**COSMETOLOGY & SPA** – APPLICATION FOR INSURANCE

The following underwriting information has been provided by you or on your behalf. It is understood that the Insurer(s) has relied upon this information for risk acceptance to provide quote and coverage acceptability. Any misrepresentation or omission will render an insurance policy null and void from inception. **PLEASE READ CAREFULLY.**

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| **APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant’s Contact Email Address for E-Signature\* | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | |
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| Applicant(s) (legal name): | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| Risk location: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| Year Established: | | | | |  | | | How many years of experience does the applicant have? | | | | | | | | | | | | | |  | | | | |  | |
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| **RISK INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the applicant carry all licenses and permits required by law? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | |
| Does the applicant follow all health authority rules and regulations? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | |
| Does the applicant ensure all technicians have training in the services provided? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | |
| Does the applicant inform patrons that services are being performed by students/apprentices? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | |
| In the last 5 years, has the applicant been subject to any allegations of misconduct or professional negligence? | | | | | | | | | | | | | | | | | | | | | | | Yes, details below  No | | | | | | |
|  | Details: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Operations** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What are the anticipated total gross revenues for the next 12 months? | | | | | | | | | | | | | | | | | | $ | | |  | | | | | | | | |
| **Specialty Aesthetic Services** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the applicant provide more than Hair and Nail services? | | | | | | | | | | | | | Yes, please answer below questions  No | | | | | | | | | | | | | | | | |
|  | Total Revenues from Specialty Aesthetic Services: | | | | | | | | | | | % | | | |  | | | | | | | | | | | | | |
|  | Does the applicant provide acid peels with solution concentration levels greater than 30%? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
|  | Does the applicant provide bioresonance diagnostics and therapy? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
|  | Does the applicant provide cold-process body contouring (excludes laser and liposuction)? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
|  | Does the applicant provide Micro Blading including Powder Brows, Ombre Brows? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
|  | Does the applicant provide micro needling of any kind - including facials with cream tattoos? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
|  | Does the applicant provide micropigmentation? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
|  | Does the applicant provide mole, skin tag, or wart removal by any means? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
|  | Does the applicant provide vaginal rejuvenation, penis enlargement and incontinence treatments? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
| **Tanning** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Applicant have tanning beds, booths and/or offer spray tanning? | | | | | | | | | | | | | | | | Yes, please answer below questions  No | | | | | | | | | | | | | |
|  | Revenues from Tanning services: | | | | | | | | % | | |  | | | | | | | | | | | | | | | | | |
|  | Does the applicant obtain signed /dated consent and waiver forms (guardians on behalf of minors)? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | Does the applicant maintain all client records for a minimum of 7 years? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | Does the applicant ensure eye protection is worn during services (other than spray tanning)? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | Does the applicant follow all manufacturers’ guidelines with respect to operation/maintenance? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | Does the applicant allow patrons to set the length of time they are permitted to tan? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
| **Laser, IPL, LED or LHE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the applicant provide cosmetic treatments involving Laser, IPL, LED or LHE? | | | | | | | | | | | | | | | | | | Yes, please answer below questions  No | | | | | | | | | | | |
|  | Revenues from Laser, IPL, LED or LHE services: | | | | | | | | | | % | | | | | | |  | | | | | | | | | | | |
|  | Does the applicant obtain signed /dated consent and waiver forms? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | Does the applicant maintain all client records for a minimum of 7 years? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | Does the applicant ensure eye protection is worn during services (other than spray tanning)? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | Does the applicant follow all manufacturers’ guidelines with respect to operation/maintenance? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | Does the applicant obtain pre-service medical history from customers? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | Does the applicant provide aftercare instructions to all customers? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | Does the applicant use commercially rated machines? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
