

HOLMAN

INSURANCE BROKERS LTD.

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Markham Ontario Canada L3R 8T3

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BEAUTICIAN & ESTHETICIAN LIABILITY INSURANCE APPLICATION THIS IS AN OCCURRENCE-FORM POLICY

This Exclusive program has been specifically designed for Beauticians & Estheticians. It is a Commercial General Liability "Occurrence Form Policy" which includes Professional Liability, official proceedings coverage, etc.

If you have employees or need equipment coverage, you must apply using the "Full Spa / beautician Application"

NOTE: THIS APPLICATION AND ALL INFORMATION PROVIDED HERewith SHALL BE THE BASIS OF THE CONTRACT, AND SHALL BE ATTACHED TO AND BECOME A PART OF ANY POLICY, SHOULD A POLICY BE ISSUED AS A RESULT OF THIS APPLICATION. THE APPLICATION SHALL BE DEEMED A SCHEDULE TO SUCH POLICY, BUT THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY UNLESS AND UNTIL A POLICY OF INSURANCE IS ISSUED IN RESPONSE TO THIS APPLICATION

"**Applicant**" means the individual detailed in question 1 overleaf below. This application form must be completed in ink, signed and dated by the **Applicant**. All questions must be answered and where appropriate "Not Applicable" or "N/A" specified. The completed application form along with additional information provided will form part of the contract of insurance with the Insurers. All facts material to the proposed insurance must be disclosed fully and truthfully and to the best of the **Applicant's** knowledge and belief whether or not they are the subject of a specific question herein. In addition to the information contained in the application form including all supporting documentation, if the **Applicant** is aware of any other information which it considers may alter, influence or prejudice the Insurers' appraisal of the risk being proposed, this information must be disclosed in conjunction with this application form.

Eligibility Requirements:

All Applications must accompany copies of Canadian Certifications for respective modality. International credentials will NOT be accepted.

INSURED INFORMATION

Applicant Name: Address:	First Name	Initial	Last Name
	Street Address		
City	Province	Postal Code	
Telephone Number:	Business #	Cell #	
Email Address:	Fax #		
Have any claims ever been made against you whether successful or not?			
Have any sexual harassment and / or abuse claims ever been made against you?			
Have any complaints or investigations ever been made or undertaken against you?			
Have you had any dishonesty claims made against you, whether successful or unsuccessful?			
Are you aware of any circumstance, which may give rise to a potential claim?			
Has any insurer declined, cancelled or non-renewed similar insurance for which you are applying?			
Any losses in the past five years? If yes, please provide full details and attach to this application.			

Do you currently purchase Liability, Medical Malpractice, and/or Professional Liability? If YES , provide full details below:					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Insurance Company	Limit of Liability	Deductible	Expiry date (MM / DD / YY)	Type of Insurance	Premium	
	\$	\$			\$	

OPTION A: Premium \$175 Please all that apply & certified to perform

<input type="checkbox"/> Acid/Chemical peels (maximum 20% TCA)	<input type="checkbox"/> Acupressure	<input type="checkbox"/> Acrylic Nails	<input type="checkbox"/> Aromatherapy
<input type="checkbox"/> Baths (Mud / Peat)	<input type="checkbox"/> Certified Cranio Sacral Therapist	<input type="checkbox"/> Ear Piercing – other	<input type="checkbox"/> Energy work
<input type="checkbox"/> Electrolysis *	<input type="checkbox"/> Eyebrow tinting	<input type="checkbox"/> Exfoliations by hand	<input type="checkbox"/> Facials (steam)
<input type="checkbox"/> Glitter / Henna tattoo	<input type="checkbox"/> Hair cutting and related services **	<input type="checkbox"/> Hydrotherapy services	<input type="checkbox"/> Feldenkrais
<input type="checkbox"/> Health & Wellness Coach	<input type="checkbox"/> Infrared Sauna	<input type="checkbox"/> Ionization Detoxification	<input type="checkbox"/> Lymphatic drainage
<input type="checkbox"/> Manicures / Pedicures	<input type="checkbox"/> Make up – Non Permanent	<input type="checkbox"/> Microdermabrasion	<input type="checkbox"/> Nutrition Consulting
<input type="checkbox"/> Piercing - ears & nose only	<input type="checkbox"/> Parrafin	<input type="checkbox"/> Reiki	<input type="checkbox"/> Rosen Method
<input type="checkbox"/> Reflexology	<input type="checkbox"/> Relaxation Massage	<input type="checkbox"/> Spray Tanning	<input type="checkbox"/> Yoga (excludes Hot Yoga)
<input type="checkbox"/> Tai Chi, Qi Gong, Meditation	<input type="checkbox"/> Threading, Tweezing	<input type="checkbox"/> Waxing / Sugaring	
<input type="checkbox"/> Other (please list):			
* Electrolysis - Includes removal of hair from moles, warts provided a note is provided the patients doctor, dermatologist, indicating so			
** Hair Cutting and related services - Shampoo, styling, trimming, tinting, bleaching, dyeing, heating, dressing, wig hair piece fitting/sales			

