professionals? Yes No
11. Is the business operated in accordance with regulations stipulated by Health Canada and the personal service establishment guidelines in the province, territory, or municipality in which the services are performed? Yes No
12. Are business licenses and/or operating permits obtained from the appropriate licensing authorities? Yes No
13. Does the business have procedures in place regarding the prevention and control of infection should an exposure to blood borne pathogens occur? Are all staff trained in blood borne pathogens? Yes No
14. Are all products approved for use under the Canada Food and Drug Act and Cosmetic Regulations? Yes No
15. Are all machines used C.S.A or ULC and Health Canada approved? Yes No
16. Are all single-use items, such as needles, inks, ointments, gloves and surface coverings of the disposable type, used for one customer only? Yes No
17. Are all non-disposable instruments, equipment and supplies cleaned, disinfected and sterilized according to the personal service establishment guidelines of the municipality in which business is conducted? Yes No
18. Are all sharp tools disposed of immediately after use and according to the personal service establishment requirements of the municipality in which the business is conducted? Yes No
19. Is an operator who has a valid Standard First Aid Certificate Level A always present during business hours? Yes No
20. If teeth bleaching is offered, is it power or light-accelerated? Yes No
21. Are IPL treatments offered? Yes No
 If **yes**, how many devices are on location? _____
 How many years of experience does each operator have with these devices? _____
22. Are chemical peels offered? Yes No
 If **yes**, are phenol or deep peels available? Yes No

Ear / Body Piercing Details

1. Do you pierce the hands, feet, sides and nape of the neck, scalp, or the area between the eyes on the bridge of the nose? Yes No
2. Do you use an ear piercing gun for any other body part other than the fleshy part of the ear lobe? Yes No
3. Do you inspect the skin for any signs of abnormality or infection prior to performing the piercing? Yes No
4. Do you follow the minimum standards for jewellery as outlined by the Association of Professional Piercers? Yes No
5. Do you perform piercings on minors? Yes No
 If **yes**, do you require a signed parental consent form for all minors? **If yes, please attach a copy.** Yes No
 If **yes**, do you require that a parent be present when performing piercing on minors? Yes No

All Tattoo / Permanent or Semi-Permanent Makeup Service Details

1. Do you perform services on minors? Yes No
 If **yes**, do you require a signed parental consent form for all minors? **If yes, please attach a copy.** Yes No
 If **yes**, do you require that a parent be present when performing services on minors? Yes No
2. Are all staff and technicians trained and certified in blood borne pathogens? Yes No

3. Are all single-use items, such as needles, inks, ointments, gloves and surface coverings of the disposable type, used for one customer only? Yes No
4. Are all re-usable items cleaned, disinfected and sterilized according to the personal service establishment requirements of the municipality in which business is conducted? Yes No
5. Are all sharp tools disposed of immediately after use and according to the requirements of the municipality in which the business is conducted? Yes No
6. Do you use UV inks or pigments? Yes No
7. Do you use inks or pigments manufactured in countries other than North America? Yes No
8. Do you use topical anesthetics?
If **yes**, does the product comply with Health Canada standards for topical anaesthetics, analgesics, and antipruritics? Yes No
9. Will you perform services on individuals with inflamed or infected skin, on individuals with a history of heart disease, seizures, diabetes, skin disorders or bleeding disorders? Yes No
10. Do you insist that the customer sit for 15 minutes after a tattooing, permanent or semi-permanent makeup procedure?
If **yes**, is the recovery area free and clear of items that would be harmful to the customer should they faint? Yes No
11. Do you perform any off-premises operations? Yes No
12. Is your business home-based? Yes No

Tattoo Services Only

1. Do you perform tattooing on eyeballs? Yes No
2. Do you perform laser tattoo removal or lightening? Yes No

Permanent / Semi-Permanent Makeup Services Only

1. Will you perform services on individuals who have acute infections, such as colds, mental disorders, type 1 diabetes, possibility of forming keloid scars, epilepsy, inflammation of the area, severe physical illness, reduced blood clotting, or women who are pregnant or breast feeding? Yes No
2. With respect to pigments:
Do you use UV pigments? Yes No
Do you use pigments that are iron oxide based? Yes No
3. Do you use topical anesthetics?
If **yes**, does the product comply with Health Canada standards? Yes No
4. Have all of your technicians completed a certification program that is a minimum of 2 days in length?
If **yes**, have each of the technicians performed services on at least 4 live models prior to performing on customers? Yes No

