



Unison Insurance & Financial Services Inc. 2077 Dundas Street e., Suite 103

Ontario, Canada Phone: 905-624-5300 Fax: 905-624-8500 www.unisonins.com

INSURANCE **PRO**TECTION FOR THE BEAUTY INDUSTRY

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	I IS FOR QUOTATION PURPOSES ONLY.			
Legal Business Name				
Mailing Address				
City Province	Postal Code Country			
Business Address				
City Province	Postal Code Country			
Do you have Additional Locations YES NO				
If Yes, please provide the address				
Business Address				
City Province	Postal Code Country			
Contact Person Pl	none Number Fax Number			
Res. Number Cell Number	Email			
Web Site Address				
Do you currently have insurance?				
YES				
Insurance Company	Have you had insurance previously? YES NO			
Policy Number	If yes, how long ago?			
Has prior coverage been on a Claims Made Basis YES NO				
If Yes, retroactive date				
Have you ever been cancelled for non-payment? YES NO				
How long have you been in business?				

PROPERTY INFORMATION					
Please choose your location description					
Do you own the building/Unit? YES N	0				
Age of Building	Number of Store	eys			
Total Area of Building (Approx Square Feet)		Area of your Fac	cility (Approx	Square Feet)	
LATEST U	LATEST UPDATES IF BUILDING IS OVER 25 YEARS OLD?				
Roof		Heating			
Plumbing		Electric			
	Construction	n of Building			
Wall Type Concrete Block/Mason		k Veneer over Wo	ood	Frame/S	Siding
Roof Type Steel Deck or Concrete		od Joists		Metal C	
Is there a sprinkler system? YES N	O Number of Fire E	xtinguishers	Number of	Smoke Detec	tors
Fire Hydrants within 500 Feet? YES N		Γ	 	NO	
Is there a burglar Alarm? YES N	_	l 24 hours?			attach Alarm Certificate
Average Hours of Operaton to	Text		Do y	ou Operate 2	24 hours? YES NO
Is there any Bar/Restaurant adjacement to your operation?					
Is there a Variety Store adjacent to your operation?				☐ YES ☐ NO	
Do you own, operate, or rent space to associated	d businesses?	eiu			☐ YES ☐ NO
If yes, please describe	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?					
Do you apply salt and de-icie walkways / entrances?					
FINANCIAL INFORMATION					
USE THE FOLLOWING CATEGORY BREAKDOWNS TO HELP YOU DETERMINE YOUR "PROPERTY VALUES" BELOW					
STOCK					
Cosmetics	Hair Care Products		Sk	kin Care Prod	ucts
Clothes	Supplements		Lo	otions	
Nail Care Products	ail Care Products Other Stock not listed				
	Please specify				

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EQUIPMENT		<u></u>					
Computers		Lap	tops		Sign	ıs	
Furniture		Mas	ssage Tables		Mac	hines	
Tanning Beds		Lase	ers/IPL/RF				
LEASEHOLDS/TENAN	TS IMPROVEMENT	S					
Offices		A/C	Units		Pho	ne/Alarm Systems	
Beauty Styling Chairs	;	Cha	inge Rooms		Was	hrooms/Showers	
Construction Costs		Exis	sting Tenants In	nprovements			
		Oth	er, please spec	ify			
PR(OPERTY VALUE	S - COVERAG	E YOU REOUI	RE (TOTALS F	ROM THE ABO	VE CATEGORIES)	
Building (only if you r			Stock			d/Tenant Improvemer	nts
Equipement		, please specify				Value	
				INIEODMATION	N DIEASE COM	MPLETE ACCURATE	
THE QUO	JIATION WILL I	DE BASED ON	THE ABOVE	INFORMATIO	N. PLEASE COI	WIPLETE ACCURATI	IL I
		Di	ESCRIPTION (OF OPERATION	IS		
Are client cards/recor	rds kept		YES NO	How long are	records kept		
Do clients sign a waiv	ver (Laser Only)		YES NO	Any clients un	der the age of 18	3?	YES NO
Do you offer Child Ca	re?		YES NO	Do parents sta	v on promice at	الم موند الم	
Do you have a Liquor			1	Do parcines see	ay on premise at	all times?	YES NO
	· License?		YES NO	Do you ever se	· ·	all times?	YES NO
Snack Bar on Premise			YES NO		erve alcohol?		
Snack Bar on Premise Are there any operation	es?		YES NO	Do you ever se	erve alcohol?		YES NO
	es? ions or activities av	vay from the p	YES NO No remises?	Do you ever se	erve alcohol?		YES NO
Are there any operation	es? ions or activities av ade shows/exhibit	vay from the p	YES NO No remises?	Do you ever so	erve alcohol?		YES NO YES NO
Are there any operation	es? ions or activities av ade shows/exhibit ecialists into your p	vay from the p	YES NO No remises?	Do you ever so	erve alcohol?		YES NO YES NO YES NO YES NO
Are there any operation Do you attend any transport Do you bring any spe	es? ions or activities avade shows/exhibitecialists into your perations:	vay from the p	YES NO No remises? uipment?	Do you ever so	erve alcohol? deep fat fryer?		YES NO YES NO YES NO YES NO
Are there any operation Do you attend any trace Do you bring any specifies, please advise operation	es? ions or activities avade shows/exhibitecialists into your perations:	vay from the possible swith your equivalent to prove	YES NO No remises? uipment?	Do you ever so Do you use a coperations?	erve alcohol? deep fat fryer? g Boards	er Mats in Halls?	YES NO YES NO YES NO YES NO YES NO
Are there any operation Do you attend any trace Do you bring any specifies, please advise op Number of Swimmin	es? ions or activities avade shows/exhibit ecialists into your perations:	vay from the possible swith your equiversities to prove	YES NO remises? uipment? ride additional of	Do you ever see Do you use a coperations? Is there Diving	erve alcohol? deep fat fryer? Boards NO Rubbe		YES
Are there any operation Do you attend any trace Do you bring any specifies, please advise op Number of Swimmin Showers	es? ions or activities avade shows/exhibit ecialists into your perations: g Pools? NO	vay from the positive swith your equiveremise to prove	YES NO remises? uipment? ride additional of	Do you ever see Do you use a coperations? Is there Diving ooring YES Ooring YES	Boards NO Rubbe	er Mats in Halls?	YES
Are there any operation Do you attend any trace Do you bring any specifies, please advise operation Number of Swimmin Showers Whirlpools	ions or activities avade shows/exhibit ecialists into your perations: g Pools? YES NO	vay from the positive swith your equations to prove the same of th	YES NO remises? uipment? ride additional of	Do you ever see Do you use a cooperations? Is there Diving ooring YES ooring YES ooring YES	Boards NO Rubbe NO Rubbe	er Mats in Halls?	YES NO NO YES NO NO YES NO NO YES NO NO YES NO YES NO YES NO YES YES NO YES YES
Are there any operation Do you attend any trace Do you bring any specifies, please advise operation Number of Swimmin Showers Whirlpools Steam Rooms	ions or activities avade shows/exhibit ecialists into your perations: g Pools? YES NO YES NO YES NO	vay from the possible with your equations are to prove the following series and the following series are the following series and the following series are the following se	YES NO remises? uipment? ride additional of the in feet? Non-Slip Fl Non-Slip Fl	Do you ever see Do you use a comperations? Is there Diving ooring YES ooring YES ooring YES ooring YES	Boards NO Rubbe NO Rubbe	er Mats in Halls?	YES NO
Are there any operation Do you attend any trace Do you bring any specifies, please advise operation Number of Swimmin Showers Whirlpools Steam Rooms Saunas	ions or activities avade shows/exhibit ecialists into your perations: g Pools? YES NO YES NO YES NO YES NO Any scc	vay from the possible with your equations are to prove the proverse of the proverse of the provent of the prove	YES NO remises? uipment? ride additional of the in feet? Non-Slip Fl Non-Slip Fl Non-Slip Fl Sauna heating	Do you ever see Do you use a comperations? Is there Diving ooring YES ooring YES ooring YES ooring YES ooring YES ooring YES	Boards NO Rubbe NO Rubbe NO Rubbe NO Rubbe	er Mats in Halls?	YES NO

