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**HEALTH AND AND WELLNESS PACKAGE  
 LIABILITY AND PROPERTY APPLICATION**

www.holmanins.com

<b>Applicant Name:</b> Address:	First Name	Initial	Last Name	Date of Birth
	Street Address			
City		Province	Postal Code	
Telephone Number:	Business #	Cell #		
Email Address:		Fax #		
Company Name (if required):		Website:		
Location Address:	Street Address			
City		Province	Postal Code	

**GENERAL INFORMATION**

**Expiry Date of Policy:** \_\_\_\_\_

**Current Insurance Company:** \_\_\_\_\_ **Risk Ever Been Canceled:**  Yes  No

**Expiring Premium:** \$ \_\_\_\_\_ **# of years in business:** \_\_\_\_\_ **# of years of experience:** \_\_\_\_\_

**PLEASE PROVIDE A BROCHURE OF YOUR OPERATIONS WHEN YOU SUBMIT THIS APPLICATION**

Has the any staff (including contract staff) had claims against them in last 5 years?  Yes  No

If yes, please explain: \_\_\_\_\_

Have any claims ever been made against you whether successful or not?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Have any sexual harassment and / or abuse claims ever been made against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Have any complaints or investigations ever been made or undertaken against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you had any dishonesty claims made against you, whether successful or unsuccessful?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you aware of any circumstance, which may give rise to a potential claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Has any insurer declined, cancelled or non-renewed similar insurance for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Any losses in the past five years? If yes, please provide full details and attach to this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you currently purchase Liability, Medical Malpractice, and/or Professional Liability? If <b>YES</b> , 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
	\$	\$			\$

**PROPERTY INFORMATION**

Describe your location (Two storey, strip plaza, shopping mall, etc.)

No. of Stories:

Do you own the building?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Total Area of your Facility:	Ft	
The Building Age:	Latest Update:	Roof	Heat	Plumbing
Fire Hydrants within 500 Feet?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Restaurant within 2 adjacent units:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Building Sprinklered?
Monitored Alarm System?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Local Alarm System?	ESDNO	Fire Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No
Surveillance System?	<input type="checkbox"/> YES <input type="checkbox"/> NO	# of Fire Extinguishers:		
Doors have deadbolts?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Bars on Doors/Windows?		<input type="checkbox"/> Yes <input type="checkbox"/> No
What is at -	Front	Back:	Left	Right
Construction of Building:				
Loss Payee Information: (i.e.: bank financing, equipment leases, etc.)				

**"PROPERTY VALUES" (IF YOU HAD TO REPLACE THE FOLLOWING ITEMS TODAY)**

Building (if required)	\$	Equipment	\$
Leasehold Improvements	\$	Stock	\$

**LIABILITY INFORMATION**

Are all inks/pigments from US or Canadian manufacturers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you sell any inks/pigments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you relabel or repackage any products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you ever re-use needles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you dispose of your pigments after each client?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Liability Limits Please indicate x which limit you require:**

\$1,000,000  \$2,000,000  \$3,000,000  \$4,000,000  \$5,000,000

**NOTE:** we cannot offer coverage for the following services at this time. Please advise if these services are provided:

Physical Therapist on Staff	<input type="checkbox"/> YES <input type="checkbox"/> NO	Chiropractors on staff	
All Piercings except Ear/ Nose	<input type="checkbox"/> YES <input type="checkbox"/> NO	Mole Removal - Invasive Cutting	<input type="checkbox"/> YES <input type="checkbox"/> NO
Tattooing - Permanent Body	<input type="checkbox"/> YES <input type="checkbox"/> NO	Skin Tag Removal - Invasive Cutting	<input type="checkbox"/> YES <input type="checkbox"/> NO
Wart Removal - Invasive Cutting	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

