

PREFERRED ESTHETICIANS, SPAS AND SALONS PROGRAM INSURANCE APPLICATION

☐ By checking this box, I certify that I am a registered member of ESPABC

Legal Name:		Contact:	
Principal(s):		Email:	
Telephone:		Fax:	
Postal Address (including Postal Code):			
Risk location, if different from above (including Postal Code):			
In business since:		Number of years of previous experience:	
Previous Insurer:		Premium:	Policy No.: Expiry Date:
Website:			
Has previous insurance been declined, cancelled or not offered for renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, full details:			
Any claims in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide full details including date, type of loss, amount paid and outstanding:			
Location Details (please include photos where possible)			
Building Type: <input type="checkbox"/> Single Detached <input type="checkbox"/> Enclosed Mall <input type="checkbox"/> Retail Strip Plaza <input type="checkbox"/> Other _____			
Roof Construction <input type="checkbox"/> Concrete <input type="checkbox"/> Steel Deck <input type="checkbox"/> Metal Clad <input type="checkbox"/> Wood Joists			
Wall Construction <input type="checkbox"/> Concrete <input type="checkbox"/> HCB <input type="checkbox"/> Steel frame <input type="checkbox"/> Wood Frame <input type="checkbox"/> Heritage Buildings <input type="checkbox"/> Log/Rustic			
Total Area Occupied In Building:		Sole Occupancy <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Heating:		Type of Wiring	
Type of Plumbing:			
Year built: _____	If built over 35 years ago, when have any updates done:		
<input type="checkbox"/> Owned <input type="checkbox"/> Leased	Heating System:	Plumbing:	Wiring: Roof:
Landlord Address:			
Landlord Contact No.:			
Protection: <input type="checkbox"/> Hydrant and Firehall* <input type="checkbox"/> Firehall only* <input type="checkbox"/> Unprotected *: within 8km			
Alarm System: Monitored <input type="checkbox"/> Yes <input type="checkbox"/> No ; by _____ <input type="checkbox"/> Local			
Deadbolts Installed <input type="checkbox"/> Yes <input type="checkbox"/> No		Bars on Windows <input type="checkbox"/> Yes <input type="checkbox"/> No	
List of ALL practitioners including the Owners, Principals, Staff, and Contractors (Add another sheet if needed)			
Name	Operations	Employee/ Contractor?	Errors & Omission limit
Number of Employees: _____		Surgical Facility or Medi Spa? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Limit Required			
Professional Liability: <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> Higher Limit: \$ _____			
Commercial General Liability: <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> Higher Limit: \$ _____			
Building Limit	\$ _____	Tenant Improvements Limit	\$ _____
Equipment Limit	\$ _____	Stock Limit	\$ _____

Services Offered			
GROUP 1			
Hair Services <input type="checkbox"/>	Ear Piercing <input type="checkbox"/>	Facials <input type="checkbox"/>	Eyebrow Tinting <input type="checkbox"/>
Manicure <input type="checkbox"/>	Pedicure <input type="checkbox"/>	Product Sales <input type="checkbox"/>	Eyelash Tinting <input type="checkbox"/>
Feathering and Application of Fake Eyelashes <input type="checkbox"/>		Eyelash Curling <input type="checkbox"/>	Eyelash Perming <input type="checkbox"/>
Annual Receipts for Group 1 Operations (*Must have estimate in order to quote): \$ _____			
GROUP 2			
Body Massage <input type="checkbox"/>	Facial Massage <input type="checkbox"/>	Ear Candling <input type="checkbox"/>	Hydrotherapy Tubs # _____
Saunas (infrared or cold) <input type="checkbox"/>	Vichy Showers <input type="checkbox"/>	Henna Tattooing <input type="checkbox"/>	Hot Tubs # _____
Spray Tanning <input type="checkbox"/>	Teeth Whitening <input type="checkbox"/>	Oxygen Bar <input type="checkbox"/>	Steam Rooms # _____
Aromatherapy <input type="checkbox"/>	Waxing and/or Sugaring <input type="checkbox"/>	Nails – Acrylic <input type="checkbox"/>	
Annual Receipts for Group 2 Operations (*Must have estimate in order to quote): \$ _____			
GROUP 3			
Electrolysis <input type="checkbox"/>	Microdermabrasion <input type="checkbox"/>	Mole, wart, or other growth removal (solution only) <input type="checkbox"/>	
Superficial chemical peels and glycolic peels with maximum 20% glycolic contents <input type="checkbox"/>			
Annual Receipts for Group 3 Operations (*Must have estimate in order to quote): \$ _____			
GROUP 4			
Laser Treatments <input type="checkbox"/>	Laser Light Therapy <input type="checkbox"/>	Photoepilation (Laser Hair Removal) <input type="checkbox"/>	
Dermabrasion <input type="checkbox"/>	Injections of Botulinum Toxin or Collagen <input type="checkbox"/>		
Annual Receipts for Group 4 Operations (*Must have estimate in order to quote): \$ _____			
Other Services - not listed above:			

Our Preferred Insurance Program includes:

- ✓ \$5,000,000 Commercial General Liability
- ✓ \$2,000,000 Professional Liability Per Occurrence Form
- ✓ \$5,000,000 Non-Owned Auto
- ✓ \$500,000 Tenants Legal Liability
- ✓ \$50,000 Contents of Every Description with Peak Season Inventory
- ✓ 12 months No Co-Insurance Business Interruption
- ✓ Flood, earthquake, Water Damage Automatically included
- ✓ Broad Crime Coverage
- ✓ Contractors on Premises Covered

SIGNATURE OF APPLICANT

DATE

Please fax to 604-731-6701 or email to spa@johnrossinsurance.com