



**SERVICES PROVIDED (Applicant s brochure, pamphlet, or list of services must be provided)**

1) Acupuncture <input type="checkbox"/> 2) Aromatherapy <input type="checkbox"/> 3) Bath Treatments <input type="checkbox"/> 4) Body Wraps, Brushing or Polishing <input type="checkbox"/> 5) Body Treatments involving Electrical Currents <input type="checkbox"/> 6) Chiropractic <input type="checkbox"/> 7) Ear/Body Piercing <input type="checkbox"/> a) Implants <input type="checkbox"/> c) Ear Stretching <input type="checkbox"/> b) Scalpeling <input type="checkbox"/> d) Ear Shaping <input type="checkbox"/> 8) Ear Candling <input type="checkbox"/> 9) Electrotherapy <input type="checkbox"/> 10) Exercising, Slenderizing or Reducing Consulation <input type="checkbox"/> 11) Facials <input type="checkbox"/> a) Lasers <input type="checkbox"/> d) Injections <input type="checkbox"/> b) Light <input type="checkbox"/> e) General <input type="checkbox"/> c) Peels <input type="checkbox"/> 12) Hair Cutting, Colouring, Perming <input type="checkbox"/>	13) Hair Removal <input type="checkbox"/> a) Waxing <input type="checkbox"/> d) Electrolysis <input type="checkbox"/> b) Sugaring <input type="checkbox"/> e) Shortwave <input type="checkbox"/> c) Lasers <input type="checkbox"/> f) Light <input type="checkbox"/> 14) Hydrotherapy <input type="checkbox"/> 15) Make Up Application <input type="checkbox"/> a) Semi-permanent <input type="checkbox"/> c) Microblading <input type="checkbox"/> b) Permanent <input type="checkbox"/> c) Micropigmentation <input type="checkbox"/> 16) Massage Therapy <input type="checkbox"/> 17) Manicures/Pedicures/Artificial Nails <input type="checkbox"/> 18) Physiotherapy <input type="checkbox"/> 19) Plastic Surgery <input type="checkbox"/> 20) Reflexology <input type="checkbox"/> 21) Reiki <input type="checkbox"/> 22) Removal of Warts, Moles or Other Growths <input type="checkbox"/> 23) Sauna <input type="checkbox"/>	24) Shower <input type="checkbox"/> 25) Steam Room <input type="checkbox"/> 26) Tanning <input type="checkbox"/> a) UV <input type="checkbox"/> b) Spray <input type="checkbox"/> 27) Tattooing <input type="checkbox"/> a) Permanent <input type="checkbox"/> e) Branding <input type="checkbox"/> b) Scarification <input type="checkbox"/> f) Implants <input type="checkbox"/> c) Black Henna <input type="checkbox"/> g) Removal <input type="checkbox"/> d) Other Henna <input type="checkbox"/> 28) Vein Treatments/Injections <input type="checkbox"/> 29) Fish Treatment <input type="checkbox"/> 30) Microdermabrasion <input type="checkbox"/> 31) Teeth Bleaching <input type="checkbox"/> 32) Tongue Splitting <input type="checkbox"/> 33) All Other: <input type="checkbox"/> _____ _____
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**SERVICE DETAILS (must be completed for all services)**

1) With the exception of basic hair & esthetic services, is it mandatory that customers complete and sign a medical questionnaire? <b>Please attach a copy.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) With the exception of basic hair & esthetic services, is it mandatory that customers complete and sign a waiver form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Is the Salon Select Package Service Waiver being used? <b>If no, please attach a copy of the waiver being used.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Is it mandatory to advise customers of the risks inherent with the service(s) they are receiving?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) If specific care is required after a service is performed, is it mandatory to provide customers with aftercare instructions? <b>If yes, please attach a copy.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Are records kept for a period of at least 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) As a matter of practice, do you provide written or oral advice on the use or healing qualities of herbal, organic or drug items or supplements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) As a matter of practice, do you administer or recommend any form of anesthetic, analgesic or tranquilizer medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9) Are all operators professionally licensed or registered as an apprentice for the service(s) they are performing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10) What is your standard ratio of apprentices to licensed professionals? _____	
11) Are apprentices always supervised by licensed professionals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12) Is the business is operated in accordance with regulations stipulated by Health Canada and the personal service establishment guidelines in the province, territory, or municipality in which the services are performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13) Are business licenses and/or operating permits obtained from the appropriate licensing authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14) Does the business have procedures in place regarding the prevention and control of infection should an exposure to blood borne pathogens occur? Are all staff trained in blood borne pathogens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15) Are all products approved for use under the Canada Food and Drug Act and Cosmetic Regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16) Are all machines used C.S.A or ULC, and Health Canada approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17) Are all single-use items such as needles, inks, ointments, gloves and surface coverings of the disposable type, used for one customer only?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18) Are all non-disposable instruments, equipment and supplies cleaned, disinfected and sterilized according to the personal service establishment guidelines of the municipality in which business is conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19) Are all sharp tools disposed of immediately after use and according to the personal service establishment requirements of the municipality in which the business is conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20) Is an operator who has a valid Standard First Aid Certificate Level A always present during business hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21) If teeth bleaching is offered, is it power or light-accelerated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22) Are IPL treatments offered? If yes, how many devices are on location? _____ How many years of experience does each operator have with these devices? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
23) Are chemical peels offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24) If yes, are phenol or deep peels available?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**EAR/BODY PIERCING DETAILS**

