

HEALTH & WELLNESS ORGANIZATIONS APPLICATION

PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Insured (Full Legal Name): _____

Operating Name: _____

Mailing Address: _____ Postal Code: _____

Risk Location Address: _____ Postal Code: _____

Name of Principal(s): _____

Website: _____

How many directors / officers / partners are there in the company? _____

Please show details of all partners / directors below:

Name	Years in Position	Years' Experience	Qualifications

Please state the number of employees in the below categories:

Professional: _____ Clerical _____ Other (Describe): _____

Please state when your business was established: _____

Please state your revenues received in respect of the following years (in CAD):

	Last Complete Financial Year	Estimate for Current Financial Year	Estimate for Next Financial Year
Canadian Revenue:			
USA Revenue:			
Other Territory Revenue:			
Total Revenue:			
Profit/Loss:			

Date of Financial Year End (DD/MM/YYYY): _____

PART 2 ACTIVITIES

Please describe the nature of your business activities. (If you have a brochure, or company literature, please attach to this form):

Please provide a full breakdown of your total revenue by activity. The total of activities listed here should equal 100%:

Source	Percentage %
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
Total (Must equal 100%):	%

Do you ensure you and all of your employees and independent contractors are certified in cardiopulmonary resuscitation (CPR) and first aid? Yes No

If "No", please explain why:

Please state whether you:

(a) Conduct criminal background checks on all applicants prior to their employment and on all independent contractors prior to their engagement: Yes No

If "Yes", please indicate which criminal background checks are conducted:

Drug Screening Fingerprints Sexual Offender Registry

(b) Automatically decline to employ any applicant or engage any independent contractor who tests positive to a drugs screening, has a criminal record or is on the sexual offenders register: Yes No

(c) Verify the professional qualifications of all applicants prior to their employment or any independent contractors prior to their engagement: Yes No

(d) Obtain confirmation from any applicant for employment or independent contractor that they have not had any claim made against them at any time: Yes No

(e) Obtain confirmation that all independent contractors maintain their own medical malpractice liability insurance: Yes No

If you have answered "No" to any of (b), (c), (d) or (f) above, please explain why?

Do you hold an appropriate and valid license for each of the services you provide? Yes No

If "Yes" to above, please state licenses you hold. If "No", please explain why:

Have you ever had any restriction or limitation imposed upon any license that you hold, or been the subject of any disciplinary action by any licensing body? If "Yes", please provide full details below: Yes No

In the event that your product or service failed or delivery was delayed, please describe the worst scenario. Consider the potential for loss of life, injury to people, damage to buildings or other tangible property or financial loss (consequential or otherwise) for your clients:

PART 3 COVER FOR MEDICAL SPAS

Do you maintain records of the services you provide to your clients? Yes No

If "Yes" to above, please state how long you maintain the records for; if "No", please explain why:

Do you provide any treatment to minors? Yes No If "Yes", do you require a signed written parental agreement? Yes No

Do you provide any non-certified or unlicensed aesthetic services? Yes No

Do you provide any services away from your premises? Yes No If "Yes", please provide details below:

Do you ensure that all employees and independent contractors wear surgical gloves and protective eyewear whilst they are providing treatment? If "No", please explain why below: Yes No

Please state that where is necessary and appropriate, that you use sterile devices. If not, please explain below Yes No

Do you ensure that your clients sign a waiver containing a "hold harmless" clause in your favour? Yes No

If "Yes" to above, is this waiver held on file for at least five years? Yes No If "no", please explain below:

Please provide the following information for each of your licensed employees and independent contractors:
(If you require more room, please complete the ADDITIONAL LICENSED STAFF LIST at the end of this form).

