



Anti-Aging Medical Spa Services Renewal Application

Applicant Information

1. Applicant name:

2. Principal business address (attach separate sheet if more than one location):
 Street: County:
 City: State: Zip:
 Phone: Website:

3. Please state sources and amounts of total revenue:

	Amount last 12 months	Estimated next 12 months
Fee for services	\$	\$
Other (explain)	\$	\$
	\$	\$
TOTAL Gross Revenue:	\$	\$

4. List all manufactured equipment and drugs used in the applicant's practice and purpose for which each is used:

Staffing Information

5. a. Indicate the number of applicant's staff:

	Employed	Contracted
Aesthetician		
Electrologist		
Laser Technician		
Massage Therapist		
Medical Assistant		
Nurse Practitioner		
Physician		
Physician Assistant		
Registered Nurse		
Other (specify)		

b. Are all the above individuals the same staff members from the prior policy year insured with Hiscox? Yes No
 If No, please attach training certificates for any new staff.

c. i. Do you require contracted staff to carry their own Professional Liability Insurance? Yes No

ii. If Yes, do you maintain Certificates of Insurance to confirm such coverage? Yes No



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Operations and Activities

6. a. Provide the following information for all procedures performed. Please include proof of training/certification, informed consent forms and client selection protocols for any **new staff or new treatments**:

Procedures	Performed By:	Number of procedures per year?	Procedures	Performed By:	Number of procedures per year?
Acne Blue Light Treatments			Massage Therapy		
Botox Injections			Mesotherapy		
Chemical peels			Microdermabrasion		
Colon Hydrotherapy			Micropigmentation		
Cosmetology (hair/nails/facials)			Sclerotherapy		
Dermal fillers: Specify Type			Tattoo Removal		
Laser Hair Treatments			Tooth Whitening		
Laser Lipolysis / SmartLipo			Waxing		
Laser Skin Treatments: Specify Type			Other: Describe:		

Insurance and Claims History

7. Has the applicant notified Hiscox Inc. of all matters that may result in a potential claim including any litigation, administrative proceedings, demand letters, formal or informal investigations or inquiries which have occurred within the expiring policy period?

Yes No None to Report

If No, please attach a detailed explanation or explain in the Comments Section.

Comments Section

Notice to New York applicants: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material thereto, commits a fraudulent insurance act, which is a crime.

The applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability.

The applicant further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

I DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Underwriters.

Name of applicant:

Signature of person authorized to execute on behalf of the applicant:

Name/title of person authorized to execute on behalf of the applicant:

Date:

This application form duly completed, together with any supplementary information, must be signed in ink or by electronic signature by the person indicated. Signing of this form does not bind the applicant or the Underwriters to complete this insurance.

A copy of this application should be retained for your records.