



APPLICATION FOR INSURANCE

for the PROtique™ program provided exclusively
by KRS Insurance Brokers Inc.

STATEMENT / DECLARATIONS

Registered Business Name:			
Operating name (if different):			
Type of Business:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor
If co-partnership, partner(s) full names:			
Type of Operation:	<input type="checkbox"/> Salon Operator	<input type="checkbox"/> Individual Contractor	<input type="checkbox"/> Home Based

Contact: First Name:	Last Name:	Mr/Mrs/Ms/Dr:	<input type="checkbox"/> Owner <input type="checkbox"/> Subcontractor
Tel:	Alt tel:	Fax:	
Email:		Website:	
Mailing Address:	Street: City:	Province:	Postal Code:

Date Coverage is Required:		
Contents Limit: \$	Deductible: \$	Liability Limit: \$
<i>(Current replacement cost of all contents)</i>	<i>(\$1,000 minimum)</i>	<i>(\$2,000,000 minimum)</i>

Previous insurance & policy number:	
Has an insurer refused to renew or declined any property, products, premises or professional (malpractice) liability insurance or application for the applicant during the past three (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details:	
Describe all claims and loss amounts, if any, incurred by applicant in past three (3) years:	

Estimated Annual Receipts (all locations): \$

Years in business:

Do you manufacture and/or label products for sale? ☐ Yes ☐ No If Yes, annual receipts: \$

Do you use case history cards? ☐ Yes ☐ No

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LOCATIONS

Check here for if more than two locations: ☐

Details, Location 1

Address (if different from above):			
Street:			
City:	Province:	Postal Code:	
Building ownership:	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased	
Building construction:	<input type="checkbox"/> Masonry	<input type="checkbox"/> Fire resistive	<input type="checkbox"/> Frame
Approx. size:	sq. ft.	Built in Year:	Approx. rebuild value: \$

Details, Location 2 ☐ Does not apply

Address:			
Street:			
City:	Province:	Postal Code:	
Building ownership:	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased	
Building construction:	<input type="checkbox"/> Masonry	<input type="checkbox"/> Fire resistive	<input type="checkbox"/> Frame
Approx. size:	sq. ft.	Built in Year:	Approx. rebuild value: \$

Names of All Stylists & Estheticians Including Active Owner(s)	Stylist	Years Experience	Esthetician / Cosmetologist	Years Experience	At which location?
	<input type="checkbox"/>		<input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>

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ver. PROtique2011R

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At which location?	State all classes of work performed:	
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hairstylist/Barber Services
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Aromatherapy
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Acrylic Nails
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Body Piercing <i>*excluded</i>
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Body Sugaring/Waxing
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Body Wraps (Cellulite Treatments) <i>*Note: Only insured on attended basis (Operator in attendance at all times)</i>
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chemical Peel → Specify AHA Concentration: <input type="checkbox"/> 20% or less <input type="checkbox"/> More than 20%
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cosmetology
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ear Coning <i>*excluded</i>
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ear Piercing
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Electrolysis <input type="checkbox"/> Yes <input type="checkbox"/> No Electrocoagulation
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	E.M.S.
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Eyebrow and/or Eyelash Tinting <i>*excludes permanent imbedding, pigmentation or tattooing</i>
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hot Stone Massage
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Intense Pulse Light (IPL)
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Facials
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Laser Hair Removal <i>[NOTE: If Yes, please complete supplementary application p.4]</i>
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Manicures and/or Pedicures <i>*excludes cutting or removal of corns, bunions and ingrown toenails</i>
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Spa Service (e.g. Botox Injections) <i>*please describe:</i>
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Microdermabrasion
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Paraffin
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Permanent Make-Up <i>*excluded, but a separate policy is available – call for application</i>
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Relaxation Massage
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sun Tanning <i>*excluded, but a separate policy is available – call for application</i>
<input type="checkbox"/> 1 <input type="checkbox"/> 2	Other (specify):	

Do you offer a mobile service? ☐ Yes ☐ No

Warranty: Coverage is only provided on machines used and approved for Non-medical use and C.S.A. or provincial rated. All products used must be approved for use under the Canada Food & Drug Act. The use of phenol or similar caustic chemicals is excluded.

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If this box is checked please complete this portion of the application.
If not checked, please continue to Declaration section for signature on page 5.

LASER HAIR REMOVAL SUPPLEMENTARY APPLICATION

List all operators who provide laser treatment and their experience:

Name Person Providing Laser Treatment	Years Of Education	Years Experience / Qualification	Any Prior Claims Made Against Each Individual Please Give Brief Details

Complete this section for all laser machines (Please list additional hand pieces separately):

Make	Model	Type (Laser or lpl)	Age	Cost To Replace Today	Health Canada Approved
			Yrs	\$	
			Yrs	\$	
			Yrs	\$	
			Yrs	\$	
			Yrs	\$	
			Yrs	\$	

Are machines used for anything else besides hair removal?

☐ Yes

☐ No

If yes, list the other procedures

Please answer **ALL** 13 questions:

1.	Percentage of gross receipts from laser operations?	%
2.	Do you complete a patch test at least 24 hours prior to laser hair removal operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you wear surgical gloves when providing laser services to clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Does your client wear protective eyewear during laser services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Do you keep copies of all client service records?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	How many years are service records kept on record?	Years
7.	Is a waiver signed, dated and kept on record? (Please attach a copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	How many years are waivers kept on file?	_____ Years

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9.	Do you explain to the client what steps to take prior to any laser treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attach copy of pre-care information or explain:		
10.	Do you explain to the client what steps to take after any laser treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attach copy of post-care information or explain:		
11.	Minimum age of clients for laser operations?	_____ Years
If under 18 years old, do parents stay on the premises at all times?		<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	How often do you calibrate your machines?	
13.	Do you provide any off site laser treatments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list all locations, methods or transporting equipment and frequency of all off-site treatments:		

Where did you hear about us?

PERMANENT MAKE-UP AND SUN TANNING OPERATIONS ARE EXCLUDED FROM THIS APPLICATION.
Please contact our office at 1-888-577-3210 (or Toronto 905-853-1992) for separate application forms.

DECLARATION & PERSONAL INFORMATION CONSENT

This application is attached to and forms part of the insurance contract for which you are applying. Any applicant who gives false particulars or knowingly misrepresents or fails to disclose any fact in any part of this application will void the contract of insurance, and may subject you to criminal and civil penalties.

Upon electronic submission of this application, you declare that the information provided is true and correct and hereby apply for a contract of insurance to be based upon the truth of these statements. Further, you understand that the submission of this form is only an application for insurance. The effective date of insurance will be determined by the insurer.

By submitting this application, you also declare that you have read and consent to KRS Insurance Brokers Inc.'s [Personal Information Policy](#) ("Policy") for the current and future collection, use and disclosure of personal information in accordance with the Policy.

I Agree to the Declaration and Consent Above.

We never rent or sell our customers', applicants' or subscribers' information.