

Brokerage Name:			
Broker Telephone:		E-mail:	
Business Name:			
Location Address:			
	City:	Prov.:	P.C.:
Mailing Address:			
	City:	Prov.:	P.C.:
Owner/Operator:	Bus.#:	() -	Fax: () -
Email:	Cell #:		Res.#: () -
Alternate Contact:	Phone:		Email:
Website:			

Expiry Date of Current Policy: _____	Retroactive Date of Current Policy: _____
Current Insurance Company: _____	
Number of years in business? _____	Have you ever been cancelled for nonpayment? _____

PROPERTY INFORMATION			
Describe your location (strip plaza, shopping mall, etc.): _____			
Building Age (year built): _____	No. Of Stories: _____	Do you own the building? _____	
Total Area of Building: _____ sq. ft.	Total Area of your Facility: _____ sq. ft.		
Sprinkler System: <input type="checkbox"/>	Monitored Alarm: <input type="checkbox"/>	Fire Hydrants within 500 feet: <input type="checkbox"/>	
Is there Any Bar/Restaurant Adjacent to your operation? <input type="checkbox"/>	Does your location include a basement? <input type="checkbox"/>		
Describe precautions taken to avoid slips and falls at entrances: _____			
Do you have any equipment stored offsite? (i.e. home office) <input type="checkbox"/> If yes, please describe: _____			

CONSTRUCTION OF BUILDING			
F/R	Structures/buildings must be made of reinforced concrete or protected steel <input type="checkbox"/>	N/C	Building has exterior walls made of masonry materials, such as brick, concrete, hollow concrete block, stone, or other similar materials, with floors and roof constructed of metal <input type="checkbox"/>
Masonry	brick veneer & combination of steel, concrete and wood <input type="checkbox"/>	Frame	wood, tar and brick or similar materials. <input type="checkbox"/>

LATEST UPDATES	FULL	PARTIAL	YEAR COMPLETED	TO CODE
Roof:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Heat:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Plumbing:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Electrical:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

If the building 20+ yrs old, this line is required

If the building 35+ yrs old, these lines are required

Use the following form to help breakdown and calculate accurate replacement cost:						
STOCK:	Shampoo, Dyes, Gloves	\$ _____	Lotion, Polish, Oils, etc.	\$ _____	Other	\$ _____
EQUIPMENT:	Computers/Laptops	\$ _____	Scissors & Other Tools	\$ _____	Laser/IPL Equip	\$ _____
	Styling Stations/Furniture	\$ _____	Machines (non-laser/IP)	\$ _____	Other	\$ _____
LEASEHOLDS:	Existing Tenants Improv.	\$ _____	Styling Chairs (affixed)	\$ _____	Offices/Built-ins	\$ _____
	Washrooms/Showers	\$ _____	Phone/Alarm Sys.	\$ _____	Construction	\$ _____
	Wall Coverings/Flooring	\$ _____	Treatment Rooms	\$ _____	Other	\$ _____

TOTAL CONTENTS (including all stock, equipment & leaseholds above) = \$ _____

BUILDING REPLACEMENT VALUE (if required) (sq.ft. of building _____ x cost/sq.ft. \$ _____) = \$ _____


DID YOU KNOW:

Many people underestimate and therefore underinsure their property limits. Make sure you list how much it would cost to replace all of the above items today. To help estimate your Leasehold Improvements, you can multiply your square footage by \$35 (minimum \$/sq. ft. used for this industry).

OTHER BUSINESS(ES)	
Do you own/operate or rent space to other businesses? _____	Total annual rental income \$ _____
Describe type(s) of business: _____	
EQUIPMENT	
Do You Have Modified/Rebuilt/Used Equipment? <input type="checkbox"/>	If Yes, % used: _____% Age: _____
Is Equipment Inspected Daily? _____	Who Does Maintenance? _____



LIABILITY INFORMATION

Liability Limit Requested: \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

DESCRIPTION OF OPERATIONS

Any client under the age of 18? Do parents stay on premise? Do you ever serve alcohol?

