



BEAUTY / ESTHETICS / SPA APPLICATION

Trothen & McConkey Insurance
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COMPLETE THIS BOX ONLY IF THIS APPLICATION IS BEING SUBMITTED BY AN INSURANCE BROKER
Brokerage Name: _____ Producer's Name _____
Telephone: _____ Fax: _____ E-mail: _____

★ FAILURE TO ANSWER ALL QUESTIONS MAY RESULT IN A DELAY PROCESSING YOUR SUBMISSION ★

Legal Business Name: _____
Location Address: _____ City: _____ Province: _____ Postal: _____
Mailing (if different): _____ City: _____ Province: _____ Postal: _____
Contact Person: _____ Phone # _____ Fax # _____
Res. # _____ Cell # _____ E-mail: _____
Web Page Address: _____

Expiry Date of Policy: _____ Current Insurance Company: _____
Has prior coverage been on a Claims Made Basis? [] Yes [] No Retroactive date: _____
Have you ever been cancelled for non-payment? [] Yes [] No

PROPERTY INFORMATION

Describe your location (Two storey, strip plaza, shopping mall, etc.) _____
The Building Age: _____ No. of Stories: _____ Do you own the building? [] Yes [] No
Total Area of Building: _____ (Sq. Ft) Total Area of your Facility: _____ (Sq. Ft)

LATEST UPDATES?...

CONSTRUCTION OF BUILDING

Roof _____ WALL: ROOF:
Heat _____ [] Concrete Block/Masonry [] Steel Deck or Concrete
Plumbing _____ [] Brick Veneer over Wood [] Wood Joists
Electric _____ [] Frame/Siding [] Metal Clad

Sprinkler System? [] Yes [] No # of Fire Extinguishers: _____
Burglar Alarm? [] Yes [] No Smoke Detectors [] Yes [] No
Alarm Monitored? [] Yes [] No Fire Hydrants within 500 feet? [] Yes [] No
Fire Alarm [] Yes [] No Is your business smoke free? [] Yes [] No
AVERAGE Hours of Operation: _____:_____ to _____:_____ Do you operate 24 hours: [] Yes [] No

Is there Any Bar/Restaurant Adjacent to your operation? [] Yes [] No
Is there a Variety Store adjacent to your operation? [] Yes [] No
Do you own, operate, or rent space to associated businesses? [] Yes [] No
If yes, please describe: _____
Describe precautions taken to avoid slips and falls at entrances: _____
Who does snow removal? _____
Types of steps if any? _____
Do you keep salt on hand for de-icing walkways / entrances? [] Yes [] No, Do you apply? [] Yes [] No

FINANCIAL INFORMATION

USE THE FOLLOWING CATEGORY BREAKDOWNS TO HELP DETERMINE "PROPERTY VALUES" BELOW:

STOCK: Cosmetics \$ _____ Hair Care Products \$ _____ Skin Care Products \$ _____
Clothes \$ _____ Supplements \$ _____ Lotions \$ _____ Nail Care Products \$ _____

Other Stock not mentioned \$ _____ please specify: _____

EQUIPMENT: Computers \$ _____ Laptops \$ _____ Signs \$ _____ Furniture \$ _____
Massage Tables \$ _____ Machines \$ _____ Tanning Beds \$ _____ Lasers \$ _____

LEASEHOLDS: Offices \$ _____ Phone/Alarm Systems \$ _____ A/C Units \$ _____

Beauty Styling Chairs \$ _____ Change rooms \$ _____ Washroom / Showers \$ _____

Construction Costs \$ _____ Existing Tenants Improvements \$ _____

"PROPERTY VALUES" (IF YOU HAD TO REPLACE THE FOLLOWING ITEMS TODAY)

Building (if you require coverage) \$ _____ Equipment \$ _____

Leasehold Improvements \$ _____ Stock \$ _____

DESCRIPTION OF OPERATIONS

Do clients sign a waiver Yes No Any client under the age of 18 Yes No

Are full records kept Yes No How long are records kept: _____

Do you offer Child Care? Yes No Do parents stay on premise at all times? Yes No

Do you have a liquor license? Yes No Do you ever serve alcohol? Yes No

Snack Bar on Premises? Yes No Do you use a deep fat fryer? Yes No

Is there any operations or activities away from the premises? Yes No

Do you bring any specialists into your premise to provide additional operations? Yes No

If so, Please advise operations: _____

of Swimming Pools? _____ Maximum Depth? _____ Diving Boards Yes No

#of units Flooring (eg. 2" tiles, rough surface) Non-Slip Flooring? Rubber Mats In Halls?

Showers _____ _____ Yes No Yes No

Whirlpools _____ _____ Yes No Yes No

Steam Rooms _____ _____ Yes No Yes No

Saunas _____ _____ Yes No Yes No

Wet or Dry Sauna? _____

Any scorching behind heating unit? Yes No

How many inches is the heating unit away from the closest wall? _____ Inches

Are there any Squash, Racquetball, Tennis or Basketball Courts Yes No, (please specify) _____

CRIME EXPOSURES

Maximum amount of cash left on Premises overnight? \$ _____

If over \$250, do you have a safe? Yes No Type of Safe? _____

EQUIPMENT

Do You Have Modified or Rebuilt/Used Equipment? Yes No If Yes, % used _____ Age _____

Is Equipment Inspected Daily? Yes No Who Does Maintenance? _____

STERILIZATION

Are staff required to wear sterilized gloves at all times? Yes No

Do you have an autoclave premise? Yes No

★ PLEASE ATTACH A SUPPLEMENTARY PAGE OUTLINING ALL OF YOUR STERILIZATION PROCEDURES AS WELL AS POLICIES IN PLACE TO PREVENT CROSS-CONTAMINATION