	CRIME EXPOSURES						
Maximum	Maximum amount of cash left on Premises overnight?						
If over \$250	If over \$250, do you have a safe?						
	EQUIPMENT						
Do you have	Do you have modified or Rebuilt/Used Equipment YES NO If yes, please specify age of equipment (years)						
Is Equipmer	nt Inspected Daily?	☐ YES ☐ NO	Wh	o does the mai	ntenance on the equipmen	ıt?	
		STERI	LIZAT	TON			
·	Is staff required to wear sterilized gloves at all times YES NO Do you have an auto clave premise?						
	PLEASE ATTACH A SUPPLEMENTARY PAGE OUTLINING ALL OF YOUR STERILIZATION PROCEDURES AS WELL AS POLICIES IN PLACE TO PREVENT CROSS-CONTAMINATION						
THOCEE	CIRES IIIS TEEL IIIS I	FINANCIAL					
LIABILITY IN	IFORMATION Liabil	lity Limits Desired	\$2	2,000,000 🔲 🤄	\$3,000,000		
	Please provide approximate	e annual revenues for each	of the	following servi	ces:		
	Hair Cutting/Styling	Nail Services			Acid Peels		
	Aromatherapy	Electrolysis			Laser/IPL/RF		
	Massage Services	Product Sales			Supplement Sales		
	Clothing Sales	Tanning Bed			Other		
Hair Cutting	ງ / Styling/ Coloring	☐ YES ☐ NO	Ha	ir Removal		YI	ES NO
Number of	Chairs Number	er of Operators	Fac	cials		☐ YE	ES NO
Sale of Hair	Products?	YES NO	-	axing		☐ YE	S NO
Sell Product	ts under own label?	☐ YES ☐ NO		dy Piercing		☐ YE	+
Are distribu	tors other than Canadian?	YES NO)	inicure / Pedicu		☐ YE	
Makeup - N	on-Permanent	☐ YES ☐ NO		you perform P	<u>edicures</u> <u>on</u> <u>Diabetics?</u>	YE	S NO
Gel Nails		☐ YES ☐ NO		Describe Sterili	zation procedures and precaution contamination	ıs taken to prev	ent cross
Nails - Acryl	ic	☐ YES ☐ NC] [
Do you use	MMA (Methyl Methacrylate)	within the Nail process?	$\neg \mid$				
		☐ YES ☐ NO					
Other Rer	marks]				

List of a	ll People wh	o provi	de the	above operations:		
Number of Full Time Employees (Full Time/FT)			Numbe	er of Part Time Employees (Part Time/PT)		
Number of Contracted People (Contract)			Numbe	er of Employees over the age of 65?		
Name	Years of Education	1	rs of rience	Operations		Type
Has the company and/or staff had any type of claim	within the la	ast 5 ve	ars?		YE	s NO
					<u> </u>	<u> </u>
If so, please advise operations:						
ADDITIONAL INSURED - If required, provide full r	name and ad	ldress (i.e.: Lar	ndlord)		
LOSS PAYEES - If required, provide full name and	d address (i e	·Rank	Financ	ring equipement leases etc.)		
2035 FATEES II required, provide full flattle and	d dddiess (i.e	Darik	Tillanc	ing, equipernent leases, etc.,		
FAILURE TO ANSWER ALL QUESTIO						
Any person who knowingly and with intent to defraud information, or conceals for the purpose of misleading which is a crime and subjects this person to criminal a	g information	n conce				
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 Servces 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