Basic Esthetics: Please <input checked="" type="checkbox"/> all that apply		Estimated Gross Annual Receipts: \$
<input type="checkbox"/> Acid peels less than 31% solution Concentration	<input type="checkbox"/> Acupressure	<input type="checkbox"/> Aquatic massage beds
<input type="checkbox"/> Aroma Therapy	<input type="checkbox"/> Biofeedback therapy	<input type="checkbox"/> Body wraps
<input type="checkbox"/> Brain wave harmony	<input type="checkbox"/> Cellulite treatment other than cellulite reduction weight loss	<input type="checkbox"/> Colon irrigation
<input type="checkbox"/> Cupping	<input type="checkbox"/> Dermaplaning	<input type="checkbox"/> Ear candling
<input type="checkbox"/> Energy healing	<input type="checkbox"/> Electrolysis	<input type="checkbox"/> EFT— Emotional Freedom Technique/Clearing
<input type="checkbox"/> Exfolitation	<input type="checkbox"/> Eyebrow Tinting	<input type="checkbox"/> Facials
<input type="checkbox"/> Glitter Tattooing – non-permanent	<input type="checkbox"/> Hair cutting and related service other than hair extension, wig/hair piece fitting/sales	<input type="checkbox"/> Henna Tattooing
<input type="checkbox"/> High Intensity focused ultrasound (other than vaginal tightening and incontinence treatment)	<input type="checkbox"/> Hydration machine	<input type="checkbox"/> Hydrotherapy salt floatation chambers
<input type="checkbox"/> Hydrotherapy other than for past life regression and entertainment	<input type="checkbox"/> Infrared Saunas and massage booths/beds	<input type="checkbox"/> Ionization detoxification
<input type="checkbox"/> Iridology	<input type="checkbox"/> Make up – non-permanent	<input type="checkbox"/> Manicure/pedicures
<input type="checkbox"/> Massage including relaxation massage, registered massage, reiki, reflexology, and aromatherapy, but does not include services to children under the age of 12 and Myofascial massage	<input type="checkbox"/> Neuro emotional Clearing	<input type="checkbox"/> NLP - Neurolingulistic Programming
<input type="checkbox"/> Nutritional consulting to follow the Canada Food Guide only	<input type="checkbox"/> Oxygen treatments other than hyperbaric chambers	<input type="checkbox"/> Shamanic healing
<input type="checkbox"/> Spray tanning	<input type="checkbox"/> Spray tattooing	<input type="checkbox"/> Sugaring
<input type="checkbox"/> Threading	<input type="checkbox"/> Toning beds	<input type="checkbox"/> Wart removal by solution only
<input type="checkbox"/> Waxing		<input type="checkbox"/>

Mid- Range Esthetics: Please <input checked="" type="checkbox"/> all that apply		Estimated Gross Annual Receipts: \$
<input type="checkbox"/> Acid peels greater than 30% but less than 61% solution concentration	<input type="checkbox"/> Arasy machines	<input type="checkbox"/> Body vibration fitness machines
<input type="checkbox"/> Coolsculpting	<input type="checkbox"/> Electrocoagulation	<input type="checkbox"/> EMS - Elector Muscular Stimulation including Acuscope and Myopulse
<input type="checkbox"/> Endermologie	<input type="checkbox"/> Fluid Isometrics	<input type="checkbox"/> Laser/IPL/EPL/LHE various operations but not including laser treatments for purposes other than skin and hair treatment
<input type="checkbox"/> LILT& LLLT — low intensity laser therapy for weight reduction and gain, addictions, mental illness and pain reduction	<input type="checkbox"/> Micro current treatment	<input type="checkbox"/> Microdermabrasion
<input type="checkbox"/> Micropigmentation	<input type="checkbox"/> Mole removal by solution only	<input type="checkbox"/> Myofascial massage
<input type="checkbox"/> Plasma-Pen	<input type="checkbox"/> Radio frequency treatments	<input type="checkbox"/> Sclerotherapy
<input type="checkbox"/> Skin and micro needling	<input type="checkbox"/> Skin tag removal by solution or laser	<input type="checkbox"/> Teeth whitening
<input type="checkbox"/> Thermolysis	<input type="checkbox"/> Thermo-Lo	<input type="checkbox"/> Vaginal Tightening and Incontinence treatment
<input type="checkbox"/> Vibroderm abrasion		

High End Esthetics: Please <input checked="" type="checkbox"/> all that apply		Estimated Gross Annual Receipts: \$
<input type="checkbox"/> Bio resonance diagnostics	<input type="checkbox"/> Body injections for cosmetic purposes,	<input type="checkbox"/> Cellulite reduction and body contouring

	including but not limited to Botox, Juvederm / Restylane and Teosyal Treatment	and slimming by electronic device
<input type="checkbox"/> Platelet Rich Plasma	<input type="checkbox"/> Tattoo removal by EliminiK	<input type="checkbox"/> Tattoo removal by Laser/IPL/EPL/LHE

<b>Miscellaneous Professional Services</b> <input checked="" type="checkbox"/> all that apply	<b>Estimated Gross Annual Receipts:</b>	<b>\$</b>
<input type="checkbox"/> Eyelash Dipping	<input type="checkbox"/> Eyelash Extensions	<input type="checkbox"/> Eyelash Tinting
<input type="checkbox"/> Hair Extensions	<input type="checkbox"/> Holistic Vitamins	<input type="checkbox"/> Latisee
<input type="checkbox"/> Sauna	<input type="checkbox"/> Tanning — UV	<input type="checkbox"/> Tooth Gems
<input type="checkbox"/> Wigs and Extensions - Not attached by adhesive		

<b>Teaching Operations: Please</b> <input checked="" type="checkbox"/> all that apply	<b>Estimated Gross Annual Receipts:</b>	<b>\$</b>
<input type="checkbox"/> Teaching and students offering services(s) to the public while under supervision		

<b>Other Operations:</b>	<b>Estimated Gross Annual Receipts:</b>	<b>\$</b>
<b>If yes, please describe:</b>		