Option B: Premium \$250 - Includes ANY Modality in OPTION A, plus 1 or more of the following.

Please all that apply

<input type="checkbox"/> Advanced Cosmetic Procedures (ACP) *	<input type="checkbox"/> Acupuncture (must use single use disposable needles)	<input type="checkbox"/> Electrocoagulation
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* ACP uses either Short Wave Diathermy (High Frequency A/C) or Blend (a mixture of A/C and D/C currents) to treat unwanted skin blemishes, such as warts, skin tags, moles and other benign growths, as well as thread veins and vascular conditions with no mark left on the skin. Laser must be licenced by Health Canada for procedures being performed. ACP and Electrocoagulation to be performed by registered FCEA (Federation of Canadian Electrolysis Associations) members only.

PROGRAM HIGHLIGHTS

- Commercial General Liability \$2,000,000
- Personal Advertising Liability
- Products & Completed Operations
- Voluntary Medical Payments \$10,000
- Incidental Medical Malpractice Included
- Errors & Omissions (i.e. Professional Liability – CGL occurrence extension)
- Wrongful Dismissal \$100,000
- Bodily Injury/Property Damage Deductible \$500
- Tenants Legal Liability \$250,000
- Full Retro-active coverage when moving from an insurers "Claims-Made" form to our "Occurrence" Policy

PREMIUM CALCULATION

<input checked="" type="checkbox"/> Please select all that apply	Write the applicable premium in the column. ▼	
Option A <input type="checkbox"/>	Option B <input type="checkbox"/>	Total Premium A or B
\$175	\$250	\$
For residents of Ontario 8%, Quebec 9% and Manitoba 8% TAX		\$
Please advise the date insurance required is to be effective:	MM/DD/YYYY	GRAND TOTAL \$

***NOTE: All Insurance premiums are subject to 100% minimum and retained premium. NO refund premium is applied for mid-term cancellation.**

PROTECTION APPLICANT'S INFORMATION

Protection of the Applicant's Personal Information:

By completing this application and returning it to Holman Insurance Brokers Ltd., the **Applicant** agrees and consents to the collection, use and disclosure of such information, including any personal information, by Holman Insurance Brokers Ltd. for the following purposes:

- Communicating with the **Applicant**
- Assessing the **Applicant's** application for insurance
- Disclosing information to Insurance Companies
- Negotiating, maintaining or renewing insurance on the **Applicant's** behalf
- Providing claims assistance and service.
- Advising the **Applicant** of other products or services
- Complying with regulators and legal authorities

For more information about our privacy policies and practices or for a copy of our Privacy Policy please visit our web site www.holmanins.com or contact our Privacy Officer at Holman Insurance Brokers Ltd.

THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:

- (a) Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
- (b) **Any person, who knowingly or with intent to defraud any insurance company or other person, files an application for insurance containing false information, or conceals for the purpose of misleading the insurer, information concerning any fact material thereto, commits a fraud, which is a crime.**
- (c) If any claims, threatened claims, or other matters which might affect issuance of a Policy come to the attention of Applicant after execution or filing of this Application with the Insurer but before a Policy issues, Applicant must notify the Insurer immediately, and any outstanding quotation may be modified or withdrawn.
- (d) All exclusions in the Policy apply regardless of any answers or statements in this Application.
- (e) Applicant understands that the limit of liability, term of coverage and other terms and conditions in any Policy issued in response hereto may be different than those requested herein and Applicant agrees to such differences.
- (f) The Insurance Company is hereby authorized to make any investigation and inquiry in connection with this Application that it deems necessary.