1) Do you pierce the hands, feet, sides and nape of the neck, scalp, or the area between the eyes on the bridge of the nose?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Do you use an ear piercing gun for any other body part other than the fleshy part of the ear lobe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Do you inspect the skin for any signs of abnormality or infection prior to performing the piercing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Do you follow the minimum standards for jewellery as outlined by the Association of Professional Piercers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Do you perform piercings on minors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Do you require a signed parental consent form for all minors? <b>If yes, please attach a copy.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) Do you require that a parent be present when performing piercing on minors?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**ALL TATTOO/PERMANENT OR SEMI PERMANENT MAKE UP SERVICE DETAILS**

- 1) Do you perform services on minors?  Yes  No
- 2) Do you require a signed parental consent form for all minors?  
If yes, please attach a copy.  Yes  No
- 3) Do you require that a parent be present when performing services on minors?  Yes  No
- 4) Are all staff and technicians trained and certified in blood borne pathogens?  Yes  No
- 5) Are all single-use items such as needles, inks, ointments, gloves and surface coverings of the disposable type?  
If yes, are the items used on one customer only?  Yes  No
- 6) Are all re-usable items be cleaned, disinfected and sterilized according to the personal service establishment requirements of the municipality in which business is conducted?  Yes  No
- 7) Are all sharp tools disposed of immediately after use and according to the requirements of the municipality in which the business is conducted?  Yes  No
- 8) Do you use UV inks or pigments?  Yes  No
- 9) Do you use inks or pigments manufactured in countries other than North America?  Yes  No
- 10) Do you use topical anesthetics?  
If yes, does the product comply with Health Canada standards for topical anaesthetics, analgesics and antipruritics?  Yes  No
- 11) Will you perform services on individuals with inflamed or infected skin, on individuals with a history of heart disease, seizures, diabetes, skin disorders or bleeding disorders?  Yes  No
- 12) Do you insist that the customer sit for 15 minutes after a tattooing, permanent or semi-permanent make up procedure?  
If yes, is the recovery area free and clear of items that would be harmful to the customer should they faint?  Yes  No
- 13) Do you perform any off premises operations?  Yes  No
- 14) Is your business home based?  Yes  No

**TATTOO SERVICES ONLY**

- 1) Do you perform tattooing on eyeballs?  Yes  No
- 2) Do you perform laser tattoo removal or lightening?  Yes  No

**PERMANENT/SEMI PERMANENT MAKE UP SERVICES ONLY**

- 1) Will you perform services on individuals who have acute infections such as colds, mental disorders, type 1 Diabetes, possibility of forming keloid scars, epilepsy, inflammation of the area, severe physical illness, reduced blood clotting or women who are pregnant or breast feeding?  Yes  No
- 2) With respect to pigments:
  - a) Do you use UV pigments?  Yes  No
  - b) Do you use pigments that are iron oxide based?  Yes  No
- 3) Do you use topical anesthetics?  
If yes, does the product comply with Health Canada standards?  Yes  No
- 4) Have all of your technicians completed a certification program that is a minimum of 2 days in length?  
If yes, have each of the technicians performed services on at least 4 live models prior to performing on customers?  Yes  No

**NAIL SERVICE DETAILS**

- 1) Do you use methyl methacrylate (MMA)?  Yes  No
- 2) Are disposable instruments, equipment and supplies, including those that cannot be disinfected or adequately sterilized, discarded after use on each client?  Yes  No
- 3) Are nondisposable instruments, equipment and supplies thoroughly cleaned and sterilized after use on each client?  Yes  No
- 4) Are clients' nails carefully examined for nail mould or fungus?  Yes  No

**ELECTROLYSIS SERVICE DETAILS**

- 1) Do you remove hair from mucous membranes, such as nostril hair or the inner ear, or from moles without a doctor's consent?  Yes  No

