SOUND Insurance Services Inc.

205 Lesmill Road, Toronto, Ontario M3B 2V1
Tel: (416) 756-3334 Fax: (416) 756-1635 Toll Free 1-888-763-6546
Internet: www.soundinsurance.ca
donnaf@soundinsurance.ca markg@soundinsurance.ca

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 ?
Roof _____
Heat _____
Plumbing _____
Electric _____

CONSTRUCTION OF BUILDNG

WALL:	**ROOF:**
[ ] Concrete Block/Masonry	[ ] Steel Deck or Concrete
[ ] Brick Veneer over Wood	[ ] Wood Joists
[ ] Frame/Siding	[ ] Metal Clad

Sprinkler System? [ ] Yes [ ] No # of Fire Extinguishers: _____
Burglar Alarm? [ ] Yes [ ] No Smoke Detectors [ ] Yes [ ] No
Alarm Monitored 24 hours? [ ] Yes [ ] No Fire Hydrants within 500 feet? [ ] 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 $ _____
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

		#of units	Non-Slip Flooring?	Rubber Mats In Halls?
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 auto clave 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	Tattoo Removal	[ ] Yes [ ] No
Ear Candling	[ ] Yes [ ] No	Facials	[ ] Yes [ ] No
Ears Piercing Only	[ ] Yes [ ] No	Electrolysis	[ ] Yes [ ] No
Makeup - Non-Permanent	[ ] Yes [ ] No	Manicure / Pedicure	[ ] Yes [ ] No
Do you perform Pedicures on Diabetics ( ) Yes ( ) No. If yes please attach separate page describing procedures and precautions.		Skin Tag Removal	[ ] YES [ ] NO
Nails - Acrylic	[ ] Yes [ ] No	Gel Nails	[ ] Yes [ ] No
Do you use MMA (Methyl Methacrylate) within the Nail process			[ ] Yes [ ] No
Physical Therapist on Staff?	[ ] Yes [ ] No	Hot Stone Massage	[ ] Yes [ ] No
Tattooing - Henna	[ ] Yes [ ] No	Tattooing –Permanent Body	[ ] Yes [ ] No
Tattooing – Spray on	[ ] Yes [ ] No	Toning Beds	[ ] 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 ___	
Aqua Massage Beds	[ ] 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	[ ] 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

List of all People who provide the above operations:

# of full time Employees? _____ **Full time (F/T)**
# of part time Employees? _____ **Part time (P/T)**
# of contracted People? _____ **CONTRACT**
# of Employees over the age of 65? _____

NAME	YEARS OF EDUCATION	YEARS EXPERIENCE	OPERATIONS OF EACH INDIVIDUAL	F/T OR PT OR CONTRACT

Has the company &/or staff had any type of claim within last 5 years? [ ] Yes [ ] No, If yes please list:

_____

_____

_____

☐ **ADDITIONAL INSURED – If required, provide full name and address** (i.e.: landlord)

_____

_____

☐ **LOSS PAYEES - If required, provide full name and address** (i.e.: bank financing, equipment leases, etc.)

_____

_____

FAILURE TO ANSWER ALL QUESTIONS MAY RESULT IN A DELAY IN PROCESSING YOUR SUBMISSION

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_____

LASER//IPL/RF APPLICATION

1 Please advise if you provide the following laser/IPL operations:
Laser [ ] Yes [ ] No RF ( )Yes ( ) No Pulse Light [ ] Yes [ ] No

2 Please provide all operators who provide **Laser/Light/RF** treatment and their experience:

NAME PERSON PROVIDING LASER/IPL TREATMENTS	YEARS OF EDUCATION	YEARS EXPERIENCE/ QUALIFICATION	ANY PRIOR CLAIMS MADE AGAINST EACH INDIVIDUAL PLEASE GIVE DETAILS

3 Please circle what skin types you provide services on:
As per the Fitzpatrick Scale: 1 2 3 4 5 6

4 Do you complete a patch test at least 24 hours prior to laser hair removal operations? [ ] Yes [ ] No

5 Do you wear surgical gloves when providing laser services to clients? [ ] Yes [ ] No

6 Does your client wear protective eyewear during laser services? [ ] Yes [ ] No

7 Do you keep copies of all client service records for a minimal 7 years? [ ] Yes [ ] No

8 Is a waiver signed, dated and kept on record for 7 years? [ ] Yes [ ] No

9 Do you explain to the client what steps to take prior to any laser treatment [ ] Yes [ ] No

10 Do you explain to the client what steps to take after any laser treatment? [ ] Yes [ ] No

11 Are Laser/IPL/RF machines used to for hair removal? [ ] Yes [ ] No
Spider Vein Treatments? [ ] Yes [ ] No
Acne [ ] Yes [ ] No
Any ablative/Invasive treatments? ( )Yes ( ) No
List all other treatments _____

12 What is the minimum age of clients _____yrs

13 Complete this section for all laser/IPL/RF systems (attach an additional page if necessary)

MAKE	MODEL & SERIAL NUMBER	AGE	LIST PRICE NEW INCLUDING ATTACHMENTS/HANDPIECES
		Yrs.	$
		Yrs.	$
		Yrs.	$

14 Have all operators listed had training on the above laser/IPL/RF machine(s) and is the equipment being used in accordance with the manufacturers specifications ( ) YES ( ) NO

15 Is your laser machine leased or financed? If yes, from whom? Provide Company name and full address_____

16 How often do you calibrate your machines?_____

17 Please list all locations, methods of transporting equipment and frequency of all off-site treatments:
_____
_____
_____

18 Do you lease or rent your machine to other individuals / businesses? ( ) YES ( ) NO
If yes to whom and how often (attach list if needed)_____
If the machine is left overnight do all locations have a monitored alarm system? ( ) YES ( ) NO

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**_____

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 circle 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

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:** _____

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

PRIVACY CLAUSE

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

Name of Organization:	Sound Insurance Services Inc.
Address:	205 Lesmill Road, Toronto, ON M3B 2V1
Telephone:	416-756-3334
Fax:	416-756-1635
Email:	jeyay@soundinsurance.ca

For more information about our privacy policies or to obtain a copy of our privacy policy, please visit our website at www.soundinsurance.ca.