Nail Service Details

1. Do you use methyl methacrylate (MMA)? Yes No
2. Are disposable instruments, equipment and supplies, including those that cannot be disinfected or adequately sterilized, discarded after use on each client? Yes No
3. Are non-disposable instruments, equipment, and supplies thoroughly cleaned and sterilized after use on each client? Yes No
4. Are clients' nails carefully examined for nail mould or fungus? Yes No

Electrolysis Service Details

1. Do you remove hair from mucous membranes, such as nostril hair or the inner ear, or from moles without a doctor's consent? Yes No

Tanning Service Details

1. Is it mandatory that customers complete a skin type analysis to determine how they will react to the tanning exposure? Yes No
2. Is a Tanning Service Skin Type Analysis and Waiver being used? Yes No
If **yes**, please attach a copy of the waiver being used.
3. Are children under 18 years of age allowed to use the tanning equipment? Yes No
4. Does the province or municipality in which you operate allow children under 18 years of age to use tanning units? Yes No
If **yes**, what age is specified? _____
5. Is the owner/manager Smart Tan or equivalently certified? Yes No
If **yes**, please provide a copy of the certificate.
6. Are all staff Smart Tan or equivalently certified? Yes No
If **yes**, please provide copies of certificates obtained by all staff.

Operation Details (must be completed for all services)

1. Gross Sales/Revenue: \$ _____ % Canadian _____ \$ US _____ \$ Foreign _____
2. Does your operation include retail sales? Yes No
3. Do products sold pertain to services offered? Yes No
If **no**, please provide details: _____
4. Does your operation import from countries outside of North America? Yes No
If **yes**, please provide details: _____
5. Does your operation export to countries outside of North America? Yes No
If **yes**, please provide details: _____
6. Does your operation rebottle, repackage, or relabel for resale? Yes No
If **yes**, please provide details: _____

7. Is liquor sold or serve on the premises? Yes No
 If **yes**, please provide details: _____
8. Has your operation been inspected? Yes No
 If **yes**, by whom? _____ Date of last inspection: _____
9. Are daycare services offered by the applicant while other services are being rendered? Yes No
 If **yes**, is the daycare licensed in the jurisdiction in which it operates? Yes No
 Maximum number of children at any one time? _____
10. Are services performed off-premises? Yes No
 If **yes**, please provide details: _____
 % of Gross Sales _____

Coverages Required

Perils: All Risks (AR) Named Perils (NP) **Valuation:** Replacement Cost (RC) Actual Cash Value (ACV)

PERILS	COVERAGES	DEDUCTIBLE	CO-INSURANCE	LIMITS	RATE	PREMIUM
	Building					
	Contents					
	Other (specify):					
	Consequential Loss					
	Profits		100%			
	Gross Earnings		80%			
	Extra Expenses		100%			
	Rents					
	Glass					
	Sign Floater					
	Office Equipment					
	Other (specify):					

Including or excluding:

Flood: Include Exclude Earthquake: Include Exclude Sewer Backup: Include Exclude

	Broad-form Money					
	In-Out Hold-up					
	CGL					
	Professional Liability					
	Medical Malpractice					
	TLL					
	Boiler & Machinery					

Declarations and Signature

Consumer and previous insurer reports containing personal, credit, factual, or investigative information about the applicant may be sought in connection with this Application for Insurance or any renewal, extension, or variation thereof. All provisions contained in the various forms issued under this Contract shall be deemed to be contained in the present Application for Insurance.

The Policy may be deemed to be void and claims may be deemed not covered where:

1. An applicant for a Contract:
 - a. gives false or erroneous information to the prejudice of the Insurer; or
 - b. knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
2. The Insured contravenes a term of the Contract or commits a fraud; or
3. The Insured willfully makes a false statement in respect of a claim under the Contract.

I certify that all statements made in this Application are complete and accurate and apply for a Contract of Insurance based upon the truth of those statements.

Applicant's Signature	Date
Print Name	Title/Position

Broker Information (to be completed by Broker)

1. Do you know the Applicant personally? Yes No If **yes**, for how long? _____
2. Did you receive the order directly from the Applicant? Yes No If **no**, from whom and why?

3. Do you handle other Insurance for the Applicant? Yes No If **yes**, please provide details:

4. Do you recommend this risk in every respect? Yes No
5. Is this risk a renewal in your office? Yes No
If **yes**, how long have you placed insurance on this risk? _____

Broker's Signature	Date
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