



[Professional Services]

WELLNESS RENEWAL APPLICATION

WELLNESS RENEWAL APPLICATION**PART 1 GENERAL INFORMATION**

Applicant Name: _____

Mailing Address: _____

Postal Code: _____

Telephone No.: _____

Email: _____

Website: _____

PART 2 COMPANY DETAILS

Number of Directors, Officers, or Partners: _____

Number of Employees: _____

Professional: _____

Clerical: _____

Number of Directors: _____

Other (Please specify): _____

Description of Operations:

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PART 3 REVENUE BREAKDOWN

Revenue from Applicant's Operations (CDN Dollars)

	Prior Year: (MM/YY) ____ / ____	Last Completed Year: (MM/YY) ____ / ____	Estimate for Next Year: (MM/YY) ____ / ____
a) Total Gross Fees (=b+c+d+e+f) +Revenues	\$	\$	\$
b) Fees for services rendered in Canada	\$	\$	\$
c) Fees for services rendered in the USA	\$	\$	\$
d) Fees for the rest of the World (Please specify)	\$	\$	\$
e) Fees paid to sub consultants	\$	\$	\$
f) Product Sales	\$	\$	\$
g) Other (Please Specify):	\$	\$	\$

Date of Company Financial Year End: (DD/ MM/ YY)

Annual Payroll: \$

PART 4 COMPANY OPERATIONS**Breakdown of Total Revenue by Activity, including Product Sales & Training Operations (Total must equal 100%)**

	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
Total	%

Are any material changes to activities anticipated in the coming year? ☐ Yes ☐ No

If yes, please provide full details:

Do you engage in any business or professional activities other than the described above? ☐ Yes ☐ No

Are waivers of liability used with all clients? ☐ Yes ☐ No

Do you provide any treatments to minors? ☐ Yes ☐ No

a) If yes, do you require a signed, written parental agreement? ☐ Yes ☐ No

b) If yes, will there be any exposure to children under the age of 12 where unaccompanied by a parent/ guardian? ☐ Yes ☐ No

Does the Applicant work with Professional Athletes? ☐ Yes ☐ No ☐ N/A

Do you provide any non-certified or unlicensed aesthetic services? ☐ Yes ☐ No

PART 5 CYBER PRE-QUALIFICATION

Insured regularly backs up critical data to a "cold" or "offline" location that would be unaffected by an issue with their live environment, and they test to ensure those backups are recoverable? ☐ Yes ☐ No

Insured uses multi-factor authentication (MFA) for cloud-based services (such as cloud-based email accounts) and for all remote access to their network: ☐ Yes ☐ No

Insured does not allow remote access into their environment without a virtual private network (VPN): ☐ Yes ☐ No

Insured regularly (at least annually) provides cyber security awareness training, including anti-phishing, to all individuals who have access to their organization's network or confidential/personal data? ☐ Yes ☐ No

Insured has a Business Continuity Plan in place that has been successfully tested to confirm that following an unexpected interruption of your computer systems, all revenue-earning operations can be fully resumed within 12 hour. Yes No

PART 6 INSURANCE HISTORY & REQUIREMENTS

Please provide details of your current **Errors & Omissions** insurance policy:

Effective Date: (MM/DD/YYYY)	Retro Date: (MM/DD/YYYY)	Limit:	Deductible:	Premium:	Insurer:

Please provide details of your required **Errors & Omissions** insurance policy:

Effective Date: (MM/DD/YYYY)	Retro Date: (MM/DD/YYYY)	Limit:	Deductible:	Premium:	Insurer:

Please provide details of your required **Commercial General Liability** insurance policy:

Effective Date: (MM/DD/YYYY)	Limit:	Deductible:	Premium:	Insurer:

PART 7 CLAIMS HISTORY

- a) Are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any Companies to be insured) within the last 5 (five) years, or: ☐ Yes ☐ No
- b) Are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or: ☐ Yes ☐ No
- c) Have any claims or cease and desist orders been made against any of the Companies to be insured, or any partners or directors thereof, or: ☐ Yes ☐ No
- d) Have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body? ☐ Yes ☐ No

If the answer to the above is "Yes", then please attach full details including an explanation of the background of events, the maximum amount involved/claims, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by Insurers, and the dates of all developments and payments.

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	\$ RESERVE OR LOSS AMOUNT PAID BY INSURER	\$ RETAINED LOSS OR DEDUCTIBLE PAID BY YOU
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

*Please attach any available insurance company loss reports with this application

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the Applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An Applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature:

Position:

Please print name:

Date:

BROKER DECLARATION

How long have you known this Applicant?

Is this account new or renewal to you?

Have you personally viewed the Applicant's operations?

What is the condition of facilities and equipment?

What is the applicant's attitude toward risk management and insurance?

Do you recommend this Applicant?

Broker's Signature:

Position:

Please print name:

Date: