|  |
| --- |
| **COSMETOLOGY AND SPAS –** RENEWAL QUESTIONNAIRE |

|  |
| --- |
| 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.** |

|  |  |
| --- | --- |
| **APPLICANT** |  |
| Current Policy Number: |       |
| Current Policy Expiry Date: |       |
| Applicant’s Contact Email Address for E-Signature\*: |       |
| Applicant/s (Legal Name/s): |       |
| **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\* [ ]  No |
|  | \*If yes, does the applicant provide any of the following Aesthetics Services: |  |
|  | Acid peels with solution concentration levels greater than 30%? | [ ]  Yes [ ]  No |
|  | Bioresonance diagnostics and therapy? | [ ]  Yes [ ]  No |
|  | Cold-process body contouring (excludes laser and liposuction)? | [ ]  Yes [ ]  No |
|  | Micro Blading including Powder brows, Ombre Brows? | [ ]  Yes [ ]  No |
|  | Micro needling of any kind - including facials with cream tattoos? | [ ]  Yes [ ]  No |
|  | Micropigmentation? | [ ]  Yes [ ]  No |
|  | Mole, Skin tags, and wart removal by any means? | [ ]  Yes [ ]  No |
|  | Vaginal rejuvenation, penis enlargement and incontinence treatments? | [ ]  Yes [ ]  No |
|  | Total Revenues from Specialty Aesthetic Services (%): | %      |
|  |  |  |
| **Tanning** |  |
| Does the Applicant have tanning beds or booths (excluding spray tan application)? | [ ]  Yes\* [ ]  No |
|  | \*If yes: |  |
|  | 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 |
|  | Total Revenues from Tanning services (%): | %      |
| **Laser, IPL, LED or LHE** |
| Does the applicant provide cosmetic treatments involving Laser, IPL, LED or LHE? | [ ]  Yes\* [ ]  No |
|  | \*If yes: |  |
|  | 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 |
|  | Use commercially rated machines? | [ ]  Yes [ ]  No |
|  | Total revenues from Laser, IPL, LED or LHE services (%): | %      |
| **Cosmetic Injections** |  |
| Does the Applicant provide Cosmetic Injections? | [ ]  Yes\* [ ]  No |
|  | \*If yes: |  |
|  | 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 from the customers? | [ ]  Yes [ ]  No |
|  | Does the applicant ensure medical professionals are licensed/registered in Canada? | [ ]  Yes [ ]  No |
|  | Total revenues from Cosmetic Injections (%): | %      |
| **Vitamin Injections / IV Therapy** |  |
| Does the Applicant provide Vitamin Injections and/or IV Therapies? | [ ]  Yes\* [ ]  No |
|  | \*If yes: |  |
|  | 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 from the customers? | [ ]  Yes [ ]  No |
|  | Does the applicant ensure medical professionals are licensed/registered in Canada? | [ ]  Yes [ ]  No |
|  | Total revenues from Vitamin Injections and/or IV Therapies (%): | %      |
|  |  |  |
| **Training School** |  |
| Is the applicant a formal training School? | [ ]  Yes\* [ ]  No |
|  | \*If yes: |  |
|  | 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 |
|  |  |  |

|  |
| --- |
| **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 LTD. 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. |

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

**Email completed apps to newcommercial@forwardinsurance.ca**