Name	Services Performed	Qualifications	Years of Experience

Do you provide chemical peel or teeth whitening services? If "Yes", please answer (a) and (b) below Yes No

(a) Do you use a chemical peel solution that is more than 30% in strength? Yes No N/A

(b) Do you use hydrogen peroxide that is more than 25% strength for teeth whitening? Yes No N/A

Please provide a percentage breakdown of your clients over the past 12 months who fall into the following categories:

Fitzpatrick Scale Skin Type	Percentage	Fitzpatrick Scale Skin Type	Percentage
I	%	IV	%
II	%	V	%
III	%	VI	%

Please state whether you conduct a skin patch test on all your clients prior to any type of laser treatment: Yes No

If "Yes" to above, please state whether:

(a) The equipment is used in accordance with the manufacturer's guidelines: Yes No

(b) The employees and independent contractors are trained by the manufacturer to use the equipment before they perform any treatment on the client: Yes No

Do you regularly calibrate your equipment? If "Yes" to above, please state the frequency below; if "No", please explain why: Yes No

PART 4 COVER FOR FITNESS CLUBS

If Applicant is an individual Fitness Instructor, please complete our Fitness Clubs & Instructors Application instead.

Only complete the following if you are a Fitness Club:

Are you the holder of an appropriate license for your club? If "Yes", please state what licenses you hold below: Yes No

If automated external defibrillators (AEDs) are used at your club, do you ensure your employees are suitably trained to operate? Yes No

If "NO" to AED question above, please explain:

Please state the percentage of your revenues that relate to the following:

Membership Fees: %

Initiation Fees: %

Refreshments Bar: %

Liquor: %

Pro Shop Sales: %

What is the minimum age requirement to use the club facilities? _____ Years

Do you ensure each member of the club signs a membership agreement containing a "hold harmless" clause in your favour for the use of your facilities which extends to the member's guests? Yes No

If "No" to above, please explain:

Is the club staffed at all times during hours of business? Yes No If "No", please explain:

Are crèche services offered at the club? Yes No If "Yes", are these offered by you or by a third party? Yes No

Do you have any tanning beds at the club? Yes No If "Yes", please state how many:

Do you have a swimming pool? Yes No If "Yes", is there a Lifeguard on duty at all times? Yes No

If "No" to above, please explain why:

Do you have a sauna or steam room? Yes No

Do you have a maintenance contract in place for the servicing of all of your equipment and facilities? Yes No

If "Yes", how often is the equipment and facilities serviced (check as appropriate):

Annually Quarterly Half Yearly Monthly

PART 5 COMMERCIAL PROPERTY & BUSINESS INTERRUPTION INSURANCE

ITEM	Premises 1	Premises 2
Building Coverage:		
Loss of Income:		
Indemnity Period:		
Loss of Rent:		
Indemnity Period:		
Inventory / Stock:		
Business personal property:		
Tenants Improvements:		
Portable Equipment at home and/or away from premises:		
Other:		

PREMISES 1

Address: _____

Postal Code: _____

Please State:

(a) The purpose of the premises (i.e. office, warehouse, etc.):

(b) When premises was built? _____ When last renovated? _____

(c) How is the premises constructed?

Brick veneer: EIFS: Fire resistive: Frame: Heavy timber:

Jointed masonry: Masonry non-combustible: Non-combustible: Semi fire-resistive: Stucco:

(d) When, approximately, was the roof of the premises last renovated?

(e) How is the roof of the premises constructed?

Concrete/Clay tiles: Membrane: Metal Sheathing: Shingles: Wind resistive singles:

Wood shakes: Other: (Please explain):

(f) The class rating issued by the Public Classification (PPC) program for the premises (1 – 10):

PREMISES 2

Address: _____

Postal Code: _____

Please State:

(a) The purpose of the premises (i.e. office, warehouse, etc.):

(b) When premises was built? _____ When last renovated? _____

(c) How is the premises constructed?

Brick veneer: EIFS: Fire resistive: Frame: Heavy timber:

Jointed masonry: Masonry non-combustible: Non-combustible: Semi fire-resistive: Stucco:

(d) When, approximately, was the roof of the premises last renovated?

(e) How is the roof of the premises constructed?

