

THE COSMETOLOGY INDUSTRY ASSOCIATION OF B.C. INSURANCE PROGRAM APPLICATION (For members of The Cosmetology Industry Association of B.C. only)

Name of Applicant: _____ Membership #: _____

Legal Name of business including Operating Name: _____

Application's Qualification _____ & Years of Experience _____

Mailing Address: _____ City: _____ Postal Code: _____

Telephone: (Bus) _____ (Home/Fax) _____ (Cellular) _____ Email: _____

Business Location: _____ City: _____ Postal Code: _____

(Check items applicable)

FIRE/BURGLARY PROTECTION BUILDING CONSTRUCTION

Building Sprinklered? Yes ___ No ___

Local Alarm Yes ___ No ___

Monitored Alarm Yes ___ No ___

Concrete

Masonry/Brick

Frame

SHOPPING MALL

Name _____

Age of Building: _____

Height in Stories: _____

Are you a Chair/Room Rental? Yes ___ No ___ Do others rent chairs or private rooms from you? Yes ___ No ___

PREVIOUS INSURANCE

Has any Insurer cancelled, declined, or refused to renew or issue insurance to the applicant within the past 5 years? Yes / No

Losses in Last Five Years – Check Box if none; otherwise summarize below: _____

No Claims

LIABILITY INFORMATION:

Annual Revenue: \$ _____ Please split % between operations: _____ Esthetics _____ Hair _____ Nails
(New ventures, please state anticipated sales)

Total Number of Licensed Operators: _____ No. of Full-time _____ No. of Part-time (less than 20 hrs /week) _____

Number of Operators providing the following services:

___ Electrolysis ___ Permanent Make Up/Removal ___ Reflexology, Shiatsu, Hydrotherapy Tub Treatment

___ Micro-Dermabrasion ___ Laser (Hot) Hair Removal ___ Photo Rejuvenation Treatment

___ Any of the following services: Ear-Piercing, Micro-Epilation, Fruit Acid Products, Slenderizing/Body Wraps, Herbal Sauna, Non-Surgical Mole Removal, Bio Treatment/Magnetic Therapy, Ear Candling, Podology.

Circle the other services provided (coverage included in the basic policy):

Facial / waxing / sugaring /Threading / pedicure / manicure / artificial nails / make-up application / eyelash/brow tinting

Describe in detail other types of services not listed above: _____

COVERAGE EXCLUSIONS: Sun Tanning Treatments, Aromatherapy (except essential oils for skin care usage), Body Tattoo, Body Branding, Body Piercing, Hair Extensions/Attachments, Hair Wigs & Toupees

COVERAGE REQUIRED:

All Business Properties (Furniture, Fixtures, Stock & Equipment) \$ _____

Leasehold's Improvement (Replacement Cost) \$ _____

Increase General Liability (\$2,000,000 included) \$ _____

Increase Professional Liability (\$2,000,000 included) \$ _____

SIGNATURE OF APPLICANT: _____

DATE: _____

Contact Person: Catalina Chan/ Email: cchan@shawsabey.com

Program Manager:

Shaw Sabey & Associates Ltd., #1710 - 1066 West Hastings Street, Vancouver, BC V6E 3X1

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