



# Personal Care Application

## Hair Cutting/Styling operations

## Nail & Skin Care Services

## Limited Product sales

Unison Insurance & Financial Services Inc.  
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 Ontario, Canada  
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This application form is best viewed with Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader installed, you can download it at "<http://get.adobe.com/reader>".

**COMPLETION OF THIS APPLICATION IS FOR QUOTATION PURPOSES ONLY.**

Legal Business Name	<input style="width: 98%;" type="text"/>
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Mailing Address	<input style="width: 98%;" type="text"/>
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City <input style="width: 98%;" type="text"/>	Province <input style="width: 98%;" type="text"/>	Postal Code <input style="width: 98%;" type="text"/>	Country <input style="width: 98%;" type="text"/>
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Business Address	<input style="width: 98%;" type="text"/>
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City <input style="width: 98%;" type="text"/>	Province <input style="width: 98%;" type="text"/>	Postal Code <input style="width: 98%;" type="text"/>	Country <input style="width: 98%;" type="text"/>
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Do you have Additional Locations	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If Yes, please provide the address

Business Address	<input style="width: 98%;" type="text"/>
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City <input style="width: 98%;" type="text"/>	Province <input style="width: 98%;" type="text"/>	Postal Code <input style="width: 98%;" type="text"/>	Country <input style="width: 98%;" type="text"/>
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Contact Person <input style="width: 98%;" type="text"/>	Phone Number <input style="width: 98%;" type="text"/>	Fax Number <input style="width: 98%;" type="text"/>
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Res. Number <input style="width: 98%;" type="text"/>	Cell Number <input style="width: 98%;" type="text"/>	Email <input style="width: 98%;" type="text"/>
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Web Site Address	<input style="width: 98%;" type="text"/>
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	Do you currently have insurance?
	<input type="checkbox"/> YES <input type="checkbox"/> NO

Insurance Company <input style="width: 98%;" type="text"/>	Have you had insurance previously? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Policy Number <input style="width: 98%;" type="text"/>	If yes, how long ago? <input style="width: 98%;" type="text"/>
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Has prior coverage been on a Claims Made Basis	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If Yes, retroactive date	<input style="width: 98%;" type="text"/>
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Have you ever been cancelled for non-payment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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How long have you been in business?	<input style="width: 98%;" type="text"/>
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**PROPERTY INFORMATION**

Please choose your location description

Do you own the building/Unit?  YES  NO

Age of Building  Number of Storeys

Total Area of Building (Approx Square Feet)  Area of your Facility (Approx Square Feet)

**LATEST UPDATES IF BUILDING IS OVER 25 YEARS OLD?**

Roof  Heating

Plumbing  Electric

**Construction of Building**

Wall Type  Concrete Block/Masonry  Brick Veneer over Wood  Frame/Siding

Roof Type  Steel Deck or Concrete  Wood Joists  Metal Clad

Is there a sprinkler system?  YES  NO Number of Fire Extinguishers  Number of Smoke Detectors

Fire Hydrants within 500 Feet?  YES  NO Fire Alarm?  YES  NO

Is there a burglar Alarm?  YES  NO Alarm monitored 24 hours?  YES  NO Please attach Alarm Certificate

Average Hours of Operaton  to  Do you Operate 24 hours?  YES  NO

Is there any Bar/Restaurant adjacement to your operation?  YES  NO

Is there a Variety Store adjacent to your operation?  YES  NO

Do you own, operate, or rent space to associated businesses?  YES  NO

If yes, please describe

Describe precautions taken to avoid slips and falls at entrances

Who does snow removal?

Type of steps if any?

