Insurance Application Form for Massage Addict Clinics

(commercial general liability insurance, property insurance, and other additional coverages)

For any questions or inquiries regarding this form, or to submit the completed form, please contact:
massageaddict@tripemco.com

DO YOU CURRENTLY HAVE AN INSURANCE POLICY (Y/N)

If yes, when does your current insurance policy expire?

BUSINESS INFORMATION

Name of legal entity operating business(es)	
Operating as a proprietorship, partnership, or corporation?	
Mailing address	
Business location address(es) LIST ALL IF MORE THAN ONE (if different from mailing address)	
Business website(s)	
Annual gross revenues (show revenue per location)	
Years in business	
Are you purchasing or taking over an existing clinic? (Y/N)	
Please outline all liability allegations reported to your insurance provider within the last 5 years.	

CONTACT INFORMATION

Contact name	
Contact email	
Contact phone	

OPERATIONAL INFORMATION

Are clients required to sign a "Waiver of Liability"? (Y/N) If yes, please attached a sample	
Do you manufacture/label products for sale? (Y/N) If yes, please indicate what they are	
Do you use client case history forms? (Y/N)	
Do all subcontracted service professionals hold their own errors and omissions liability insurance? (Y/N)	
Do you offer mobile services? (Y/N) If so, please indicate which services	
What safeguards or procedures do you employ to avoid injuries?	
Specifically, what safeguards or procedures do you employ to avoid dryer fires?	

EMPLOYEE INFORMATION (does not include subcontractors)

Name of Employee (include managers and owners)	**Position (and location, if multiple)**	**Years of Experience**

TYPES OF WORK PERFORMED / SERVICES OFFERED

Chiropractic Services (Y/N)	
Massage Therapy (Y/N)	
Reflexology (Y/N)	
Acupuncture (Y/N)	
Do you sell retail personal care products (such as creams or ointments)? (Y/N)	
Do you sell or prescribe orthotics? (Y/N)	
Please list any other services offered	

PREVIOUS INSURANCE / LOSS HISTORY

Previous insurance company (please indicate provider, policy number, and expiry date of most recent policy)	
Is renewal being offered by current provider (Y/N)	
Has the entity that owns the business had any past claims? If so, please explain.	
In the past, has the applicant or any of his/her employees ever been the recipient of any allegations of professional negligence in writing or verbally? (Y/N) If yes, please explain.	
Has this specific clinic had a property claim within the last 5 years? If yes, please provide details on the claim(s).	

PROPERTY INFORMATION

*** if you have multiple locations, please copy this chart and fill out this information for each location**

Do you lease or own the space the business operates in?	
Describe construction of building (i.e. brick, concrete, wood)	
Year building was built	
Describe any upgrades to the unit if building is older than 20 years old (i.e. heating, plumbing, roof, electrical)	
Number of stories of building	
Square footage of unit business is in	
Is the unit sprinklered? (Y/N)	
Does the unit have an alarm system? (Y/N)	
If yes, is the alarm system monitored or unmonitored?	
Does the property have bollards that protect your unit installed? (Y/N)	
If you do not have bollards installed, are there plans to do so? If yes, please indicate when they will be installed.	
Business that are directly adjacent to you if your building has multiple units	
Any additional information about unit	

COVERAGE LIMIT REQUEST INFORMATION

*** Please fill out the below and provide specifics for each location, if you have multiple**

Indicate value of building (s) (only if owned)	
Value of contents, including all stock and physical assets owned by business	
Value of computers, hardware, software, technical equipment (exclusive of contents above)	
Have you completed tenant's improvements? If so please state the dollar value of improvements	
General Commercial Liability Insurance	$5M of coverage for general commercial liability insurance is standard. Please advise if a higher limit is requested.
Errors and Omissions Liability Insurance	$2M of coverage for errors and omissions liability insurance is standard. Please advise if a higher limit is requested.
Crime coverage – inside and outside robbery, Broad Form Money & Securities, Commercial Blanket Bond (FORM A)	$10,000 of coverage for crime coverage is provided as a standard. Please advise if a higher limit is requested.
Cyber crime is not included as standard with your policy. Please advise if you would like to discuss cyber crime coverage. (Y/N)	
Business Interruption Coverage	Actual Loss Sustained (ALS)
Miscellaneous Property Floater	
Property Extension	Platinum property extension is provided as standard and includes sewer back-up, flood, and earthquake.
Other	

This application does not bind the applicant or the Company to complete this insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

Applicant's Signature: _____ Date: _____