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BODY WORKS INSURANCE PROGRAM
BEAUTY / ESTHETICS / SPA APPLICATION

COMPLETION OF THIS APPLICATION IS FOR QUOTATION PURPOSES ONLY AND DOES NOT PLACE COVERAGE IN FORCE

Legal Business Name: _____

Mailing Address: _____ City: _____ Province: _____ Postal: _____

Location Address: _____ City: _____ Province: _____ Postal: _____

Do you have Additional Locations? YES NO Do you operate from home? YES NO
If Yes, Provide Address(es) _____ City _____ Province _____ Postal: _____

Please attach a separate page if additional space is needed

Contact Person: _____ Business Phone # _____ Fax # _____

Res. # _____ Cell # _____ E-mail: _____

Web Page Address: _____

Do you currently have insurance? YES NO Expiry Date: _____

If no, have you had insurance previously? If yes how long ago? _____

If yes, please provide Insurance Company & Policy #: _____

Has prior coverage been on a Claims Made Basis? Yes No Retroactive date: _____

Have you ever been cancelled for non-payment? Yes No

How long have you been in business? _____

PROPERTY INFORMATION

Describe your location (strip plaza, shopping mall, stand alone structure, etc.) _____

Do you own the building? Yes No Age of Building _____ # of storeys _____

Total Area of Building(Approx): _____ (Sq. Ft) Area of your Facility: _____ (Sq. Ft)

LATEST UPDATES IF BUILDING IS OVER 25 YEARS OLD ?

CONSTRUCTION OF BUILDING

Table with 3 columns: Roof, WALL:, ROOF: and rows for Heat, Plumbing, Electric, Concrete Block/Masonry, Brick Veneer over Wood, Frame/Siding, Steel Deck or Concrete, Wood Joists, Metal Clad.

Sprinkler System? Yes No # of Fire Extinguishers: _____ Burglar Alarm? Yes No

Smoke Detectors Yes No Fire Hydrants within 500 feet? Yes No

Alarm Monitored 24 hours? By professional monitoring Company Yes No

Please Attach copy of Alarm Certificate Fire Alarm 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 YOU DETERMINE YOUR "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/IPL/RF \$ _____

LEASEHOLDS/TENANTS IMPROVEMENTS: Offices \$ _____ A/C Units _____
 Phone/Alarm Systems \$ _____ Beauty Styling Chairs \$ _____ Change rooms \$ _____
 Washroom / Showers \$ _____ Construction Costs \$ _____ Exterior Glass \$ _____
 Existing Tenants Improvements \$ _____ Other, please specify _____

PROPERTY VALUES – COVERAGE YOU REQUIRE (Totals From the Above Categories)

Building (only if you require coverage) \$ _____ Stock \$ _____
 Leasehold/Tenant Improvements \$ _____ Equipment \$ _____
 Other (please specify) _____ \$ _____

THE QUOTATION WILL BE BASED ON THE ABOVE INFORMATION. PLEASE COMPLETE ACCURATELY

DESCRIPTION OF OPERATIONS

Are client cards/records kept?	Yes	No	How long are records kept: _____		
Do clients sign a waiver?	Yes	No	Any client under the age of 18?	Yes	No
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

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

Do you attend any trade shows/exhibits with your equipment? **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

	Yes	No	#of units	Non-Slip Flooring?		Rubber Mats In Halls?	
				Yes	No	Yes	No
Showers	Yes	No	_____	Yes	No	Yes	No
Whirlpools	Yes	No	_____	Yes	No	Yes	No
Steam Rooms	Yes	No	_____	Yes	No	Yes	No
Saunas	Yes	No	_____	Yes	No	Yes	No

Wet or Dry Sauna? _____

Any scorching behind Sauna 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, (if yes, 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, what is age _____

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

STERILIZATION

Is 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**

Please Provide Approximate Annual Revenues for Each of the Following Services:			
Hair Cutting/Styling	\$ _____	Nail Services	\$ _____
Acid Peels	\$ _____	Aromatherapy	\$ _____
Electrolysis	\$ _____	Laser/IPL/RF	\$ _____
Massage Services	\$ _____	Product Sales	\$ _____
Supplement Sales	\$ _____	Clothing Sales	\$ _____
Tanning Bed	\$ _____	Other -Specify	\$ _____

