JOHN ROSS INSURANCE SERVICE LTD.

PREFERRED ESTHETICIANS, SPAS AND SALONS PROGRAM
INSURANCE APPLICATION AND STATEMENT OF VALUES

Requested Effective Date: ______________________________

Named Insured/Legal Entity:			
Contact Name and/or Principal(s):			
Telephone:		**Fax:**	
Postal Address (including Postal Code):			
Risk location, if different from above:			
In business since:	**Number of years of previous experience:**		
Previous Insurer:	**Premium:**	**Policy No.:**	**Expiry Date:**
Website:		**Email:**	
Has previous insurance been declined, cancelled or not offered for renewal? □Yes □ No If yes, full details:			
Any claims in the last 3 years? □Yes □ No If yes, provide full details including date, type of loss, amount paid and outstanding:			

Location Details (please include photos where possible)	
Building Type: □ Single Detached □ Enclosed Mall □ Retail Strip Plaza □ Other _________	
Roof Construction □ Concrete □ Steel Deck □ Metal Clad □ Wood Joists	
Wall Construction □ Concrete □ HCB □ Steel frame □ Wood Frame □ Heritage Buildings □ Log/Rustic	
Square Feet of Premises: ft^2	Year built: _________ □ Owned □ Leased
Type of Wiring:	□ Circuit Breakers □ Fuses Amps (0 - 100,100 - 200, 200+) ______
Type of Plumbing:	Type of Heating:
If built over 25 years ago, when have any updates done: Heating System: Plumbing: Wiring: Roof:	
Landlord Name and Address:	
List landlord as Additional Insured? □ Yes □ No	Landlord Contact No.:
Protection: □ Hydrant and Firehall* □ Firehall only* □ Unprotected (* indicates within 8km)	
Alarm System: Monitored □ Yes □ No ; by ______________________________ or □ Local only	
Deadbolts Installed □ Yes □ No	Bars on Windows □ Yes □ No
Number of Employees: ___________	Surgical Facility or Medi Spa? □ Yes □ No

Services Offered

GROUP 1

Hair Services □	Ear Piercing □	Facials □	Eyebrow Tinting □
Manicure □	Pedicure □	Product Sales □	Eyelash Tinting □

GROUP 2

Body Massage □	Facial Massage □	Ear Candling □	Hydrotherapy Tubs #____
Saunas (infrared or cold) □	Vichy Showers □	Henna Tattooing □	Hot Tubs #_____
Spray Tanning □	Teeth Whitening □	Oxygen Bar □	Steam Rooms #____
Aromatherapy □	Waxing and/or Sugaring □	Nails – Acrylic □	Reflexology □
Lymphatic Massage □			

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GROUP 3		
Electrolysis ☐	Microdermabrasion ☐	Mole, wart, or other growth removal (solution only) ☐
Cold Laser Therapy ☐	IPL (Laser Light Therapy) ☐	
Superficial chemical peels and glycolic peels with maximum 20% glycolic contents ☐		
Feathering and Application of Fake Eyelashes ☐	Eyelash Curling/Perming ☐	Eyelash Extensions ☐
Permanent / Semi-Permanent Hair Extensions ☐		

GROUP 4		
Laser Treatments ☐	Dermabrasion ☐	Photoepilation (Laser Hair Removal) ☐
Injections of Botulinum Toxin or Collagen ☐		Skin Needling ☐

Combined Annual Receipts for ALL operations (*Must have estimate in order to quote): $____________________

OTHER SERVICES - (not listed above):

Microblading ☐

Others (please describe) ☐

Limit Required – Statement of Values

Professional Liability: ☐ $2,000,000 ☐ Higher Limit: $__________________________

Commercial General Liability: ☐ $5,000,000 ☐ Higher Limit: $__________________________

Building Limit	**$**	Tenant Improvements Limit	**$**
Equipment Limit	**$**	Stock Limit	**$**

For Group(s) 3 & 4 Only:
List of ALL practitioners including the Owners, Principals, Staff, and Contractors (Add another sheet if needed)

Name	Operations	Employee/ Contractor?	Underlying Errors & Omission Limit	Member of Which Associations	Years Experience

The undersigned declares that to the best of his or her knowledge and belief the statements set forth herein are true. The Insurance Company is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary. THIS APPLICATION MUST BE SIGNED BY THE PERSON RESPONSIBLE FOR PURCHASING INSURANCE.

________________________ ________________________
SIGNATURE OF APPLICANT DATE

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