Renewal Salon/Spa Application

SIGNAL UNDERWRITING

Please complete this application in its entirety, as the responses given are material to the provision of terms. There is space for more details in the Additional Information Section at the end of the application. Coverage(s) may be provided on a claims-made basis.

Named Insured: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Contact: _____ Email: _____ Phone: _____

Section 1: Renewal Questions

1. Please provide your total gross revenue: _____

2. Have any of your best practices or risk management protocols changed? If Yes, please provide details.* Yes O No O

3. Do you expect any material change in your operations in the next 12 months? If Yes, please provide details.* Yes O No O

4. Are you aware of any incidents or circumstances that could potentially give rise to a claim? If Yes, please provide details.* Yes O No O

If you answered No to questions 2 and 3 above please disregard Section 2: Operations and Section 3: Products and sign and date the application at the bottom.

Section 2: Operations

1. Please indicate what percentage (%) of your operations would include the following (**total of all sections should equal 100%):**

Basic Esthetics

_____ Body Wraps, Ears/Nose Piercing, Exfoliation, Eyebrow and Eyelash Tinting, Eyelash Extensions, Facials, Gel and Acrylic Nails, Hairdressing and Extensions, Manicures and Pedicures, Microdermabrasion, Non-Permanent Make Up, Paraffin, Sugaring, Threading, Waxing

Level One Esthetics

_____ Acupuncture, Dry Needling

_____ Acupressure, Reflexology

_____ Aromatherapy

_____ Brow Lamination

_____ Cupping

_____ Electrolysis

_____ Electric Epilation

_____ Energy Healing (e.g., Reiki)

_____ Energy Therapies (e.g., Therapeutic Touch, Body Tapping)

_____ Henna Tattooing

_____ Hypnotherapy (excluding past life regression)

_____ Ionization Detoxification

_____ Iridology

_____ LED Light Therapy

_____ Electromagnetic Therapies, Radionics

Level One Esthetics Continued

_____ Mediation, Biofeedback

_____ Movement Therapies, Fitness (e.g., Alexander Technique, Feldenkrais, Tai Chi, Yoga)

_____ Moxibustion

_____ Nutrition (Canadian Food Guide)

Level Two Esthetics

_____ Acid Peels < 31% concentration

_____ Carboxytherapy

_____ Colonic Irrigation

_____ Dermabrasion, Dermaplaning

_____ Ear Irrigation

_____ Endermologie

_____ Hydrotherapy

_____ Massage Therapy, Shiatsu

_____ Massage with Movement / Alignment (e.g., Rolfing, Onsen)

_____ Micro Needling

Level Three Esthetics

_____ Acid Peels > 31% & <61% concentration

_____ Cellulite Reduction (SculpSure via Lapex, Zerona, VaserShape or similar device)

_____ Cellulite Treatment (RF, Ultrasound)

_____ Coolsculpting

Level Three Esthetics Continued

_____ Ear and Body Candling

_____ Laser Acupuncture

_____ Low-Level Laser Therapy (LLLT, Cold Laser)

_____ Mole and Skin Tag Removal

_____ Myofascial Release Therapy

_____ Radio Frequency (RF) Skin Tightening

Level Four Esthetics

_____ Ablative Erbium Laser

_____ Cellfina

_____ High Intensity Focused Ultrasound

_____ Injection Services

_____ Injectable Minerals / Vitamins, IV Therapy with Minerals / Vitamins

_____ Laser, IPL, EPL, LHE

_____ Platelet Rich Plasma

_____ Semi-Permanent Make Up, Microblading, Micropigmentation

_____ Tanning

_____ Teeth Whitening

_____ Vaginal Rejuvenation and Incontinence Treatment

Other

Please see below

If you were not able to find one or more of your services above, please indicate the service and provide the percentage (%) or revenue:

%	*Service*				

*Please provide further details in the space provided under the Additional Information Section.

Section 3: Products

1. Do you sell any products as part of your operations?	Yes ☐	No ☐
2. Please indicate how much revenue comes from the sale of these products:		
3. Are any of these products sold outside of Canada?	Yes ☐	No ☐
4. Are any of these products sold under your organization's name or brand(s)?	Yes ☐	No ☐
5. Please indicate what type of products you sell?*		

Privacy Policy

By signing this form, you are consenting to the collection, use, disclosure, and retention of your personal information for the purposes of underwriting and rating, policy issuance, processing and remitting premium, reporting claims, complying with applicable laws and governing bodies, reporting and monitoring results and fraud and criminal prevention. Please see www.signalunderwriting.com/privacy-statement for our External Privacy Policy.

Declarations

I/We, the undersigned, do declare and warrant that all statements and responses provided in this application and the attached addenda are to the best of my/our knowledge are true. Further, I/we warrant that no information has been withheld, suppressed or misstated any material facts that the underwriters may come to rely upon. I/We will notify the underwriters as soon as practicable if anything material is to change. I/We hereby agree and accept that this Declaration shall be the basis of such contract and will form part of the policy. Signing this application does not bind the underwriters or insurers to complete the insurance, nor does it bind the me/us to purchase the quoted coverage.

For British Columbia residents: SIGNAL Underwriting Inc. operates as SIGNAL Underwriting Services in British Columbia.

For Quebec and New Brunswick residents: Signing this Declaration confirms your request that all documentation and correspondence pertaining to the insurance coverage be in the English language.

Name (please print)	Title	Date

Signature

Additional Information Section

Please use this space to provide any additional information from the questions above, from the addenda or anything you feel is material to your operations:

*Please provide further details in the space provided under the Additional Information Section.