Applicant: **Email:**

iPhone Files/Preview: tap a Yes/No square and type X.

1. Applicant and Contact Information

Legal business name DBA

Physical address

City State ZIP

Mailing address (if different)

Primary contact Title

Phone Website/social media

FEIN Requested effective date

Entity type: ☐ LLC ☐ Corporation ☐ Sole proprietor ☐ Partnership

Date operations began Years in business Years of owner ex

2. Ownership, Licensing and Medical Oversight

Owner/Member name Ownership %

Professional title License number State licensed

Years licensed Board certification/specialty

Is a medical director, collaborating physician, or supervising physician required or used? ☐ Yes ☐ No

If yes, explain:

Medical director name License number

Written agreement effective date Agreement reviewed by counsel?

Has any owner or provider ever had a license restricted, suspended, investigated, or disciplined? ☐ Yes ☐ No

If yes, explain:

OPERATIONS AND REVENUE

Complete all fields. Estimates are acceptable for a new venture.

MAD MAKING A DIFFERENCE INSURANCE

3. Business Operations

Describe the full scope of the med spa operations, target clientele, and any services not listed elsewhere:

Days open per week

Hours of operation

Projected patients/week

Projected annual gross revenue

Retail product sales revenue

Average patient charge

Highest single treatment charge

Square footage occupied

Number of treatment rooms

Will any services be performed away from the insured premises, including mobile, home, hotel, event, or pop-up services? ☐ Yes ☐ No

If yes, explain:

Will the business rent space, treatment rooms, or equipment to other practitioners? ☐ Yes ☐ No

If yes, explain:

Will any services be provided to minors? ☐ Yes ☐ No

If yes, explain:

Will alcoholic beverages be served or sold? ☐ Yes ☐ No

If yes, explain:

Will retail products be private label, compounded, imported, or manufactured for the applicant? ☐ Yes ☐ No

If yes, explain:

4. Staffing and Provider Schedule

List every individual who will provide, assist with, or supervise services. Attach a separate roster if needed.

Name	Title/License	FT/PT/1099	Years exp.	Services	Own PL?

Are all independent contractors required to maintain their own professional liability coverage and provide certificates? ☐ Yes ☐ No

PROCEDURES AND SERVICES SCHEDULE

Check each service performed and enter projected percentage of annual gross revenue. Total should equal 100%.

5. Aesthetic, Medical and Wellness Services

Service	% Revenue	# Annual
☐ Neurotoxins (Botox/Dysport/Xeomin)		
☐ Dermal fillers		
☐ Biostimulators (Sculptra/Radiesse)		
☐ Microneedling		
☐ RF microneedling		
☐ Chemical peels		
☐ Facials/Hydrafacial		
☐ Microdermabrasion		
☐ Dermaplaning		
☐ PRP/PRF injections		
☐ Hair restoration		
☐ PDO/thread lifts		
☐ Laser hair removal		
☐ IPL/BBL photofacial		
☐ Laser skin resurfacing		
☐ Tattoo removal		
☐ Body contouring		
☐ Skin tightening		
☐ IV hydration		
☐ IM injections		
☐ Vitamin injections		
☐ Weight-loss management		
☐ GLP-1 medications		
☐ Hormone replacement therapy		
☐ Medical-grade skincare sales		
☐ Teeth whitening		
☐ Other		

Total projected revenue % _____ Other service description _____

6. Professional Liability Underwriting

Are written patient intake forms and medical histories completed before treatment? ☐ Yes ☐ No

Are written informed-consent forms specific to each procedure used and retained? ☐ Yes ☐ No

Are before-and-after photographs maintained with patient consent? ☐ Yes ☐ No

Are treatment records maintained in a secure electronic medical record system? ☐ Yes ☐ No

Are pre-treatment contraindications and medication interactions screened? ☐ Yes ☐ No

Are post-treatment instructions and emergency contact information provided? ☐ Yes ☐ No

Are written protocols in place for adverse reactions, anaphylaxis, vascular occlusion, burns, and infection? ☐ Yes ☐ No

Are emergency medications and supplies available, including epinephrine and hyaluronidase where applicable? ☐ Yes ☐ No

Is CPR/BLS certification current for all clinical providers? ☐ Yes ☐ No

Are all injectables, medications, and devices obtained from authorized U.S. sources? ☐ Yes ☐ No

Are any treatments performed under general anesthesia, deep sedation, or conscious sedation? ☐ Yes ☐ No

If yes, explain:

Are any surgical, invasive, or incision-based procedures performed? ☐ Yes ☐ No

If yes, explain:

Are any compounded medications prescribed, administered, or dispensed? ☐ Yes ☐ No

If yes, explain:

Are any controlled substances prescribed or dispensed? ☐ Yes ☐ No

If yes, explain:

Are telemedicine consultations or prescriptions provided? ☐ Yes ☐ No

If yes, explain:

Are services provided under standing orders, protocols, or delegated authority? ☐ Yes ☐ No

If yes, explain:

Has any patient complaint, demand, board inquiry, incident, or circumstance occurred that could lead to a claim? ☐ Yes ☐ No

