

# Beauty / Esthetics Application



Broker:		Broker Office:	
Broker Contact:		Broker Email:	
Insured/Business Name:			
Mailing Address:			
Risk Address:			
Name and Address of Mortgagee/Loss Payee:			
Existing Insurer:		Expiry Date:	Expiring Premium:
Has prior coverage been on a Claims Made Basis?			If yes, Retroactive Date:
<b>OPERATION INFORMATION</b>			
Description of Operations:			
Website Address:			
Do you work with clients under 18 years of age?		If yes, do parents stay on premise?	
Are records kept?		If yes, how long are records kept:	
Do clients sign a waiver?			
Do you bring any specialists into your premise to provide additional operations? If yes, please provide full details on the last page of this document.			
Are there any operations or activities performed away from the premises? If yes, please provide full details on the last page of this document.			
<b>PROVIDE FULL DETAILS ON ALL EMPLOYEES AND SUBCONTRACTORS.</b>			
Name	Years of Education	Years of Experience	Operations:
Has the company or any of the staff had claims against them in the last five years? If yes, provide this information on the last page of this document. If there are more employees, please include this information on the last page of this document.			

<b>SURVEY OF OPERATIONS</b>				
<b>Class A:</b> <input type="checkbox"/> Hair Cutting and/or Colouring <input type="checkbox"/> Body Wraps <input type="checkbox"/> Facials <input type="checkbox"/> Waxing and/or Sugaring <input type="checkbox"/> Makeup (Non-Permanent) <input type="checkbox"/> Piercing – Ears Only <input type="checkbox"/> Manicure and/or Pedicures <input type="checkbox"/> Nails Gel or Acrylic <input type="checkbox"/> Spray Tanning – Handheld		<b>Class B:</b> <input type="checkbox"/> Piercing – Body (Ex-Genitals) <input type="checkbox"/> Aromatherapy <input type="checkbox"/> Massage – Registered/Non-Registered <input type="checkbox"/> Reiki <input type="checkbox"/> Reflexology <input type="checkbox"/> Semi-Permanent Makeup <input type="checkbox"/> Henna or Spray-On Tattooing <input type="checkbox"/> Oxygen Bars <input type="checkbox"/> Day Heat Saunas <input type="checkbox"/> Electrolysis <input type="checkbox"/> Microdermabrasion <input type="checkbox"/> Acid/Glycolic Peels <input type="checkbox"/> Tanning (# of Bed/Booths):		<b>Class C:</b> <input type="checkbox"/> Laser Treatments <input type="checkbox"/> IPL Treatments <input type="checkbox"/> Sclerotherapy <input type="checkbox"/> Permanent Make Up <input type="checkbox"/> Supplement Sales <input type="checkbox"/> Wart Removal
<b>Receipts for Class A:</b>		<b>Receipts for Class B:</b>		
<b>Receipts for Class C:</b>		<b>Other Operations:</b>		
Injections/Fillers (Ex. Botox)				
Spider Vein Removal				
Chiropractors/Physical Therapy				
Permanent Tattooing				
Other:				
<b>PROPERTY INFORMATION</b>				
Year Built:	Construction:	Number of Stories:	Square Feet:	
<b>BUILDING UPDATES INFORMATION (REQUIRED – PROVIDE YEAR UPDATED BELOW)</b>				
	<b>Full Update</b>	<b>Partial Update</b>		
<b>Electrical</b>				
<b>Heating</b>				
<b>Plumbing</b>				
<b>Roof</b>				
<b>CONSTRUCTION MATERIALS</b>				
<b>Type of Electrical Wiring</b>				
<b>Type of Plumbing</b>				
<b>Type of Roof</b>				
<b>Type of Heating</b>				
<b>Type of Auxiliary Heating</b>		Not Applicable:		
<b>PROTECTION</b>				
Distance to a Fire Hydrant (in meters)				
Distance to a Fire Hall (in kilometers)				
Unprotected?				
Other Protection Devices:	Fire Extinguishers?	Smoke Detectors?	Sprinkler System?	
Alarm System?	If yes, is it monitored?			

LIMITS OF INSURANCE		
Building		
Outbuilding		
Contents		
Equipment Breakdown	Include in Quote?	
Business Interruption	Profits Gross Earnings Actual Loss Sustained	Limit:
Crime Coverage		
Liability:	\$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000	
Med Malpractice/Professional:	\$500,000 \$1,000,000 \$2,000,000	
LOSS HISTORY – PROVIDE FULL DETAILS (IF NONE, PLEASE INDICATE BELOW)		
<p>I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.</p>		
Applicant's Signature:		Date:



**Additional Information:**