

Property Application: Spa and Salons



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.

Named Insured: _____
Street Address: _____
City: _____ Province: _____ Postal Code: _____
Contact: _____ Email: _____ Phone: _____

Section 1: Location Details

1. Please provide the following information for all of your locations:

#	Address	City	Prov.	Building Value			Tenant Improvements	Contents	Equipment	Business Interruption	Laser Equipment
1											
2											
3											
4											

#	Exterior Walls	Roof	Floor	Year Built	Sq Ft	# of Stories	% Sprinklered	Monitored Alarm	Fire Hydrant within 500ft	Fire Hall within 5kms	Fire Hall FT/Volunteer?	Pressure Vessel >24in diameter
1												
2												
3												
4												
*	Please specify if others have been selected	Please specify if others have been selected	Please specify if others have been selected									

#	If older than 25 years, please provide year and type of upgrade	Wiring		Plumbing		Heating		Roof	
		Year	Type	Year	Type	Year	Type	Year	Type
1									
2									
3									
4									

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

Section 2: Spas

1. Do you contract out your laundry services? If No, please provide details of where, how, and when linens are laundered.* Yes ☐ No ☐
2. Do you have a pool or wet area? Yes ☐ No ☐
3. Do you have floatation pods? Yes ☐ No ☐

4. Please provide details of all the Laser, IPL, EPL, LHE, RF and Cellulite Machines:

Make	Model	Age	Leased/Owned	Replacement Value	Date of Last Maintenance

Section 3: Crime Coverage

1. Please provide the number of employees that have access to cash, cheques, and/or securities as part of their employment:
2. Do you require countersignatures on all cheques? Yes ☐ No ☐
3. Are all cheques pre-numbered, accounted for and kept locked up? Yes ☐ No ☐
4. Are all bank accounts reconciled by someone who is not authorized to deposit or withdraw funds? Yes ☐ No ☐
5. Do you have an outside agent conduct an annual audit? Yes ☐ No ☐
6. What is the maximum amount of cash on the premises?
7. Do you have a safe? Yes ☐ No ☐
8. If Yes to 7., is it a Class 1 safe (which is made of iron/steel and has a combination lock)? Yes ☐ No ☐
9. If Yes to 7., is it a Class 2 safe (TL-15 UL label on the frame or door of the safe)? Yes ☐ No ☐
10. If Yes to 7., is the safe bolted to the ground? Yes ☐ No ☐

Section 4: Claims History

1. Have you ever had a claim against your organisation's insurance policies? If Yes, please provide details including date of loss, amount paid or held in reserve, and description of the loss.* Yes ☐ No ☐
2. Are you aware of any incidents or circumstances that could potentially give rise to a claim? If Yes, please provide details.* Yes ☐ No ☐

Section 5: Prior Insurance

1. Have you ever been declined coverage, cancelled or non-renewed for insurance requested in this application? Yes ☐ No ☐
2. Please provide details of your expiring insurance policy: Yes ☐ No ☐

Coverage	Insurer	Limit	Deductible	Premium
Property				
Equipment Breakdown				
Crime				

Section 6: Requested Insurance Coverage

1. Please indicated what coverage limit and deductible are requested:

Coverage	Limit	Deductible
Property		
Equipment Breakdown		
Crime		

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

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