**WET AREAS Please**  all that apply

<input type="checkbox"/> Chemicals Tested Daily	<input type="checkbox"/> Diving Boards	<input type="checkbox"/> Slides
<input type="checkbox"/> Hot Tub / Whirl Pool / Sauna / Steam Room # of units _____		
<input type="checkbox"/> Swimming Pools # of pools _____		

**ADDITIONAL INFORMATION**

- Do you use a deep fat fryer?  Yes  No
- Do you ever serve alcohol as part of your service?  Yes  No
- Snack Bar on Premises?  Yes  No
- Rent space to associated businesses?  Yes  No

**If yes, Please describe:**

Do you bring any specialists into your premise to provide additional operations?  Yes  No

**If yes, Please describe:**

Are there any operations or activities away from the premises?  Yes  No

**If yes, Please describe:**

Do you provide any permanent hair straightening operations?  Yes  No

**If yes, please provide name of products used:**

Please confirm if any of these products contain any formaldehyde?  Yes  No

**Please describe your sterilization / cross-contamination prevention procedures:**

**Are any of the following operations conducted?**

- |                          |  |  |
|--------------------------|--|--|
| Injectable Services      | If yes, please complete <b>the Injectable Supplementary application</b>        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Massage – Registered     | If yes, please <b>complete the Massage Supplementary application</b>           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Massage - Non-Registered | If yes, please <b>complete the Massage Supplementary application</b>           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Microdermabrasion        | If yes, please <b>complete the Microdermabrasion Supplementary application</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tanning Beds & Booths    | If yes, please <b>complete the Tanning Supplementary application</b>           | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Laser / IPL Treatment	If yes, please <b>complete the Laser / IPL Supplementary application</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Teaching Operations	If yes, please <b>complete the Teaching Supplementary application</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Teeth Whitening	If yes, please <b>complete the Teeth Whitening Supplementary application</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Platelet-rich Plasma	If yes, please <b>complete the Platelet-rich Plasma (PRP) Supplementary application</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plasma Pen	If yes, please <b>complete the Plasma Pen Supplementary application</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Full Time / Contract Employee Information:**

# of Full time (FIT) Employees?		# of Part time (PIT) Employees?	
# of Contract People			

NAME	YEARS OF EDUCATION	YEARS OF EXPERIENCE	OPERATIONS OF EACH INDIVIDUAL	F/T, P/T OR CONTRACT	CERTIFICATION ATTACHED?

- **ADDITIONAL INSURED** (i.e.: landlord)

**\*\* CYBER LIABILITY \*\***

Does the Company store any medical/health information for clients?

Yes     No

- If yes, does the Company follow the minimum standards under the HIPAA (encryption and firewalls in place)?

Yes     No

- If yes, does the Company follow the minimum standards under PIPEDA or the respective PIPA requirements (encryption and firewalls in place)?

Yes      
No

- Higher cyber limits may be available, please contact your underwriter for details.

**DISCLOSURE OF MATERIAL FACTS**

It is essential that every **Applicant** when seeking a quotation, taking out or renewing an insurance policy reveals to the prospective Insurer(s) any material facts or information (including any material circumstances or change in circumstances) which might influence the judgment of Insurer(s) in determining the premium or in determining whether they will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the Insurer(s) and enable them to repudiate liability there under. If you have any doubt as to what constitutes a material fact or circumstance, seek professional advice.

**PROGRAM DISCLOSURE**

Your coverage will be placed with a program administered by Holman Insurance Brokers Ltd. We have engaged in a marketing process to offer a competitive product on a group basis with insurers be we have not acted as a broker for any individual participant. Should your application not be accepted for whatever reason by the insurer, the information may be used by Holman to seek an alternative insurer if available.

**EMAIL AUTHORIZATION**

In an effort to bring our policy holders the most cost effective insurance plan, all of our correspondence is completed electronically, including renewal applications, invoicing and the delivery of the policy documents. The email address supplied by you in this application will be used. We must be notified of any change to your email address. The policy holder agrees that it will hold Holman Insurance Brokers Ltd. harmless with respect to any e-mail changes caused by the policy holder's failure to provide current and valid information for the receipt of documents.

The Applicant/policy owner further agrees that the policy documents transmitted electronically by Holman Insurance Brokers Ltd. to the electronic address supplied are in lieu of all other forms of communication. The policy Owner accepts that electronic delivery of policy documents is sufficient to meet all reporting requirements of the policy.

The email address supplied may be used to notify you of other related insurance products of interest to you.

**DECLARATION**

I/we declare that the above statements are true in every respect. I/we hold qualification certificate(s) for the therapy(ies) stated on this application form. I/we have not withheld or misrepresented any material fact. I/we agree that this application will form the basis of the contract between me/us and Holman Insurance Brokers Ltd.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

**Return completed application and additional materials requested to:**

Holman Insurance Brokers, Ltd.  
1 Valleywood Drive, Suite 1001 Markham, ON L3R 5L9  
Telephone (905) 886-5630

E-mail: [programs@holmanins.com](mailto:programs@holmanins.com)