



## Beauty/Spa Program Application

**#103-8411 200<sup>th</sup> STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008**

Broker: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location Address: (if different from mailing): \_\_\_\_\_

Telephone: \_\_\_\_\_ Website: \_\_\_\_\_

Operating as a:            Proprietorship    Partnership    Corporation

Total Receipts: \_\_\_\_\_ Years in business: \_\_\_\_\_

Desired effective date: \_\_\_\_\_

Are clients required to sign a "Waiver of Liability"?    Yes    No    If "Yes", please attach sample.

Do you manufacture/label products for sale? \_\_\_\_\_

Do you use case history cards? \_\_\_\_\_

**Types of work performed, please check all that apply:**

- |  |   |   |
|--|---|---|
| Hairstylist/Barber                           | Aromatherapy                                      | Manicure/Pedicure/Acrylic Nails                 |
| Waxing/Sugaring                              | Ear Piercing                                      | Electrolysis                                    |
| Eyebrow/Eyelash Tinting                      | Facials   | Massage (Hot Stone, Relaxation, Swedish, Reiki) |
| Microdermabrasion                            | Paraffin  | Laser Hair Removal                              |
| Body Wraps                                   | Chemical Peels *                                  | Reflexology                                     |
| Teeth Whitening<br>(LED & Tray process only) | Skin Tag Removal<br>(Non-Invasive, freezing only) | Permanent Makeup                                |
| Light Therapy/Cold Laser                     | Infra Red Saunas                                  | Ear Candling                                    |

Others, please list: \_\_\_\_\_

\*Chemical Peels – please provide more info on the process and solutions used: \_\_\_\_\_

Do you offer mobile services?    Yes    No    If yes what services? \_\_\_\_\_

**\*\*\* Coverage is excluded if machines are used for medical use and must be Canada Safety Authority (CSA) rated. All products must be approved by Health Canada/Canada Food & Drug Act. Any use of caustic chemicals including Methyl Methacrylate is excluded.**

Names of Employees	Position	Yrs of Experience	At which location

**Additional Information:**

Please describe any other activities: \_\_\_\_\_

What safeguards or procedures do you employ to avoid injuries? \_\_\_\_\_

**Property Coverage**

Construction: \_\_\_\_\_ Year Built: \_\_\_\_\_ Any Upgrades: \_\_\_\_\_

#of Stories: \_\_\_\_\_ Sprinklered: \_\_\_\_\_ Alarmed? Local: \_\_\_\_\_ Monitored: \_\_\_\_\_ None: \_\_\_\_\_

Square Footage: \_\_\_\_\_ Other Occupancies: \_\_\_\_\_

Any additional information: \_\_\_\_\_

PROPERTY & BUSINESS INTERRUPTION COVERAGES	AMOUNT OF INSURANCE
Building	
Equipment (Including Tenants Improvements)	
Stock	
Business Interruption (Profits, Monthly Earnings, Gross Earnings)	
Rent or Rental Value	
Extra Expense	
Office Contents	
Computer (Hardware/Software)	
Miscellaneous Property Floater	
Other:	
CRIME COVERAGES	AMOUNT OF INSURANCE
Inside and Outside Robbery	
Broad Form Money & Securities	
Commercial Blanket Bond (FORM A)	

**OPTIONAL COVERAGES: (Select any of the following optional coverages you require)**

- Sewer Back-up
- Replacement Cost
- Property Extension End't
- Flood
- Stated Amount Co-Insurance
- Comprehensive Property Extension
- Earthquake
- By-Laws

**Previous Insurance/ Loss History**

Previous insurance company: \_\_\_\_\_ Is renewal being offered: \_\_\_\_\_

5 year loss history: \_\_\_\_\_

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_