MED THREE INSURANCE GROUP
21 Four Seasons Place - Suite 105, Toronto, ON M9B 6J8
Main: 416-477-2353 FAX: 416-477-2399

Professional and General Liability Insurance Application for: Beauty, Health and Well-being Services and Practices

For the purpose of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Please read and complete the application in its entirety. Blanks &/or dashes are not acceptable and will delay consideration of this application. Answer all questions, if the question does not apply, indicate "N/A" in the circle provided.

Please read and complete the application in its entirety. Return the completed application to MedThree Insurance Group.

SECTION 1 – GENERAL INFORMATION

1.	Name of Applicant (Please print):					
	Name of Business to be insured of if different from the above:					
2.	Address:					
	City/Town:		Province:		Postal Code:	
	Phone No.:		E-Mail:			
	City/Town:		Province:		Postal Code:	
	Phone No.:		E-Mail:			
3.	How long has the business been operating?					
4.	Is the business a:	☐ Corporation ☐ Partnership ☐ Independent Contractor ☐ Individual Practice ☐ Other (describe):				
5.	Is the business operated as a:	☐ Beauty Salon ☐ Spa ☐ MediSpa ☐ Complementary Therapy Practice ☐ Homeopathic Practice ☐ Other (describe):				
6.	Are there additional locations?	☐ Yes ☐ No	Number of Locations:		Website:	
7.	Are you a current policy holder or a new applicant?	☐ Existing Holder ☐ New Applicant				

8. In what capacity do you practice?

Acupuncturist	☐	Massage Provider (Relaxation)	☐	Registered Nurse	☐
Beautician	☐	Medical Esthetician	☐	Registered Practical Nurse	☐
Dietician	☐	Nutritionist Counsellor	☐	TCM Practitioner	☐
Esthetician	☐	Physiotherapist	☐	Other:	☐
Healthcare Therapist/Counsellor	☐	Reflexologist	☐	Other:	☐
Laser Technician	☐	Reg. Massage Therapist (RMT)	☐	Other:	☐

9.	Number of years in practice:	
10.	Are you a member of an applicable professional association or professional body?	☐ Yes ☐ No ☐ N/A If yes, please specify:
11.	Are you accredited and/or certified?	☐ Yes ☐ No ☐ N/A If yes, please list accreditations and/or certifications:
12.	Are you a current licensed member in good standing with a professional College?	☐ Yes ☐ No ☐ N/A License/Registration Number: Date of Expiry (dd/mm/yyyy):

13. Please state sources and amounts of total revenue in respect of the following years (in CAD):

	Last Complete Financial Year	*Estimate for Current Financial Year*	*Estimate for Next Financial Year*
Professional Fees			
Product Sales			
Other Income (specify):			
Total Gross Revenues			

14.	What percentage of clients treated are:	Canadian Residents: % Non-Canadian Residents: %
15.	Please provide percentage of patients by age range:	< 30: % 30-64: % > 65: %

SECTION 2 – SERVICES PROVIDED

Part A – Beauty Services

There are several categories of activities that can be covered, each of which has a separate premium banding.

Check all applicable services provided in Categories 1-3 in the following table.

Category 1 – Low Risk					
Service	*Applicable*	*% of Revenue*	*Service*	*Applicable*	*% of Revenue*
All Hair Styling Services	☐		Green Peel	☐	
Aromatherapy	☐		Make-Up – Non-permanent	☐	
Body Wraps	☐		Manicures	☐	
Ear Piercing	☐		Paraffin	☐	
Eyebrow & Eyelash Tinting	☐		Pedicures	☐	
Eyelash Extensions	☐		Relaxation Massage	☐	
Facials	☐		Reflexology	☐	
Gel Nails	☐		Spray Tanning	☐	
Glycolic Peels – maximum 20% AHA content	☐		Waxing/Sugaring	☐	

Category 2 – Medium Risk					
Service	*Applicable*	*% of Revenue*	*Service*	*Applicable*	*% of Revenue*
Acrylic Nails	☐		LED Technology	☐	
Body Piercing (above the waist only)	☐		Radiowave Skin Treatment	☐	
Carboxy Therapy	☐		Teeth Whitening	☐	
Electrolysis	☐		Ultrasound Skin Treatment	☐	
Fitness, Nutrition or Weight Loss Programs	☐				