**TANNING SERVICE DETAILS**

- 1) Is it mandatory that customers complete a skin type analysis to determine how they will react to the tanning exposure?  Yes  No
- 2) Is the Salon Select Package Tanning Service Skin Type Analysis and Waiver being used?  
If no, please attach a copy of the waiver being used.  Yes  No
- 3) Are children under 18 years of age allowed to use the tanning equipment?  Yes  No
- 4) Does the province or municipality in which you operate allow children under 18 years of age to use tanning units?  
If yes, what age is specified? \_\_\_\_\_  Yes  No
- 5) Is the owner/mamanger Smart Tan or equivalently certified?  Yes  No
- 6) Are all staff Smart Tan or equivalently certified?  Yes  No

**OPERATION DETAILS (must be completed for all services)**

GROSS SALES/REVENUE: _____	% CANADIAN: _____	% U.S.A. _____	% FOREIGN _____
1) Does your operation include retail sales?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Do products sold pertain to services offered?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please provide details: _____			
3) Does your operation import from countries outside of North America?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details: _____			
4) Does your operation export to countries outside of North America?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details: _____			
5) Does your operation rebottle, repackage or relabel for resale?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details: _____			
6) Is liquor sold or served on the premises?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details: _____			
7) Has your operation been inspected?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, by whom? _____			
Please provide the date of the last inspection: _____			
8) Are day care services offered by the applicant while other services are being rendered?			<input type="checkbox"/> Yes <input type="checkbox"/> No
9) Is the day care licensed in the jurisdiction in which it operates?			<input type="checkbox"/> Yes <input type="checkbox"/> No
10) The maximum # of children at any one time?			<input type="checkbox"/> Yes <input type="checkbox"/> No
11) Are services performed off premises?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details: _____			
% of Gross Sales: _____			



**PLEASE READ CAREFULLY, THE FOLLOWING MAY ALTER COVERAGE**

I am aware Wawanesa may require an inspection of my place of business and, given reasonable notice, I agree to cooperate with the inspection. I acknowledge that failure to do so may result in cancellation of my insurance policy.

I acknowledge my insurance policy will not provide insurance coverage for any service performed, in my place of business or under my business name, that is not stated on the Declarations and that whether there is any coverage provided for a service that is stated on the Declarations, and the terms of any coverage so provided, is subject to the terms and conditions of my insurance policy.

In consideration of the premium charged, I have agreed and hereby promise that the following conditions will be met. I understand that my insurance policy will not provide professional or business liability coverage in connection with an occurrence if at the time of such occurrence any of the following conditions are not met.

**Conditions applicable to ALL SERVICES:**

1. For services requiring specific care after the service is rendered, all customers will be given verbal and written instructions, at the time the services are provided, which must include:
  - a. general aftercare recommendations;
  - b. when to consider seeking medical attention in the event one of my customers experiences such maladies as an infection, illness or allergic reaction resulting from the service provided to them; and
  - c. information on specific procedures regarding the estimated time for healing to occur and any care or advice specific to that procedure;
2. The business is operated in accordance with regulations stipulated by Health Canada and the personal service establishment guidelines in the province, territory, or municipality in which the services are performed.
3. Business licenses and/or operating permits must be obtained from the appropriate licensing authorities;
4. All products are approved for use under the Canada Food and Drug Act and Cosmetic Regulations.
5. All machines used are C.S.A. or ULC, and Health Canada approved;
6. All operators are licensed professionals or registered apprentices for the services they are performing, should professional licensing in respect of those services be available through the municipal, provincial or federal authority responsible for licensing such services in the jurisdiction in which the operator is performing them;
7. All operators, while providing the services, treatments or procedures of the business will follow the procedures or meet the standards that are affirmed as being followed or met in the details of services provided as recorded in this application for insurance.

**Conditions applicable to UNATTENDED WATER SERVICES:**

1. Safety precautions are clearly marked and posted;
2. Depth markings are clearly marked and posted;
3. "SWIM AT YOUR OWN RISK" signs are clearly marked and posted;
4. Safety floatation devices are easily accessible from all sides of the pool.

**CONSENT AND DISCLOSURE**

By submission of this application, the broker confirms that

1. the applicant understands that acceptance of the application for insurance is based on the truth and completeness of the information provided, and that false or incomplete information may void the policy;
2. the applicant has authorized the broker and Wawanesa to collect, use and disclose any personal information (including individual's credit or claims information) that has been, or will be, provided in connection with the application (subject to the law, and to the broker's and Wawanesa's personal information policies) for the purposes of communicating with the applicant, assessing and underwriting the policy, evaluating claims, detecting and preventing fraud, and analyzing business results; and
3. in the event that the applicant has provided, or will provide, the personal information of any other individual or individuals in connection with the application, the applicant has confirmed that every such individual has authorized, or will authorize (as the case may be), the applicant to agree to the above on his or her behalf.

**BROKER REPORT**

Do you know the risk?  Yes  No Any recommendations?  Yes  No How long have you known the applicant? \_\_\_\_\_ years

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

**BROKER NAME:**

**DATE:**

