Insurance Renewal 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

Renewal date	
Name of legal entity operating business(es)	
Anticipated next fiscal year gross revenues	
Have there been any changes in business operations over the past year, or will there be in the coming year?	
Do you have any new equipment, or other contents, improvements, or betterments that would require increased or additional insurance?	
Are you aware of any claims that have been brought against you, your business, or your practitioners over the past year?	
Has this specific clinic had a property claim within the last 5 years? If yes, please provide details on the claim(s)	
What safeguards or procedures do you employ to avoid dryer fires?	
Does the building have bollards to protect your unit? (Y/N)	
If you do not have bollards installed, are there plans to do so? If yes, please indicate the date they will be installed.	
Does the unit have an alarm system? (Y/N)	
If yes, is the alarm system monitored or unmonitored?	