Concrete/Clay tiles: Membrane: Metal Sheathing: Shingles: Wind resistive singles:

Wood shakes: Other: (Please explain):

(f) The class rating issued by the Public Classification (PPC) program for the premises (1 – 10):

Please continue on a separate sheet if more than two premises are to be insured.

Please state whether the premises:

(a) Is detached: Yes No

If "No", please state what measures are in place to protect the premises from damage if there is a fire in a neighbouring property:

(b) Is self contained with a lockable entrance door: Yes No If "Yes", check what type of locking system below:

Key operated multi-point locking system with at least three bolts Rim automatic deadlock Mortice deadlock

- (c) Contain other external doors: Yes No If "Yes", please state the type of locking systems:
 A key operated security bolt A panic bar locking system
- (d) Has lockable opening windows on all levels: Yes No If "Yes", please state the type of locking systems:
 Secured by a key operated locking device N/A (i.e. permanently sealed shut)
- (e) Is protected by fire and control action intruder alarm systems which are connected to all windows and doors and is subject to annual maintenance Contract: Yes No
- (f) Is protected by interior and exterior cameras: Yes No
- (g) Is overseen by 24 hour security guards: Yes No

Note: we may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not in full and effective operation whenever the premises are closed for business or otherwise left unattended.

- (h) Is in an area free from flooding and not near the vicinity of any rivers, streams or tidal waters: Yes No
- (i) Is heated by one of the following conventional electric, gas, oil or solid fuel heating system: Yes No
- (j) Is fitted with electrical installations which are inspected every 5 years by a qualified electrician and any defect remedied: Yes No
- (k) Has lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the Statutory requirements: Yes No
- (l) Is fitted with sprinklers throughout: Yes No
- (m) Has a backup system for the electrical supply: Yes No

Note: Assuming you have answered "Yes" to questions (l) and (m) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.

If you have answered "No" to any of the above questions, then please give further details:

Do any of the premises contain aluminum wiring? If "Yes", please provide details below: Yes No

Do you maintain electric records of all stock? If "No", please explain why: Yes No

Would you like a quotation for either of the following extensions? Earthquake: Yes No Flood: Yes No

PART 6 INSURANCE REQUIREMENTS

Please provide details of your current insurance or the cover you require, if this is the first time you are applying for insurance:

	Limit	Excess	Prior & Pending or Retroactive Date
Errors and Omissions:			
Commercial General Liability:			
Cyber and privacy:			
Directors and Officers:			

PART 7 CLAIMS EXPERIENCE

Check here if there were **NO LOSSES IN THE PAST 5 YEARS** under any coverage line applied for herein, otherwise **DETAIL ALL LOSSES** below:

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	RESERVE OR LOSS AMOUNT PAID BY INSURER	DEDUCTIBLE PAID BY INSURED

***Please attach any available insurance company loss reports with this application**

Regarding all of the types of insurance to which this application form relates **AFTER FULL ENQUIRY:**

- (a) Are you aware of any circumstances which may give rise to a claim against any of the organizations to be insured, or any directors, trustees, or employees, or
- (b) Have any directors or trustees of the company to be insured, or the company itself, been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body, or
- (c) Are you aware of any loss or damage, whether insured or not, that has occurred to any of the company to be insured within the last 5 years, or
- (d) Have you ever suffered a loss of data that has resulted in a privacy breach?

With reference to questions a, b, c and d above:

Yes No

If the answer to the above is "Yes", then please attach full details including an explanation of the background of events, the maximum amount involved or claimed, the status of the claims or circumstances and any reserves or payments made by you or by Insurers, and the dates of all developments and payments.

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____ Position: _____

Please print name: _____ Date: _____

BROKER DECLARATION

How long have you known this applicant?

Is this account new or renewal to you?

Have you personally viewed the applicants operations?

What is the condition of facilities and equipment?

What is the applicant's attitude toward risk management and insurance?

Do you recommend this applicant?

Broker's Signature:

Position:

Please print name:

Date:

ADDITIONAL INFORMATION