| **Cosmetic Injections** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Applicant provide Cosmetic Injections? | | | | | | | | | | | | | | | | | | Yes, please answer below questions  No | | | | | | | | | | | |
|  | Revenues from Cosmetic Injections: | | | | | | | | | % | | | |  | | | | | | | | | | | | | | | |
|  | Does the applicant sub-contract Cosmetic Injection revenues from above to others? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  |  | If yes, does the sub-contractor(s) carry Professional Liability? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | Does the applicant obtain signed /dated consent and waiver forms? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | Does the applicant maintain all client records for a minimum of 7 years? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | Does the applicant provide aftercare instructions to all customers (where required)? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | Does the applicant provide only Health Canada approved injections? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | Does the applicant provide weight loss injections? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | Does the applicant obtain written pre-service medical history form customers? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | Does the applicant ensure medical professionals are licensed/registered in Canada? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | Does the applicant ensure that all sub-contractors carry their own liability insurance? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
| **Vitamin Injections / IV Therapy** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Applicant provide Vitamin Injections and/or IV Therapies? | | | | | | | | | | | | | | | | | | Yes, please answer below questions  No | | | | | | | | | | | |
|  | Revenues from Vitamin Injections and/or IV Therapies: | | | | | | | | | | | | | | % | |  | | | | | | | | | | | | |
|  | Does the applicant sub-contract Vitamin Injection / IV Therapies revenues from above to others? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  |  | If yes, does the sub-contractor(s) carry Professional Liability? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | Does the applicant obtain signed /dated consent and waiver forms? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | Does the applicant maintain all client records for a minimum of 7 years? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | Does the applicant provide aftercare instructions to all customers (where required)? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | Does the applicant provide only Health Canada approved injections? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | Does the applicant provide weight loss injections? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | Does the applicant obtain written pre-service medical history form customers? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | Does the applicant ensure medical professionals are licensed/registered in Canada? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | Does the applicant ensure that all sub-contractors carry their own liability insurance? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
| **Training School** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the applicant a formal training School? | | | | | | | | | | | | | | | | | | Yes, please answer below questions | | | | | | | | | | No | |
|  | Revenues from Cosmetology Training, other than Laser: | | | | | | | | | | | | | | | | | % | |  | | | | | | | | | |
|  | Percentage of above revenues from Laser, IPL, LED or LHE training (%) | | | | | | | | | | | | | | | | | % | |  | | | | | | | | | |
|  | Does the applicant permit students to perform services to the general public? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | Does the applicant ensure students are always supervised during services? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | Does the applicant inform patrons that services are being performed by students/apprentices? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
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| **LOSS HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has the applicant had any claims in the last five years? | | | | | | | | | | | | | | | | | | | | | | | Yes, please enter all claim information below  No | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Claim / Loss: | | | | |  | | | | | | | Cause of loss: | | | | | | | |  | | | | | | | | | | | Amount of loss/damage/amounts paid: | | | | | | | | | | | $ | | | | |
| Details: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **PRIOR INSURANCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the applicant currently carry Commercial General Liability coverage? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | |
| Insurer: | | |  | | | | | | | | | | | Premium: | | | | | | | | | | $ | | | | | Policy No.: | | | | | | |  | | | |  | | | | | |
| Does the applicant currently carry Professional/Malpractice coverage? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | |
| Insurer: | | |  | | | | | | | | | | | Premium: | | | | | | | | | | $ | | | | | Policy No.: | | | | | | |  | | | | Retroactive Date: | | | | |  |
