

Day Spas Supplemental Application

1. Please check the professional services that you perform and for which you desire coverage under the policy. Any professional service for which you do not provide such information will not be covered under the policy. Checking any professional service does not obligate us to insure it.

- | | |
|---|--|
| <input type="checkbox"/> Electrolysis | <input type="checkbox"/> Facial and skin cleansing |
| <input type="checkbox"/> Microdermabrasion | <input type="checkbox"/> Hydrotherapy |
| <input type="checkbox"/> Cosmetics/make-up application | <input type="checkbox"/> Aromatherapy |
| <input type="checkbox"/> Body wraps for weight/water reduction | <input type="checkbox"/> Endermology |
| <input type="checkbox"/> Body wraps for other than weight/water reduction | <input type="checkbox"/> Waxing |
| <input type="checkbox"/> Hair cutting/styling/coloring | <input type="checkbox"/> Body massage |
| <input type="checkbox"/> Facial and scalp massage | <input type="checkbox"/> Manicure or pedicure |
| <input type="checkbox"/> Personal trainers/yoga instructors | <input type="checkbox"/> Tanning bed/booths/units |
| <input type="checkbox"/> Ear piercing | <input type="checkbox"/> Tattoo or micro pigmentation |
| <input type="checkbox"/> Body piercing (other than ear lobe) | |
| <input type="checkbox"/> Other services not listed above (describe): | <input style="width: 200px; height: 15px;" type="text"/> |

2. Please indicate the numbers of employees, independent contractors, and students performing the professional services shown above and for whom you desire coverage under the policy.

	Employees	Independent contractors	Students
Tattoo			
Micro pigmentation			
Micro pigmentation training			
Body piercing			
Hair/nails/cosmetics			
Personal trainers/yoga instructors			
All other technicians (excl. clerical staff)			
TOTAL number providing services			

Please indicate the numbers of units for each of the following:

Tanning beds/booths/units

No. of units

Do they have programmed maximum time limits?

Yes No

Hydrotherapy tubs/hydrotherapy tables/showers

Exercise equipment

Indoor or outdoor swimming pools

Diving boards

Jacuzzis

Do they have programmed maximum temperature settings?

Yes No

Saunas

Courts/tracks

Boxing rings (cardio-kickboxing only)

Trampolines (rebounders only)

Steam rooms



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	No. of units
Climbing walls	<input type="text"/>
Is any bouldering allowed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Child care?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of staff per child ratio:	<input type="text"/>
Gymnastics? (children's floor level only)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diet/nutritionist advice? (all nutritionists must have their own insurance, proof is required)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sports medicine?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If Yes, please explain:

Restaurant/snack bar? Yes No

If Yes, please explain (including any type of cooking):

Do you serve liquor? Yes No

(Liquor is excluded) If Yes, please explain:

3. Are all technicians licensed if required by law? Yes No

4. Are any employees or independent contractors medical doctors? Yes No

If Yes, do they provide treatments/services to customers? Yes No

If Yes, please attach proof of medical malpractice insurance coverage for doctor(s).

5. If you have checked 'Body piercing', 'Micro pigmentation', or 'Tattoo' please answer the following:

a. Do you always obtain a medical history for every client? Yes No

If Yes, for how long are they kept?

b. Do you always supply a patient/customer with aftercare information? Yes No

If Yes, please attach a copy. NOTE: Distribution of aftercare information is required by policy.

c. Do you always obtain a signed consent or release form? Yes No

If Yes, please attach a copy. NOTE: Use of consent/release form is required by policy.

d. Do you use piercing guns? Yes No

If Yes, are they for ear lobe only? Yes No

e. Please describe your method of sterilization for your equipment (including needles) and both used and unused jewelry:



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f. Do you pierce or tattoo minors? Yes No

If Yes, please describe your policy for piercing or tattooing minors:

6. Please list schools you attended or graduated from and describe any training received:

Micro pigmentation technicians must attach a copy of training certificate or diploma.

7. Are maintenance logs kept? Yes No

8. Who repairs equipment?

9. Do you have a defibulator(s) on the premises? Yes No

10. Do you have a medical crisis plan? Yes No

11. Is signage used throughout facility to prevent injury? Yes No

12. Do you have non-slip surfaces in all wet areas? Yes No

13. Do you sub-lease any space to others? Yes No

Additional insureds:

Please provide name and address for each - use separate paper if necessary.

Landlord:

Equipment lessor:

Mortgagee:

Franchiser:

It is understood and agreed that this supplemental application shall become part of the application for Professional Liability Errors and Omissions Insurance.

Name of applicant:

Signature of person authorized to execute on behalf of the applicant:

Date:

A copy of this application should be retained for your records.



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