The following can **NOT** be covered under this program, but obtained through another provider of Holman Insurance Brokers Ltd.

- Botox/Collagen and other Injectables;
- Carboxy Therapy
- Chemical/Non-Laser Spider Vein Removal;
- Chiropractic
- Deep Chemical Peels (Phenol Peels),
- Ear Candling;
- Electro-Acupuncture;
- Hormone Therapy,
- Naturopathic Medicine
- Operations with doctors or invasive procedures including any service that requires general (rather than topical) anesthesia, plastic surgery
- Oxygen Bars;
- Permanent Make-Up;
- Piercing (other than ears & nose);
- Removal of corns, bunions and ingrown nails;
- Sclerotherapy using Chemical instead of Laser;
- Tanning Beds and Booths;
- Toning Beds,
- Tattooing/Tattoo Removal;
- Wart Removal

DECLARATION

This Application and all information provided herewith shall be the basis of the contract, and shall be attached to and become a part of any Policy, should a Policy be issued as a result of this Application. The Application shall be deemed a schedule to such Policy, but the signing of this Application does not bind the Applicant or the Company unless and until a Policy of Insurance is issued in response to this Application.

Applicant's Signature

Date

Print Name

This application must accompany copies of Certification and Payment to avoid delay in processing

Checklist

- Application completed in full. All questions must be answered.
- Relevant certificates and qualifications attached. For new applicants or new certifications.
- Copy of Waiver / Consent forms
- Premium payment attached online Banking confirmation # _____ Name of Bank: _____

PAYMENT OPTIONS

Internet Banking (not to be confused with Interac e-Transfer which we do not accept)

Each bank has designed a unique format for their web site. However, the necessary procedures are generally similar.

1. Under Bill Payment: Choose Add Payee/Bill.
2. Enter Holman. Choose All Categories and province Ontario and submit.
3. Under Bill company/Payee - Select Holman Insurance Brokers Ltd. and enter your account number which is THE FIRST FOUR LETTERS OF YOU LAST NAME FOLLOWED BY XX1
4. Select the account you wish to withdraw the funds from. (i.e. credit card, savings, chequing, line of credit). Indicate the amount of payment and submit. A confirmation and reference number will be displayed to acknowledge your payment.

Telephone Banking

1. Request your bank set up a new Payee/Bill to do a Bill Payment.
2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
3. Your account number is THE FIRST FOUR LETTERS OF YOU LAST NAME FOLLOWED BY XX1
4. Your banking institution will then take your payment over the telephone by your choice of payment method.

Debit Card Payments

1. Contact your bank by telephone or visit in person. Request that they set up an option to allow you to make Bill Payments by Debit Card.
2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
3. Your account number is THE FIRST FOUR LETTERS OF YOU LAST NAME FOLLOWED BY XX1
4. Once you have set up Holman Insurance Brokers Ltd., you are able to proceed with payments via your branch ATMs with your debit card.
5. Choose banking option: Bill Payment and follow your bank instructions.

In Person at the Bank

1. At your own bank, request they set up a new Payee/Bill to do a Bill Payment.
2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
3. Your account number is THE FIRST FOUR LETTERS OF YOU LAST NAME FOLLOWED BY XX1
4. You can choose to pay via the different accounts you hold with that particular bank or by other financial institution credit cards.
5. When paying in person at different financial institutions, bring your invoice/statement and request to make a Bill Payment.
6. Advise the teller that the Payee is Holman Insurance Brokers Ltd. and follow the prompts from step #2.

Note: Do not ask for a wire transfer or funds transfer, the banks charge you extra for this service and charge us extra for which we do not reimburse. These additional fees can range as high as \$50 or more.

By Mail

Cheque or money order payable to:
Holman Insurance Brokers Ltd.
3100 Steeles Ave. East Suite 101
Markham ON L3R 8T3