



CARRIER:

United States Liability Insurance Company

Allied Health Care Product – Day Spa Services/Massage Therapist

- Name of applicant: _____
- Please list all services the applicant currently provides or intends to provide over the next 12 months:

Type of Service	Annual Number of Procedures	Name And Job Title Of Person Performing Procedure

3. If any of the applicant's services involve the following, please note in the space provided the number of procedures over the past 12 months:

- | | | |
|--|--|--|
| <input type="checkbox"/> Ablative laser resurfacing | <input type="checkbox"/> Fraxel/Laser removal of wrinkles, scars, age spots/tattoo removal | <input type="checkbox"/> Laser skin rejuvenation |
| <input type="checkbox"/> Botox/Restylane/Filler injections | <input type="checkbox"/> Infrared body wraps | <input type="checkbox"/> Medical spa services |
| <input type="checkbox"/> Dental spa services | <input type="checkbox"/> Insertion of permanent makeup/pigment in or under the skin | <input type="checkbox"/> Medical peels |
| <input type="checkbox"/> Dermal fillers | <input type="checkbox"/> Laser and intense-pulsed light procedures | <input type="checkbox"/> Other surgical procedures |
| <input type="checkbox"/> Ear/Body piercing | | <input type="checkbox"/> Oxygen bar |
| <input type="checkbox"/> Electrolysis | | <input type="checkbox"/> Thermage |

- Does the applicant provide waxing services? Yes No
- Does the applicant provide massage therapy services? Yes No
- Does the applicant provide chemical peel services? Yes No

If "Yes":

- Are all chemical peels performed by a licensed esthetician? Yes No
- Percentages of chemical peel services: _____ %
- Overall spa services consisting of chemical peels: _____ %
- Chemical peels that are "light" (superficial, use AHA's/salicylic acids): _____ %
- Chemical peels that are "medium" (TCAs) using solution strength: under 20% _____ over 20% _____ %
- Chemical peels that are "deep" (phenol) _____ %

- Percentage of services provided to minors: _____ %
- Percentage of services involving pregnancy massage: _____ %
 - Percentage of pregnancy massage in first or third trimester: _____ %
- Does the applicant provide tanning services? Yes No

If "Yes," what percentage of overall spa services involving tanning? _____ %
- Does the applicant have waterless massage machine(s)? Yes No
- Does the applicant have saltwater flotation chamber(s)? N/A Yes No

This supplemental application is incorporated into and is deemed a part of the other application(s) submitted in connection with the requested insurance. Any and all notices and representations included in such other application(s) are incorporated by reference in this supplemental application as though fully set forth herein.

Applicant's signature _____ Title _____ Date: _____
(Principal, Partner or Officer)

Print name _____

Agent's signature: _____
(Required in Prince Edward Island and Saskatchewan)

Issued or made by United States Liability Insurance Company, Canada Branch in the course of its business in Canada.