



MEDICAL SPA SUPPLEMENTAL APPLICATION

I. INSTRUCTIONS

1. Completion of this application neither binds coverage nor guarantees that a quote or policy will be issued.
2. Requested coverage is not automatically provided. Read your quote carefully. The policy, if issued, will determine actual coverage.
3. All questions must be answered. If a question does not apply, write "N/A." If more space is needed, continue a separate sheet, and indicate the question number.
4. Some questions require supporting documentation. Provide all requested documentation with the fully completed application, signed and dated by the owner, partner, or legal officer.
5. Include with your application copies of 5-year carrier loss runs (valued within 45 days), state or county inspection reports, licensing information, and any complaint reports/investigations. *All applicable documentation must be received and reviewed prior to binding.*

II. APPLICANT INFORMATION

1. Name of entity to be listed as first Named Insured: _____

2. Are any other entities or DBAs to be listed as Named Insured? ☐ Yes ☐ No
 - a. If yes, list: _____

 - b. Do all entities have common ownership with the first Named Insured in whole or majority? ☐ Yes ☐ No
 - c. Do you have other entities or operations for which you are not seeking insurance under this application? ☐ Yes ☐ No
 - If yes, list: _____

 - Are they insured separately? ☐ Yes ☐ No
 - d. Within the next 12 months, do you expect or intend to merge, acquire, or consolidate with another entity? ☐ Yes ☐ No
 - If yes, please clarify: _____

3. Years in operation under current ownership/management: _____
4. Mailing Address: _____
City: _____ State: _____ Zip: _____
5. Premise Address: _____
City: _____ State: _____ Zip: _____
(If you have multiple premise locations, please attach a complete address list or Excel sheet of locations)
6. Website: _____
Please attach complete, detailed marketing materials or operations brochures if a website is not available.
7. What is your corporate structure? Please check one:
☐ Corporation ☐ Joint Venture ☐ LLC ☐ Sole Proprietorship ☐ Other: _____
8. What is the nature of your enterprise? Please check one:
☐ Non-profit ☐ For-profit ☐ Governmental

9. Do you currently have Professional Liability insurance for your operations? ☐ Yes ☐ No
- a. Do you currently have General Liability insurance for your operations? ☐ Yes ☐ No
- b. If yes and your policy is with Richmond National, what is the policy number? _____
(if your policy is with Richmond National, skip c. through f. below)
- c. What is the policy expiry date? _____
- c. If your current policy is on a Claims Made form, what is the Retroactive Date? _____
Please attach a copy of your current policy Declarations Page for Date and Limits confirmation if you want to retain this Retroactive Date.
- d. Who is the current insurance carrier? _____
- e. Are they offering renewal? ☐ Yes ☐ No
- f. Expiring premium: _____
10. Name of your Insurance Agent/Agency: _____
11. Name of your Insurance Broker/Brokerage: _____

III. UNDERWRITING INFORMATION

1. Please briefly describe your operations: _____

2. What accreditations and/or state licenses do you currently hold? _____
- a. Has the facility or any of your employees ever faced any limitations, suspensions, revocations, denials, or investigations by a licensing board or regulatory agency regarding their professional license or accreditations? (If yes, provide copies of all documents and additional details) ☐ Yes ☐ No
3. Please complete the following table regarding your projected and historic revenues:

	Next Year (projected):	Last Year:	1 Year Prior:	2 Years Prior:
Total Gross Revenues				

4. Please complete the following table regarding the level(s) of your services and the corresponding percentage of revenues:

Level of Service	Percent
Level 0 – No services by professional staff (flotation tanks, salt rooms, sauna, cold plunge, etc.)	
Level I – Non-invasive, non-injectable, and non-abrasive services (massage, facials, manicure, etc.)	
Level II – Non-invasive, non-laser, injectable or mild abrasive (acupuncture, Botox, fillers, tattoo, etc.)	
Level III – Regenerative or therapeutic injectable (stem cell treatments, IV therapy, hormones, etc.)	
Level IV – Laser-based, abrasive, non-surgical (heavy chemical peels, IPL, tattoo removal, etc.)	
Level V – Minor surgeries, non-liposuction (hair transplant, ear pinning)	
Level VI – Major surgeries (fat grafting, liposuction, breast augmentation, face lifts, etc.)	
Other: _____	
Other: _____	
TOTAL	100%

5. Do you prescribe or administer drugs or medications? ☐ Yes ☐ No
- a. If yes, do you prescribe or administer any opioids? ☐ Yes ☐ No
- b. Do you prescribe or administer any drugs for weight loss? ☐ Yes ☐ No
- c. Do you prescribe or administer any ketamine? ☐ Yes ☐ No
6. Do you administer or provide any peptides, including but not limited to GLP-1s? ☐ Yes ☐ No

7. If you are offering Level 0 Services, please complete the following table regarding the number of clients/bookings you have for the following services:

Service	# last 12 months	# next 12 months	Service	# last 12 months	# next 12 months
Sauna & Steam Room			Sound & Light Therapy Room		
Cold Plunge Pool/Tank			Gym/Fitness Equipment Access		
Flotation Tank			Meditation/Yoga Room		
Salt Room/Salt Therapy			Other: _____		
Tanning Bed/Lamp			Other: _____		

8. If you are offering Level I Services, please complete the following table regarding the number of clients/procedures you have for the following services:

Service	# last 12 months	# next 12 months	Service	# last 12 months	# next 12 months
Body & Facial Waxing or Sugaring			Cryotherapy (whole body)		
Hair & Facial Hair Grooming			Cryotherapy (targeted)		
Hair & Beard Dye			Hypnotherapy		
Eyebrow or Eyelash Dye			Teeth Whitening		
Manicures & Pedicures			Ear Candling		
Massage & Bodywork			Hypnotherapy		
Facials			Other: _____		
Acupressure & Reflexology			Other: _____		

9. If you are offering any Level II Services, please complete the following table regarding the number of clients/procedures you have for the following services:

Service	# last 12 months	# next 12 months	Service	# last 12 months	# next 12 months
Acupuncture			Non-laser Spot Removal		
Light Chemical Peels			Electrolysis		
Botox			Permanent Makeup & Tattoo		
Dermal Fillers/Lip Fillers			Piercing		
Microdermabrasion/Dermaplaning			Other Body Mod (<i>scarification, branding, etc.</i>)		
Microneedling			Other: _____		
Skin Tag or Wart Removal			Other: _____		

10. If you are offering any Level III Services, please complete the following table regarding the number of clients/procedures you have for the following services:

Service	# last 12 months	# next 12 months	Service	# last 12 months	# next 12 months
BHRT/HRT/Testosterone Therapy			Stem Cell Injections		
HGH Therapy			Non-injection Stem Cell Therapy		
P-Shots/O-Shots			Ozone Therapy		
Platelet Rich Plasma Therapy (<i>PRP</i>)			Chelation		
IV Hydration/IV Therapy			Other: _____		
Vitamin Injections			Other: _____		

11. If you are offering any Level IV Services, please complete the following table regarding the number of clients/procedures you have for the following services:

Service	# last 12 months	# next 12 months	Service	# last 12 months	# next 12 months
Laser Spot Removal			Non-surgical Laser/RF Lipolysis		
Heavy Chemical Peels			Vaginal Rejuvenation		
Laser & RF Skin Tightening			Laser Tattoo Removal		
Laser Resurfacing/IPL			Other: _____		
Laser Hair Removal			Other: _____		
Sclerotherapy & Vein Treatments			Other: _____		

12. If you are offering any Level V Services, please complete the following table regarding the number of clients/procedures you have for the following services:

Service	# last 12 months	# next 12 months	Service	# last 12 months	# next 12 months
Hair Restoration/Hair Transplant			Body Mod Subdermal Implants		
Ear Pinning			Cosmetic Dentistry & Veneers		
Blepharoplasty			Other: _____		
Thread Lifts			Other: _____		

13. If you are offering any Level VI Services, please complete the following table regarding the number of clients/procedures you have for the following services:

Service	# last 12 months	# next 12 months	Service	# last 12 months	# next 12 months
Abdominoplasty/Tummy Tucks			Face Lift		
Liposuction			Rhinoplasty		
Surgical Laser Lipolysis/Smart Lipo			Chiro/Osteo Manipulation		
Buttocks Lift/Augmentation			Other: _____		
Breast Lift/Augmentation			Other: _____		
Fat Grafting/Transfer			Other: _____		

14. Do you provide any overnight stay/inpatient services? ☐ Yes ☐ No

15. Do you perform any treatment or services on minors? ☐ Yes ☐ No

a. If yes, what service(s)? _____

b. Age of youngest client you will accept: _____

c. Are parents/guardians required to remain present during services to minors? ☐ Yes ☐ No

16. Do you perform any treatment or services on clients who are pregnant or breastfeeding? ☐ Yes ☐ No

a. If yes, what service(s)? _____

17. Do you sell or recommend any dietary supplements, over-the-counter drugs, skincare products, homeopathic remedies, or similar goods? ☐ Yes ☐ No

a. If yes, please provide a website or include a catalog, etc. materials where product labeling and ingredients can be reviewed: _____

18. Do you provide any mobile/off-premise services? ☐ Yes ☐ No

a. If yes, please clarify what service(s) and where they are performed: _____

19. Do you post pictures, videos, or testimonials of clients on your website, social media, etc.? ☐ Yes ☐ No
 a. If yes, do you obtain a signed written consent/release before posting? ☐ Yes ☐ No

20. If you offer services with anesthesia care, please complete the following table regarding types and administration:

Type	% of Services w/Anesthesia	Administered By
Local Only		
Conscious Sedation		
General Anesthesia		
Other:_____		