Category 3 – High Risk					
Service	*Applicable*	*% of Revenue*	*Service*	*Applicable*	*% of Revenue*
Botox Injections	☐		Laser, IPL and RF Services	☐	
Collagen Injections	☐		Latisse	☐	
Corn, Bunion or Ingrown Toenail Cutting or Removal	☐		Medical strength Peels	☐	
Cryolipolysis (CoolSculpting)	☐		Microdermabrasion	☐	
Custom Contouring	☐		Microneedling	☐	
Dermaplaning/blading	☐		Micropigmentation	☐	
Ear Candling	☐		Mole or Skin Tag Removal	☐	
Erbium/Ablative Laser	☐		Permanent Makeup (pigment only)	☐	
Eyebrow Embroidery	☐		Photofacial/Non-ablative Wrinkle Reduction	☐	
Injectable Dermal Fillers	☐		Skin Tightening (Laser and RF)	☐	
Injectable plus Dermal Filler	☐		Spider Vein Removal (Sclerotherapy)	☐	
Injectable Vitamins	☐		Tattoo Removal (by laser only)	☐	

Part B – Health and Well-being Therapies[1]

There are several categories of activities that can be covered, each of which has a separate premium banding.

Check all appropriate modalities/services provided in Categories 1 and 2 in the following tables:

Category 1 Therapies – Low Risk					
	Applicable	*% of Revenue*		*Applicable*	*% of Revenue*
Massage including but not limited to RMT, therapeutic, relaxation, massage & Deep Tissue, Hot Stone	☐		**Biologic-based therapies** including but not limited to herbal medicines & teas, dietary supplements (excluding IV vitamins), probiotics	☐	
Manual Therapies including but not limited to Shiatsu	☐		Osteopathy	☐	
Mind-body practices including but not limited to yoga (excluding Hot/Bikram/ Moksha), meditation, biofeedback, guided imagery, art, music, dance, prayer, Trager psychophysical integration	☐		**Fitness systems** including but not limited to Pilates	☐	
Body-based Therapies including but not limited to Feldenkrais method, Alexander technique, Reflexology, Rolfing, Bowen, Onsen Therapy	☐		**Therapies using cold lasers** including but not limited to LLLT/LILT-Low Level/Intensity Laser	☐	
Movement Therapies including but not limited to dance	☐		**Analytic studies** including but not limited to Iridology, Sclerology	☐	
Energy Therapies including but not limited to, Reiki, Tai Chi, Therapeutic Touch, Body Talk, Eden, EFT (tapping), BIE, BARS therapy	☐		**Body cleansing/body purifying therapies** such as Ionic Foot Bath Detoxification (excluding Colon Hydrotherapy (Irrigation))	☐	
Bio-electromagnetic-based therapies including but not limited to pulsed fields, PEMF therapy, bio-magnetic rebalancing	☐		Cupping	☐	
Therapy incorporating the senses including but not limited to Aromatherapy, Raindrop Therapy	☐		Other (describe):	☐	
Therapies using the Mind including but not limited to Meditation, Prayer	☐		Other (describe):	☐	
			Other (describe):	☐	

Category 2 Therapies – Medium Risk					
	Applicable	*% of Revenue*		*Applicable*	*% of Revenue*
Acupuncture	☐		Indirect Moxibustion	☐	
Colon Hydrotherapy (Irrigation)	☐		Intravenous Vitamin Therapy	☐	
Diet and herbs (including Nutrition Counselling)	☐		Therapies on Animals such as animal massage, Animal Energy Work	☐	
Dry Needling	☐		Trigenics	☐	
Ear Candling	☐		Other (describe):	☐	
Homeopathy/Heilkunst	☐		Other (describe):	☐	
Hypnotherapy (excluding past life regression & use in entertainment)	☐		Other (describe):	☐	

[1] Health and Well-being Therapies include alternative/complementary therapies, TCM, naturopathy and homeopathy.

SECTION 3 – PERSONNEL

(If you are an employee, independent contractor, or individual practitioner go to Section 5.)

Part A – Employees:

1. Indicate by type the number of full-time (F/T) and part-time (P/T) employed by the Applicant:

Type	*No.*	*F/T*	*P/T*	*Type*	*No.*	*F/T*	*P/T*	*Type*	*No.*	*F/T*	*P/T*
Acupuncturists		☐	☐	Reg. Massage Therapist (RMT)		☐	☐	Registered Practical Nurse		☐	☐
Aromatherapists		☐	☐	Medical Esthetician		☐	☐	Stylist		☐	☐
Beauticians		☐	☐	Nail Technician		☐	☐	TCM Practitioner		☐	☐
Cosmetologists		☐	☐	Naturopath		☐	☐	Technician		☐	☐
Dieticians		☐	☐	Nutritionist Counsellor		☐	☐	Therapist/Counsellor		☐	☐
Estheticians		☐	☐	Osteopath		☐	☐	Medical Director		☐	☐
Herbalist		☐	☐	Physiotherapist		☐	☐	Clerical/Administrative		☐	☐
Homeopath		☐	☐	Physician		☐	☐	Other (describe):		☐	☐
Laser Technician		☐	☐	Reflexologist		☐	☐				
Massage Provider (Relaxation)		☐	☐	Registered Nurse		☐	☐	Other (describe):		☐	☐

2. Do all staff have certification/credentialing for the services they provide? ☐ Yes ☐ No
   Attach copies of certificates of qualifications for all aestheticians/technicians for which coverage is required.