FINANCIAL INFORMATION

LIABILITY INFORMATION Liability Limits Desired: \$2,000,000 \$3,000,000 \$5,000,000

Hair Services	\$ _____	Nail Services	\$ _____
Acid Peels	\$ _____	Aromatherapy	\$ _____
Electrolysis	\$ _____	Laser Services	\$ _____
Massage Services	\$ _____	Product Sales	\$ _____
Supplement Sales	\$ _____	Clothing Sales	\$ _____
Tanning Bed Sales	\$ _____	Other Sales	\$ _____
Total Yearly Gross Sales & Operation Receipts			\$ _____

Body Wraps	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Botox Injections	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chiropractors on staff	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Collagen Injections	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diet / Nutrition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Follow Canada Food Guide	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ear Candling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Facials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ears Piercing Only	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Electrolysis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Makeup - Non-Permanent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Manicure / Pedicure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nails - Acrylic	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Gel Nails	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physical Therapist on Staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tattooing – Cosmetic	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tattooing - Henna	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tattooing –Permanent Body	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tattooing – Spray on	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Toning Beds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spray Tanning Booth	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spray Tanning Handheld	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wart / Mole Removal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Waxing / Sugaring	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your company use MMA (Methyl Methacrylate) within the Nail process			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Supplement Sales	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you sell any metabolic supplements? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Hair Cutting / Coloring	<input type="checkbox"/> Yes	<input type="checkbox"/> No	→ # of chairs _____	# of operators _____	
Body Piercing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Face Piercing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Genital Piercing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tongue Piercing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Makeup - Permanent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Makeup – Semi Permanent	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aqua Massage Beds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	→ # of units _____		
Acid Peels	<input type="checkbox"/> Yes	<input type="checkbox"/> No	→ % of gross income _____	# of operators _____	
Aromatherapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	→ % of gross income _____	# of operators _____	
Sclerotherapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	→ % of gross income _____	# of operators _____	
Laser Treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	→ If yes, please complete application - Page #5		
Massage - Registered	<input type="checkbox"/> Yes	<input type="checkbox"/> No	→ If yes, please complete application – Page #6		
Massage - Non-Registered	<input type="checkbox"/> Yes	<input type="checkbox"/> No	→ If yes, please complete application – Page #6		
Microdermabrasion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	→ If yes, please complete application – Page #6		
Tanning Beds & Booths	<input type="checkbox"/> Yes	<input type="checkbox"/> No	→ If yes, please complete application – Page #7		

Please provide a brochure of your operations when you submit this application

MASSAGE THERAPY:

- 1 What type(s) of Massage do you perform? _____
- 2 Number of years of experience? _____ years
- 3 Are you a RMT? Yes No
- 4 Do you collect and discuss the client's health information? Yes No
- 5 Is clients health information saved for at least 7 years? Yes No
- 6 Is a waiver signed, dated and kept on record for at least 7 years? Yes No
- 7 Have you ever had a claim made against you? Yes No
- If so, please advise: _____

ELECTROLYSIS, ACID PEELS & MICRODERMABRASION:

- 1 Do you use an autoclave to sterilize equipment? Yes No
- 2 Does all staff wear surgical gloves when performing services? Yes No
- 3 Do you use disposable tips for each new client? Yes No

★PLEASE ATTACH A SUPPLEMENTARY PAGE OUTLINING ALL OF YOUR STERILIZATION PROCEDURES AS WELL AS POLICIES IN PLACE TO PREVENT CROSS-CONTAMINATION

- 4 Do you provide Medium Peels? Yes No
- 5 Do you provide Deep Peels? Yes No
- 6 Do you collect and discuss the client's health information? Yes No
- 7 The number of years clients information is saved? _____ years
- 8 Have you ever had a claim made against you? Yes No
- If so, please advise: _____
- 9 Please circle what skin types you provide services on:
As per the Fitzpatrick Scale: 1 2 3 4 5 6
- 10 What is the minimum age of clients _____ yrs.

Any person who knowingly and with intent to defraud any insurance company or another person, files and application containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects this person to criminal and civil penalties.

Signature: _____

Date: _____

TANNING OPERATIONS**EQUIPMENT:**

	# of Units	Intensity	Manufacturer	Type of timer (digital, manual, etc.)	Where are timers located?
Beds	_____	_____	_____	_____	_____
Booths	_____	_____	_____	_____	_____
Facial Units	_____	_____	_____	_____	_____
Spray Booths -	# of Units _____	_____	_____	_____	_____
Air Brush -	# of Units _____	_____	_____	_____	_____

Total cost to replace all tanning beds / booths with new equipment: \$ _____

Average age of beds? _____ Do licensed electricians service the equipment? Yes No

How often inspected? _____ Are beds cleaned after every use? Yes No

Who changes the bulbs? _____

Do you have laundry facilities for towels? Yes No

If so, how often are exterior dryer vents cleaned? _____

TANNING PROCEDURE:

Are employees permitted to touch clients? Yes No

Are clients given tanning instruction? Yes No

Do you use Accelerators? Yes No

Unlimited Tanning offered? Yes No

If Yes, what system is in place to prevent over exposure? _____

Do you have clients sign a waiver? Yes No

Are children left unattended? Yes No

Do you use Skin analysis/evaluation with clients? Yes No

Are staff trained or certified by Smart Tan or equivalent? Yes No

Are you a Smart Tan Member? Yes No

(more information about Smart Tan is available at www.smarttanacanada.com)

Are goggles supplied & REQUIRED to be used? Yes No

Min. age of clients _____

Do you keep a record of your clients tanning sessions? Yes No

If Yes, How? _____

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Signature: _____

Date: _____