Do you keep salt on hand for de-icing walkways / entrances?  YES  NO

Do you apply salt and de-icie walkways / entrances?  YES  NO

**FINANCIAL INFORMATION**

USE THE FOLLOWING CATEGORY BREAKDOWNS TO HELP YOU DETERMINE YOUR "PROPERTY VALUES" BELOW

STOCK

Cosmetics <input type="text"/>	Hair Care Products <input type="text"/>	Skin Care Products <input type="text"/>
Clothes <input type="text"/>	Supplements <input type="text"/>	Lotions <input type="text"/>
Nail Care Products <input type="text"/>	Other Stock not listed <input type="text"/>	
Please specify <input type="text"/>		

**EQUIPMENT**

Computers	<input type="text"/>
Furniture	<input type="text"/>
Tanning Beds	<input type="text"/>

Laptops	<input type="text"/>
Massage Tables	<input type="text"/>
Lasers/IPL/RF	<input type="text"/>

Signs	<input type="text"/>
Machines	<input type="text"/>

**LEASEHOLDS/TENANTS IMPROVEMENTS**

Offices	<input type="text"/>
Beauty Styling Chairs	<input type="text"/>
Construction Costs	<input type="text"/>

A/C Units	<input type="text"/>
Change Rooms	<input type="text"/>
Existing Tenants Improvements	<input type="text"/>
Other, please specify	<input type="text"/>

Phone/Alarm Systems	<input type="text"/>
Washrooms/Showers	<input type="text"/>

**PROPERTY VALUES - COVERAGE YOU REQUIRE (TOTALS FROM THE ABOVE CATEGORIES)**

Building (only if you require coverage) UNIT	<input type="text"/>	Stock	<input type="text"/>	Leasehold/Tenant Improvements	<input type="text"/>	
Equipment	<input type="text"/>	Other, please specify	<input type="text"/>		Value	<input type="text"/>

THE QUOTATION WILL BE BASED ON THE ABOVE INFORMATION. PLEASE COMPLETE ACCURATELY

**DESCRIPTION OF OPERATIONS**

Are client cards/records kept	<input type="checkbox"/> YES <input type="checkbox"/> NO	How long are records kept	<input type="text"/>
Do clients sign a waiver (Laser Only)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Any clients under the age of 18?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you offer Child Care?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do parents stay on premise at all times?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a Liquor License?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you ever serve alcohol?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Snack Bar on Premises?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you use a deep fat fryer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any operations or activities away from the premises?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Do you attend any trade shows/exhibits with your equipment?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Do you bring any specialists into your premise to provide additional operations?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If so, please advise operations:	<input type="text"/>		
Number of Swimming Pools?	<input type="text"/>	Maximum Depth in feet?	<input type="text"/>
Is there Diving Boards	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Showers	<input type="checkbox"/> YES <input type="checkbox"/> NO	# of Units	<input type="text"/>
Non-Slip Flooring	<input type="checkbox"/> YES <input type="checkbox"/> NO	Rubber Mats in Halls?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Whirlpools	<input type="checkbox"/> YES <input type="checkbox"/> NO	# of Units	<input type="text"/>
Non-Slip Flooring	<input type="checkbox"/> YES <input type="checkbox"/> NO	Rubber Mats in Halls?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Steam Rooms	<input type="checkbox"/> YES <input type="checkbox"/> NO	# of Units	<input type="text"/>
Non-Slip Flooring	<input type="checkbox"/> YES <input type="checkbox"/> NO	Rubber Mats in Halls?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Saunas	<input type="checkbox"/> YES <input type="checkbox"/> NO	# of Units	<input type="text"/>
Non-Slip Flooring	<input type="checkbox"/> YES <input type="checkbox"/> NO	Rubber Mats in Halls?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Wet or Dry Sauna?	<input type="text"/>	Any scorching behind Sauna heating Unit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
How many inches is the heating unit away from the closet wall? (in inches)	<input type="text"/>		
Are there any Squash, Racquetball, Tennis or Basketball Courts?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, please specify	<input type="text"/>

**CRIME EXPOSURES**

Maximum amount of cash left on Premises overnight?

If over \$250, do you have a safe?  YES  NO If yes, please specify safe type

**EQUIPMENT**

Do you have modified or Rebuilt/Used Equipment  YES  NO If yes, please specify age of equipment (years)

Is Equipment Inspected Daily?  YES  NO Who does the maintenance on the equipment?