Are any operations or activities done away off premises? Describe: _____

WET AREAS

Showers	#	Pools / Whirlpools	#	Steam Rooms	#
Hydrotherapy Tubs	#	Vichy Showers	#	Wet Saunas	#
Non-Slip Flooring?		Rubber Mats In Halls?		Other:	

SURVEY OF OPERATIONS

TYPE 1

Hair	<input type="checkbox"/>	Body Wraps	<input type="checkbox"/>	Facials / Make Up	<input type="checkbox"/>	Waxing/Sugaring	<input type="checkbox"/>
Ear Piercing	<input type="checkbox"/>	Manicure/Pedicure	<input type="checkbox"/>	Nails (Gel/Acrylic)	<input type="checkbox"/>	Product Sales	<input type="checkbox"/>

Annual Receipts (**MUST HAVE ESTIMATE IN ORDER TO QUOTE): \$ _____

TYPE 2 (Note: All Bolded Operations Require Further Information – Please Complete Attached Page)

Body Piercing	<input type="checkbox"/>	Lashes (tinting/extensions)	<input type="checkbox"/>	Teeth Whitening	<input type="checkbox"/>	Dry/Infrared Saunas	#
Massage	<input type="checkbox"/>	Reflexology/Reiki	<input type="checkbox"/>	Electrocoagulation	<input type="checkbox"/>	Tanning Beds	#
Microdermabrasion	<input type="checkbox"/>	Electrolysis	<input type="checkbox"/>	Radio Frequency	<input type="checkbox"/>	Acid/Glycolic Peels	<input type="checkbox"/>

Annual Receipts (**MUST HAVE ESTIMATE IN ORDER TO QUOTE): \$ _____

TYPE 3 (Note: All Bolded Operations Require Further Information – Please Complete Attached Page)

Laser Treatments	<input type="checkbox"/>	IPL Treatments	<input type="checkbox"/>	Cold Laser	<input type="checkbox"/>	Micropigmentation	<input type="checkbox"/>
Skin Needling	<input type="checkbox"/>	Botox/Collagen	<input type="checkbox"/>	Other Injected Fillers	<input type="checkbox"/>	List:	_____
Permanent Body Tattooing (Body Art)*	<input type="checkbox"/>	*Call to discuss with an Underwriter					

Annual Receipts (**MUST HAVE ESTIMATE IN ORDER TO QUOTE): \$ _____

STAFF (Including Owner/Operators, Employees & Sub-Contractors)

Name	Yrs of Exp.	Operations Performed (Must attached Certificates)	F/T or P/T
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is all staff certified/educated/trained in the services they perform?

ADDITIONS TO THE POLICY

ADDITIONAL INSURED: (Provide full name, address and interest in the policy * i.e. Landlord, contractor, etc.)

- _____
- _____

LOSS PAYEE: (Provide full name, address and interest in the policy * i.e. leasing co., mortgagee, etc.)

- _____
- _____

CLAIMS HISTORY

Has the company &/or staff had claims against them in last 5 years? . If yes please list details:

Date of Loss	Loss Details	Amount Paid/Reserve
_____	_____	_____

I understand and agree that any policy issued will be based upon the information contained in the application and any related forms and correspondence. I understand that any forms or other material submitted with the application constitute part of my application for insurance. I further understand and agree that any misrepresentation or failure to provide true and accurate information may result in the voiding of and/or denial of claims under any policy issued at the option of the company.

By submitting this application and any related forms to **Sports & Fitness Insurance Canada**, you provide **Trothen & McConkey Insurance Broker Ltd.** with your consent to the collection, use and disclosure of your personal information, including that previously collected, for the purpose of: communicating with you; assessing your application for insurance and underwriting your policies; evaluating claims; detecting and preventing fraud; analyzing business results; and acting as required or authorized by law.

Applicant: Signature: _____ **Title:** _____ **Date:** _____

MESSAGE / REFLEXOLOGY / REIKI OPERATIONS

Name	Type Of Massage Performed	Yrs of Exp.	RMT

List all types of massage offered: _____

 Do you discuss and keep copies of all health information/service records on file for at least 2 yrs? **

 Is a signed waiver kept on file for at least 2 yrs? ** Minimum age of clients for massage services: _____

**** MINORS: You need to keep these records/waivers on file for 2 yrs after client turns 18**
ELECTROLYSIS / PEELS / MICRODERMABRASION OPERATIONS

 Do you use an autoclave to sterilize equipment?

 Does all staff wear surgical gloves when performing services?

 Do you use disposable tips for each new client?

 Do you provide Medium Peels? Do you provide Deep Peels?

 Do you discuss and keep copies of all health information/service records on file for at least 2 yrs? **

 Is a signed waiver kept on file for at least 2 yrs? **
**** MINORS: You need to keep these records/waivers on file for 2 yrs after client turns 18**

Minimum age of clients for electrolysis: _____ peels: _____ microdermabrasion: _____

TANNING OPERATIONS

 Are you a full member of SmartTan Association (or other tanning association)?

 Are all staff trained or certified through SmartTan or equivalent certifying body?

 Are clients given tanning instruction? Minimum age of tanning clients: _____

 Are goggles supplied and required to be used? Do you complete a skin analysis for every client?