21. Please complete the following table regarding your staff:

Type of Staff	Employees		Independent Contractors	
	# Employees	Annual Hours	# Contractors	Annual Hours
Massage Therapist				
Hair Stylist/Barber				
Cosmetologist				
Aesthetician				
Laser Technician				
Physician (non-surgical)				
Surgeon				
Dentist				
Dental Technician				
Physician Assistant				
CRNA				
Nurse Practitioner/APRN				
Nurse (RN/LPN/PVN)				
Surgical Technician				
Radiologist				
Nutritionist/Wellness Coach				
Office/Receptionist				
Other:_____				

22. Are all employees and contractors providing services licensed or board certified in accordance with applicable local, state, and/or federal regulations? ☐ Yes ☐ No
 a. Are any services performed by staff that are not licensed or board certified? ☐ Yes ☐ No
23. Do ALL employees providing services carry their own professional liability/medical malpractice insurance? ☐ Yes ☐ No
 a. If yes, what limits do they carry? \$_____ per claim/\$_____ aggregate
24. Do ALL contractors providing services carry their own professional liability/medical malpractice insurance? ☐ Yes ☐ No
 a. what limits do they carry? \$_____ per claim/\$_____ aggregate
25. Do you conduct pre-employment screening and investigation/background checks? ☐ Yes ☐ No
26. Do you conduct pre-employment drug/alcohol abuse screening? ☐ Yes ☐ No

27. Do you have written incident/occurrence reporting policies and procedures?

☐ Yes ☐ No

IV. LOSS EXPERIENCE

1. Please provide Loss Runs with a valuation date no greater than 45 days old for the last five years of your liability coverage. Attach additional details for all open claims and any closed claims with \$20,000 or more incurred.
2. Have you or any of your employees ever faced any limitations, suspensions, revocations, denials, or investigations by a licensing board or regulatory agency regarding the authority to prescribe and dispense narcotics? *If yes, attach an explanation.* ☐ Yes ☐ No
3. Have you or any of your employees ever faced charges or been found guilty of any offense, excluding minor traffic violations? *If yes, attach an explanation.* ☐ Yes ☐ No
4. Have you or any of your employees ever received a diagnosis or undergone treatment for alcoholism, drug addiction, chemical dependency, mental illness, or chronic physical illness? *If yes, attach an explanation.* ☐ Yes ☐ No
5. Do you have any liability losses or suits against you which occurred outside of coverage, or were otherwise not included in your provided Loss Runs? If yes, please complete the below table for these suits:

Date and Description of Incident	Date Suit Filed	Suit in litigation?	Amount Demanded	Amount Awarded
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		

6. In the last five years, has any insurance carrier canceled or non-renewed your liability coverage? *(This question is not applicable for applicants in the state of Missouri.)* ☐ Yes ☐ No
 - a. If yes, why? _____
7. Are you or any individual affiliated with your organization aware of any actual or alleged accident, incident, altercation, occurrence, offense, or other circumstance which may reasonably be assumed to possibly result in a suit or demand for damages being filed against you or filed against another party and involving your premises or operations? ☐ Yes ☐ No
8. Are you or any individual affiliated with your organization aware of any actual or alleged incident, altercation, occurrence, offense, or other circumstance which may reasonably be assumed to possibly result in an allegation of physical or sexual abuse or molestation? ☐ Yes ☐ No

V. ACKNOWLEDGEMENTS AND SIGNATURE

FRAUD WARNING

General Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in the following states, districts, and territories, the below notice supersedes the previous paragraph:

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Alaska	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
California	<i>For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.</i>
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia:	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky	Application: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. Claim: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Minnesota	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.
New Hampshire	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
New Jersey	Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
New York	General: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. Auto: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Pennsylvania	General: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a

	fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. Auto: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.
Rhode Island	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Virginia	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Washington	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant:

By signing below, I declare that to the best of my knowledge all answers provided herein and any attached or appended documents are true, that no material facts have been withheld or misstated, and that my answers are based on a reasonable inquiry or investigation.

I understand that I have a continuing obligation to notify Richmond National of any material changes in the answers to the questions on this application which may arise prior to the effective date of any policy issued pursuant to this application, and I understand that any outstanding quotations may be modified or withdrawn based upon such changes at Richmond National's sole discretion. I understand that all written statements and materials furnished to Richmond National in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

I understand that completion of this form does not bind coverage, and that I will need to accept Richmond National's quotation prior to binding coverage and policy issuance.

Applicant Signature: _____

Applicant Written Name and Title: _____

Date: _____

Agent/Broker:

1. If coverage is currently in place, does your office currently control this risk? ☐ Yes ☐ No
2. If this application is completed on behalf of an insured, are you personally familiar with the applicant's operations? *(Application will need to be verified and signed by the applicant prior to binding if a quote is offered.)* ☐ Yes ☐ No

Agent or Broker Signature: _____

Agent or Broker Written Name and Agency/Brokerage: _____

Date: _____