**STERILIZATION**

Is staff required to wear sterilized gloves at all times  YES  NO Do you have an autoclave premise?  YES  NO

**PLEASE ATTACH A SUPPLEMENTARY PAGE OUTLINING ALL OF YOUR STERILIZATION PROCEDURES AS WELL AS POLICIES IN PLACE TO PREVENT CROSS-CONTAMINATION**

**FINANCIAL INFORMATION**

LIABILITY INFORMATION Liability Limits Desired  \$2,000,000  \$3,000,000  \$5,000,000

Please provide approximate annual revenues for each of the following services:

Hair Cutting/Styling	<input type="text"/>	Nail Services	<input type="text"/>	Acid Peels	<input type="text"/>
Aromatherapy	<input type="text"/>	Electrolysis	<input type="text"/>	Laser/IPL/RF	<input type="text"/>
Massage Services	<input type="text"/>	Product Sales	<input type="text"/>	Supplement Sales	<input type="text"/>
Clothing Sales	<input type="text"/>	Tanning Bed	<input type="text"/>	Other	<input type="text"/>

Hair Cutting / Styling/ Coloring  YES  NO

Number of Chairs  Number of Operators

Sale of Hair Products?  YES  NO

Sell Products under own label?  YES  NO

Are distributors other than Canadian?  YES  NO

Makeup - Non-Permanent  YES  NO

Gel Nails  YES  NO

Nails - Acrylic  YES  NO

Do you use MMA (Methyl Methacrylate) within the Nail process?

YES  NO

Other Remarks

Hair Removal  YES  NO

Facials  YES  NO

Waxing  YES  NO

Body Piercing  YES  NO

Manicure / Pedicure  YES  NO

Do you perform Pedicures on Diabetics?  YES  NO

Describe Sterilization procedures and precautions taken to prevent cross contamination

List of all People who provide the above operations:

Number of Full Time Employees (Full Time/FT)	<input type="text"/>	Number of Part Time Employees (Part Time/PT)	<input type="text"/>
Number of Contracted People (Contract)	<input type="text"/>	Number of Employees over the age of 65?	<input type="text"/>

Name	Years of Education	Years of Experience	Operations	Type
				<input type="text"/>
				<input type="text"/>
				<input type="text"/>
				<input type="text"/>
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				<input type="text"/>
				<input type="text"/>

Has the company and/or staff had any type of claim within the last 5 years?  YES  NO

If so, please advise operations:

ADDITIONAL INSURED - If required, provide full name and address (i.e.: Landlord)

LOSS PAYEES - If required, provide full name and address (i.e.: Bank Financing, equipment leases, etc.)

**FAILURE TO ANSWER ALL QUESTIONS MAY RESULT IN A DELAY IN PROCESSING YOUR SUBMISSION**

Any person who knowingly and with intent to defraud any insurance company or another person, files and application containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects this person to criminal and civil penalties.

Date

Signature

**PRIVACY CLAUSE**

Our brokerage and the insurance industry have a solid track record of respecting your right to privacy and safeguarding your personal information. As a result of federal legislation, we've further strengthened our privacy commitment by informing you of why and how we collect, use and disclose your personal information. You can be assured that we'll only handle your personal information in a manner that a reasonable person would consider appropriate in the circumstances.

The Client hereby acknowledges that by competing and returning the application to Unison Insurance & Financial Services Inc., you agreed to and consent to the collection, use and disclosure of such information, including any personal information, by Unison Insurance & Financial Services Inc. for the following purposes:

- Communicating with you
- Assessing your application for insurance
- Disclosing information to the Insurance Companies
- Negotiating, maintaining or renewing insurance on your behalf
- Providing claims assistance and service
- Advising you of other products or services
- Complying with regulations and legal authorities

***Please do not hesitate to contact our Privacy Officer should you have any questions.***

Our Privacy Officer may be contacted as follows:

Name of Organization:	Unison Insurance & Financial Services Inc.
Address:	2077 Dundas Street E., Unit 103 Mississauga, ON L4X 1M2
Telephone:	905-624-5300
Fax:	905-624-8500
Email:	privacy@unisonins.com

For more information about our privacy policies or to obtain a copy of our privacy policy, please visit our website at [www.unisonins.com](http://www.unisonins.com)