 Is touching of clients allowed by staff? Are beds cleaned after every use?

 Minimum time allowed between tans/client: _____ Do all clients sign waivers?

Beds # _____ Booths # _____ Spray Booths # _____ Air Brush Units # _____

Where are timing controls located? _____ Who sets timers? _____

 Do electricians service the equipment? Are any beds coin operated?

 Average age of beds: _____ yrs Outside dryer vents cleaned at least every 6 months?

 Are beds/Booths protected by ground fault interrupted (GFI) circuits?
MICROPIGMENTATION (PERMANENT MAKE UP)

 Eye Liner (Top &/or Bottom Lids) Eye Brows

 Lips Areolas &/or Scars

 Scalp Other (Please Describe): _____

 Tattoo Removal *MUST describe all methods * - _____

Percentage of Services Performed – Cosmetic Procedures _____% vs. Corrective Procedures _____%

(i.e. liner, brows, lips, etc.) (i.e. tattoo removal, scars, areolas)

Manufacturer, Make & Model of Pen/Instrument Used? _____

Manufacturer(s) Of Pigment Used: _____

 Are All Machines & Pigments Manufactured Within North America?

If no, please advise where: _____

SKIN NEEDLING

Needle Depth Used: _____

Make and Model(s) of Machine Used: _____

 Do you keep copies of all client appointment/service records on file for at least 2 yrs? **

 Is a signed waiver kept on file for at least 2 yrs? **
**** MINORS: You need to keep these records/waivers on file for 2 yrs after client turns 18**
TEACHING/INSTRUCTIONAL COURSES

Contact our underwriting team to discuss options for coverage if you offer/teach any classes, workshops, courses, etc.

LASER/IPL APPLICATION					
SERVICES OFFERED					
Laser	<input type="checkbox"/>	IPL	<input type="checkbox"/>	Cold Laser	<input type="checkbox"/>
Acne	<input type="checkbox"/>	Skin Resurfacing	<input type="checkbox"/>	Hair Removal	<input type="checkbox"/>
Psoriasis & Vitiligo	<input type="checkbox"/>	Pigmented Lesions	<input type="checkbox"/>	Vascular Lesions	<input type="checkbox"/>
Tattoo Removal	<input type="checkbox"/>	Other	<input type="checkbox"/>	List: _____	
What Skin Types (Based on Fitzpatrick Scale) do you provide services for: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>					
What percentage of treatments are performed on Skin Types 5 & 6? _____ %					
Do you always follow laser/IPL manufacturer guidelines regarding patch test & wait times? _____					
Do you keep copies of all client appointment/service records on file for at least 2 yrs? ** _____					
Is a signed waiver kept on file for at least 2 yrs? ** _____					
** MINORS: You need to keep these records/waivers on file for 2 yrs after client turns 18					
Do you have clients sign pre & post treatment info? (MUST attach copies) _____					
Minimum age of clients for laser/IPL treatments: _____					
How often do you calibrate your machines? _____					
Do you provide any laser/IPL treatments away from premises? _____					
List: _____					

TECHNICIANS (MUST ATTACH CERTIFICATES)					
Name	Yrs of Exp.	Year Certified	Services Performed	Skin Types Performed On	Prior Claims
eg. JANE SMITH	3	2010	Hair Removal, Skin Resurfacing	1 - 4	N

MACHINES			
Make	Model	Model Year	Replacement Cost (CAD)
e.g. Syneron	Elos Plus	2014	\$42,000
			\$
			\$
			\$
Has all equipment listed above been licensed for use by Health Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No			
*All Lasers, IPL Machines etc. must be licensed for use/sale by Health Canada to be legally used and insured within Canada. You can check your machine(s) at http://webprod5.hc-sc.gc.ca/mdll-limh/prepareSearch-preparerRecherche.do?type=active&lang=eng or call (613) 957-7285			

I understand and agree that any policy issued will be based upon the information contained in the application and any related forms. I understand that any forms or other material submitted with the application constitute part of my application for insurance. I further understand and agree that any misrepresentation or failure to provide true and accurate information may result in the voiding of and/or denial of claims under any policy issued at the option of the company.

By submitting this application and any related forms to **Sports & Fitness Insurance Canada**, you provide **Trothen & McConkey Insurance Broker Ltd.** with your consent to the collection, use and disclosure of your personal information, including that previously collected, for the purpose of: communicating with you; assessing your application for insurance and underwriting your policies; evaluating claims; detecting and preventing fraud; analyzing business results; and acting as required or authorized by law.

Applicant: _____ **Signature:** _____ **Title:** _____ **Date:** _____