Body Wraps	Yes	No	Botox/Filler Injection	Yes	No
Chiropractors on staff	Yes	No	Platelet Rich Plasma Injections(PRP)	Yes	No
Ear Candling	Yes	No	Tattoo Removal	Yes	No
Ears Piercing Only	Yes	No	Facials	Yes	No
Makeup - Non-Permanent	Yes	No	Electrolysis	Yes	No
Do you perform Pedicures on Diabetics	Yes	No	No → If yes, attach separate page describing procedures and precautions.		
Manicure / Pedicure	Yes	No			
Nails - Acrylic /Gel	Yes	No	Skin Tag Removal	Yes	No
Do you use MMA (Methyl Methacrylate) within the Nail process	Yes	No			
Physical Therapist on Staff?	Yes	No	Teeth Whitening	Yes	No
Tattooing - Henna/ Spray on	Yes	No	Hot Stone Massage	Yes	No
Micro-needling	Yes	No	Tattooing –Permanent Body	Yes	No
Spray Tanning	Yes	No	Acupuncture	Yes	No
Wart / Mole Removal	Yes	No	Waxing / Sugaring	Yes	No
Body/Genital Piercing	Yes	No	Face/ Tongue Piercing	Yes	No
Yoga/Fitness	Yes	No	Naturopath/Homeopath	Yes	No
Supplemental Sales	Yes	No	Do you sell any Metabolics	Yes	No
Sell products under own label	Yes	No	→ If yes, attach brochure of products available		
Hair Cutting / Coloring	Yes	No	→ # of chairs _____ # of operators _____		
Diet / Nutrition	Yes	No	→ Follow Canada Food Guide	Yes	No
Reflexology	Yes	No	→ % of gross income ____		
Plasma pen Skin tightening	Yes	No	→ # of units ____		
Acid Peels	Yes	No	→ % of gross income ____	# of operators ____	
Aromatherapy	Yes	No	→ % of gross income ____	# of operators ____	
Sclerotherapy	Yes	No	→ % of gross income ____	# of operators ____	
Laser/Light/RF Treatments	Yes	No	→ If yes, please complete application - Page #5		
Massage - Registered	Yes	No	→ If yes, please complete application – Page #6		
Massage - Non-Registered	Yes	No	→ If yes, please complete application – Page #6		
Microdermabrasion	Yes	No	→ If yes, please complete application – Page #6		
Permanent Makeup/Microblading	Yes	No	→ If yes, please complete application – Page # 6		
Tanning Beds & Booths	Yes	No	→ If yes, please complete application – Page #7		
Operate a school or training Facility.	Yes	No	→ If yes attach copy of course outline including instructors qualifications & number of students		
Any other Services (Not Mentioned Above) _____					

Please provide a brochure of your operations, if available, when submitting this application

MASSAGE THERAPY:

- 1 What type(s) of Massage do you perform? _____
 - 2 Do you offer Hot Stone massage? Yes No
 - 3 Number of years of experience? _____ years
 - 4 Are you a RMT? Yes No
 - 5 Do you collect and discuss the client's health information? Yes No
 - 6 Is client's health information saved for at least 7 years? Yes No
 - 7 Is a waiver signed, dated and kept on record for at least 7 years? Yes No
 - 8 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
 - 4 Do you provide peels over 30% Glycolic Acid Yes No
 - 5 Do you client sign a waiver? Yes No
 - 6 Do you collect and discuss the client's health information? Yes No
 - 7 The number of year's client's information is saved? _____ years
 - 8 Have you ever had a claim made against you? Yes No
- If so, please advise: _____
- 9 Please check 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 client's _____ yrs.

PERMANENT MAKEUP/ MICROBLADING

- 1. Number of Staff that are providing this service _____
- 2. Estimated Receipts for Permanent Make-up _____
- 3. Years of experience for each individual _____
- 4. Education/Training: Where were you trained? _____. Do you have a Certificate for this service? _____ If yes, from who? _____
- 5. Do all clients sign a waiver/release form? _____
- 6. Do you perform a patch test for allergies? _____
- 7. Do you use disposable products only? _____
- 8. Describe sterilization procedure _____
- 9. Other than eyes and lips, do you perform services on any other areas of the body Yes No If yes, please specify _____
- 10. What type of dye do you use? _____ Where do you purchase it ? _____
- 11. Do you manufacturer or sell your own permanent makeup product to others _____

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.

Date: _____

Signature: _____

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

TANNING OPERATIONS**EQUIPMENT:**

	# of Units	Intensity	Manufacturer	Type of timer (digital, manual, etc.)	Where are timing controls 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?

Average number of clients annually _____

Do you have all 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 and certified by Smart Tan? Yes No

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?

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.

Date: _____

Signature: _____

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Our brokerage and the insurance industry have a solid track record of respecting your right to privacy and safeguarding your personal information. As a result of federal legislation, we've further strengthened our privacy commitment by informing you of why and how we collect, use and disclose your personal information. You can be assured that we'll only handle your personal information in a manner that a reasonable person would consider appropriate in the circumstances.

The Client hereby acknowledges that by competing and returning the application to Sound Insurance Services Inc., you agreed to and consent to the collection, use and disclosure of such information, including any personal information, by Sound Insurance Services Inc. for the following purposes:

- Communicating with you
- Assessing your application for insurance
- Disclosing information to the Insurance Companies
- Negotiating, maintaining or renewing insurance on your behalf
- Providing claims assistance and service
- Advising you of other products or services
- Complying with regulations and legal authorities

Please do not hesitate to contact our Privacy Officer should you have any questions.

Our Privacy Officer may be contacted as follows:

JEYA YOGANANTHAM

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Telephone:	416-756-3334
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For more information about our privacy policies or to obtain a copy of our privacy policy, please visit our website at www.soundinsurance.ca.