Part B – Independent Contractors:

1. Do independent contractors work in the establishment? ☐ Yes ☐ No

2. Indicate by practice the number of independent contractors providing services in the following table:

Type	*No.*	*F/T*	*P/T*	*Type*	*No.*	*F/T*	*P/T*	*Type*	*No.*	*F/T*	*P/T*
Acupuncturists		☐	☐	Reg. Massage Therapist (RMT)		☐	☐	Registered Practical Nurse		☐	☐
Aromatherapist		☐	☐	Medical Esthetician		☐	☐	Stylist		☐	☐
Beautician		☐	☐	Nail Technician		☐	☐	TCM Practitioner		☐	☐
Cosmetologist		☐	☐	Naturopath		☐	☐	Technician		☐	☐
Dietician		☐	☐	Nutritionist Counsellor		☐	☐	Therapist/Counsellor		☐	☐
Esthetician		☐	☐	Osteopath		☐	☐	Medical Director		☐	☐
Herbalist		☐	☐	Physiotherapist		☐	☐	Clerical/Administrative		☐	☐
Homeopath		☐	☐	Physician		☐	☐	Other (describe):		☐	☐
Laser Technician		☐	☐	Reflexologist		☐	☐	Other (describe):		☐	☐
Massage Provider (Relaxation)		☐	☐	Registered Nurse		☐	☐				

3. Do all Independent Contractors carry their own Professional Liability (Medical Malpractice) insurance?	☐ Yes ☐ No
If no, are you responsible for providing Professional Liability Coverage for these individuals?	☐ Yes ☐ No
4. Are the professional licenses or certificates of all employees and independent contractors verified?	☐ Yes ☐ No

SECTION 4 – GENERAL LIABILITY – OCCURRENCE-BASED

1. Complete a brief description of the premises in the table below:

Name of Building	*Location*	*Year Built*	*Size (Sq. Ft.)*	*# of Storeys*

SECTION 5 – DESCRIPTION OF OPERATIONS

Part A – Beauty Service Providers:

1. Is a client's informed consent obtained in writing prior to starting cosmetic treatments?	☐ Yes ☐ No
2. Is a client told what post-procedure at-home care is required following specific cosmetic procedures/treatments e.g., laser skin rejuvenation, peel, etc.?	☐ Yes ☐ No
3. Is a patch test for allergies performed at least 24 hours before proceeding to any skin treatments to mitigate reactions?	☐ Yes ☐ No
4. Is a client's dermatological history with an emphasis on wound healing and scar formation taken prior to treatment using a laser and IPL treatment?	☐ Yes ☐ No

5.	Do you evaluate a client's skin using a recognized (e.g., Fitzpatrick skin type classification) skin analysis/evaluation tool before treatments using lasers to prevent skin damage?	☐ Yes ☐ No
6.	Are all employees and independent contractors trained by the manufacturer to use the equipment before they perform they perform any treatment on a client?	☐ Yes ☐ No
7.	Is equipment requiring calibration done in accordance with manufacturer' recommendations?	☐ Yes ☐ No
8.	Are clients required to wear protective eyewear during laser services?	☐ Yes ☐ No
9.	Are all operators trained on the machines they use (e.g. IPL , Laser)?	☐ Yes ☐ No
10.	Are staff required to wear gloves when performing dermabrasion, peels, etc.at all times?	☐ Yes ☐ No
11.	Is alcohol ever served on the premises?	☐ Yes ☐ No
12.	Does equipment have routine and scheduled preventive maintenance in keeping with manufacturers' recommendations?	☐ Yes ☐ No
13.	Do you sell products (e.g., cosmetics, nail care, hair care, supplements, skin care etc.)?	☐ Yes ☐ No
	If yes, please list:	

Part B – Health and Well-being Therapies:

1.	Is a client's informed consent obtained in writing prior to starting treatment?	☐ Yes ☐ No
2.	Do you provide health and/or well-being services to Professional Sports persons and/or dancers?	☐ Yes ☐ No
3.	Do you teach and/or certify another to teach others?	☐ Yes ☐ No
4.	Do you make or sell products that are directly related to your treatment modalities?	☐ Yes ☐ No

Part C – Beauty Service Providers / Health and Well-Being Therapies:

1.	Are you in compliance with all regulatory workplace health & safety requirements?	☐ Yes ☐ No
2.	Do you comply with manufacturer guidelines with respect to single use products, devices & equipment?	☐ Yes ☐ No
3.	Infection Control:	☐ Yes ☐ No
	Do you follow the current guidance for infection prevention & control issued by the Public Health Agency of Canada; Ministry of Health or any regional; provincial / territorial public health authorities?	☐ Yes ☐ No
	If yes - when was the guide last updated?	
	Do you have a written plan for managing an outbreak of a communicable disease in your facility?	☐ Yes ☐ No
	Complete the following questions only if answers to the above questions are "No".	
	Is there a process of managing patient / customer with symptoms of communicable disease to prevent transmission to others?	☐ Yes ☐ No
	If so, please advise.	
	Do you follow the environmental cleaning protocol in the personal services environment?	☐ Yes ☐ No
	Do you ensure that staff follows the hand hygiene protocols?	☐ Yes ☐ No
	Is immunization against flu offered or required to all staff in your facility?	☐ Yes ☐ No
	If no, please explain.	
	Are all equipment clean and disinfected / sterilized as per current provincial best practices guidelines before reuse with another patient / customer?	☐ Yes ☐ No
	Do you use single use towels or other protective covers on tables / beds?	☐ Yes ☐ No
	Do you dispose all waste including single use device in accordance with regulatory requirements?	☐ Yes ☐ No
	Are all staff able to demonstrate adequate knowledge of general principles of infection control prevention including the common communicable disease risks for staff in the personal services setting?	☐ Yes ☐ No
	Are the appropriate personal protective equipment (PPE) readily available and easily accessible to all staff?	☐ Yes ☐ No
	Do you have protocols in placed to obtain and maintain adequate quantities of equipment, products, materials needed for the Infection prevention and control to prevent transmission of the disease?	☐ Yes ☐ No

SECTION 6 – INSURANCE AND CLAIMS HISTORY

NOTE: All questions must be answered. Failure to disclose claims history could invalidate coverage.

Part A – Current Insurance Information:

Coverage	*Occurrence or Claims-made policy?*	*Retroactive Date (Claims-made policy)*	*Exp. Date*	*Current Limit*	*Current Deductible*	Annual *Premium*
Professional Liability						
General Liability						
Management Liability						

Part B – Claims Information:

1. Please attach a claims history from your current insurer providing the following details:

Date of Loss/ Incident	*Date of Claim*	*Amount Claimed*	*Amount Paid*	*Amount Outstanding (reserve)*	*Details Including Nature of Allegations and Claimant Details*

2. Do you have knowledge of an event, circumstance or occurrence (other than listed above) prior to the effective date of the proposed policy, or do you foresee that a claim may be brought as a result of said event, circumstance or occurrence?
☐ Yes ☐ No If "Yes," please provide details below:

Professional or General Liability	*Date of Incident/ Circumstance or Complaint*	*Details and Facts (including nature of Incident/Circumstance or Complaint & details of complainant0*

3. Please indicate which limit(s) of indemnity you require quotation for: Professional Liability (Claims Made)	☐ $1,000,000 ☐ $2,000,000 ☐ $5,000,000 ☐ $10,000,000
4. Please indicate which limit(s) of indemnity you require quotation for: General Liability (Occurrence)	☐ $1,000,000 ☐ $2,000,000 ☐ $5,000,000 ☐ $10,000,000

NOTICE CONCERNING PERSONAL INFORMATION

By purchasing insurance from Medthree Insurance Group, a customer provides Medthree Insurance with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with underwriters;
- the evaluation of claims;
- the analysis of business results;
- the underwriting of policies;
- the detection and prevention of fraud;
- purposes required or authorized by law.

For the purposes identified above, personal information may be disclosed to MedThree Insurance and any affiliated companies and service providers. Further information about Medthree Insurance personal information protection policy may be obtained by contacting their privacy officer at 416-477-2340.

WARRANTY STATEMENT

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. The undersigned also warrants that they have not suppressed or misstated any material facts. It is further agreed by the undersigned that each policy or renewal thereof, if issued, is issued in reliance upon the truth of the representations and information in this Application.

If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants he or she will immediately report such changes to the Insurer and the Insurer may modify or withdraw any quotation or agreement to bind or modify insurance.

Signing of this Application does not bind the undersigned to purchase this insurance, nor does it bind the Insurer to complete this insurance. However, should the Insurer bind and issue a policy, this Application shall serve as the basis of such contract and will be attached to and form part of the policy.

Any person who knowingly or with intent to defraud or to facilitate a fraud against any insurance company or other person submits an application or files a claim for insurance containing false, deceptive or misleading information may be guilty of insurance fraud.

IMPORTANT: **THE APPLICANT MUST SIGN THIS APPLICATION.** SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE.

QUEBEC AND NEW BRUNSWICK RESIDENTS ONLY:

I hereby confirm my request that the present document and any other document and correspondence pertaining to the present insurance be in the English language.

SIGNATURE

Signature:		Date (mm/dd/yyyy):	
	(Authorized Representative)		
Name (please print):		Title/Position:	