| Has the applicant ever had insurance cancelled, declined or refused? | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes, please describe: | | | | | | | | | |  | | | | | | | No | |
| **COVERAGES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **COMMERCIAL GENERAL LIABILITY:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| $1,000,000 | | | | | | | $2,000,000 | | | | | | | | | | | | | | $5,000,000 | | | | | | | | | | | | | | | | | | | | | | | | |
| **TENANT’S LEGAL LIABILITY:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| $500,000 | | | | | | | $1,000,000 | | | | | | | | | | | | | | $2,000,000 | | | | | | | | | | | | | | | | | | | | | | | | |
| **EMPLOYER’S LIABILITY:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not Required | | | | | | | $1,000,000 | | | | | | | | | | | | | | $2,000,000 | | | | | | | | | | | | | | | | | | | | | | | | |
| **NON-OWNED AUTOMOBILE:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not Required | | | | | | | $1,000,000 | | | | | | | | | | | | | | $2,000,000 | | | | | | | | | | | | | | | | | | | | | | | | |
| **OPTIONAL PROPERTY COVERAGE:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the applicant require property coverage? | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | *If yes, please provide the following details:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contents of Every Description (Excluding Laser/IPL Equipment): | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | |  | | | | | | | | | |
| Laser / IPL Equipment: | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | |  | | | | | | | | | |
| Miscellaneous Articles Floater: | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | |  | | | | | | | | | |
| Does the applicant require Business Interruption - Actual Loss Sustained coverage? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | |
| Does the applicant require: | | | | | | | | | Flood Coverage | | | | | | | | | | | | | | | | | Earthquake Coverage | | | | | | | | | Sewer Backup Coverage | | | | | | | | | | |
| Water Damage Deductible: | | | | | | | | $5,000 | | | | | | | | $10,000 | | | | | | | | | | $25,000 | | | | | | | | | | | | | | | | | | | |
| **OPTIONAL CRIME:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comprehensive Dishonesty, Destruction, Disappearance and Forgery: | | | | | | | | | | | | | | | | | | | | | | | | | | | | Not Required | | | | | | | | $5,000 | | | | $10,000 | | | $25,000 | | |
| **OPTIONAL EQUIPMENT BREAKDOWN COVERAGE:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the applicant require Equipment breakdown Coverage? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | |
| **COPE Details:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *\*For coverage relating only to Miscellaneous Articles Floater, please note the COPE details of where the property is primarily stored* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Building Construction: | | | | | | Fire Resistive | | | | | | | | | Frame | | | | | | | Non-Combustible | | | | | | | | | | Other: | | | | | |  | | | | | | | |
| Year Built: | | | |  | | | | | | | Square footage: | | | | | | |  | | | | | | | | | | | | Age of roof: | | | | | | |  | | | |  | | | | |
| Year of latest update to electrical: | | | | | | | | | | | | |  | | | | | | Year of latest update to plumbing: | | | | | | | | | | | | | | |  | | | | |  | | | | | | |
| Hydrant within 300 metres? | | | | | | | | | | Yes  No | | | | | | | Fire Hall within 8kms? | | | | | | | | | | | | | Yes  No | | | | | |  | | | | | | | | | |
| Sprinklered? | | | | | | | | | | Yes  No | | | | | | | Centrally monitored alarm? | | | | | | | | | | | | | Yes  No | | | | | |  | | | | | | | | | |
| **PLEASE READ BEFORE SIGNING:** The Applicant has reviewed this application form and all attachments and acknowledges that all information provided is true. The Applicant understands that any insurance that may be provided is based on the information in this application being true and correct, and any misrepresentation or omission will render any such insurance policy null or void from inception.  The Applicant understands that if the Insured fails to inform the Insurer of material changes to these facts during the term of an insurance policy, the insurance may not be valid. The Applicant understands that they cannot contravene a term of the policy, commit a fraud, or willfully make false statements during a claim investigation.  The Applicant confirms that all individuals included in this application have authorized the collection and storage of their personal information. Credit information, claims history and other personal information may be collected, used and disclosed for the purposes of assessing and underwriting the application for insurance, renewals, evaluating claims, detecting and preventing fraud.  **NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AT FORWARD INSURANCE MANAGERS HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE.**  Forward Insurance Managers Ltd is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy.  The Applicant hereby consents to the use of electronic communications, electronic records, and electronic signatures. The Applicant understands an electronic signature is legally binding, just as if the Applicant had signed a paper document. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- |
| **Signature of Applicant(s):** |  | **Date:** |  |
| **Brokerage:** |  | **Broker ID#:** |  |
| **Broker Email:** |  | **Phone:** |  |

**Email completed apps to newcommercial@forwardinsurance.ca or for the quickest turnaround, log in to *JET*.**