If yes, explain:

7. Injectable, Laser and Device Controls

Are injectables stored and handled according to manufacturer requirements? ☐ Yes ☐ No

Are lot numbers, expiration dates, injection sites, and quantities documented in each patient record? ☐ Yes ☐ No

Do all providers receive documented manufacturer or formal training for each injectable, laser, and device used? ☐ Yes ☐ No

Are written eyewash, evacuation, and laser safety protocols used where applicable? ☐ Yes ☐ No

Additional details or corrective actions:

8. Premises and General Liability

Premises status | Landlord name

Annual rent | Lease term expiration | Occupancy date

Does the lease require the landlord/property manager to be named as an additional insured? ☐ Yes ☐ No

If yes, explain:

Are certificates of insurance required from all vendors, contractors, and practitioners? ☐ Yes ☐ No

Are there any wet areas, showers, saunas, steam rooms, pools, or hot tubs? ☐ Yes ☐ No

Are there any trip hazards, raised platforms, stairs, dim lighting, or loose rugs in treatment/client areas? ☐ Yes ☐ No

Are candles, open flames, oxygen, compressed gases, or flammable chemicals used or stored? ☐ Yes ☐ No

Are food, beverages, supplements, or nutraceuticals sold or served? ☐ Yes ☐ No

Are private-label or proprietary products sold? ☐ Yes ☐ No

Will the applicant host classes, parties, demonstrations, promotional events, or off-site events? ☐ Yes ☐ No

Will signage, advertising, social media, testimonials, or influencer marketing make medical or guaranteed-result claims? ☐ Yes ☐ No

Will the applicant collect deposits, memberships, subscription fees, gift cards, or prepaid treatment packages? ☐ Yes ☐ No

9. General Liability Limits Requested

Requested limits: ☐ $1M per occurrence / $2M aggregate ☐ Other

Additional insureds / waiver of subrogation / primary and noncontributory wording required by contract:

10. Location and Building Information

Year built | Construction type | Number of stories

Roof type | Roof age | Last roof update

Electrical update year | Plumbing update year | HVAC update year

Protection: ☐ Central-station burglar alarm ☐ Central-station fire alarm ☐ Sprinklered

Is the premises located in a shopping center, mixed-use building, or shared professional suite? ☐ Yes ☐ No

Any prior water intrusion, mold, roof leaks, flooding, or unrepaired damage at the premises? ☐ Yes ☐ No

11. Property Values - Replacement Cost

Tenant improvements and betterments	$
Furniture, fixtures, and office equipment	$
Medical and aesthetic equipment	$
Computers, electronics, and phone systems	$
Inventory, supplies, injectables, and retail products	$
Exterior signs and awnings	$
Property of others in applicant care/custody/control	$
Total business personal property limit requested	$

12. Equipment and High-Value Property Schedule

Manufacturer / Model	Description	Year	Serial #	Value

13. Plate Glass

Does the suite have exterior storefront glass, interior glass walls, mirrors, glass doors, or specialty glass? ☐ Yes ☐ No

Approx. number of panes	Largest pane dimensions	Estimated replacement value

Describe glass locations and any landlord-required glass coverage:

14. Business Income Worksheet

Projected annual gross revenue

Projected annual net income

Average monthly gross revenue

Average monthly operating expenses

Monthly payroll included in loss calculation

Monthly rent

Monthly debt/lease payments on equipment

Other continuing expenses

Seasonal peak months

Peak-month revenue

15. Recovery and Dependency Information

Estimated time to reopen after major fire/water loss

Desired indemnity period

Could operations temporarily relocate to another office or shared clinical location? ☐ Yes ☐ No

Would loss of a key provider or medical director stop or materially reduce operations? ☐ Yes ☐ No

Is the business dependent on a specific utility, landlord service, supplier, pharmacy, device manufacturer, or software vendor? ☐ Yes ☐ No

Would a covered loss at a neighboring tenant prevent access to the premises? ☐ Yes ☐ No

Are any revenues generated from prepaid packages, memberships, subscriptions, or recurring plans? ☐ Yes ☐ No

Describe the minimum extra expenses needed to continue operations (temporary space, rental equipment, expedited shipping, advertising, records recovery,

16. Limits Requested

Business income limit requested:

Period of restoration:

Extra expense limit requested:

17. Current and Prior Insurance

Current carrier - GL/Property

Policy expiration

Current carrier - Professional Liability

Policy expiration

Current annual premium

Current deductible/SIR

Reason for s

Has any insurer declined, cancelled, non-renewed, or restricted coverage for this applicant or any provider? ☐ Yes ☐ No

Is any requested coverage currently uninsured or has there been a lapse in coverage? ☐ Yes ☐ No

18. Claims, Incidents and Loss History - Past 5 Years

Any professional liability claims, patient demands, refunds due to injury, board complaints, or adverse treatment events? ☐ Yes ☐ No

Any general liability, slip/fall, product, property damage, fire, theft, water, glass, or business income losses? ☐ Yes ☐ No

Loss details (date, claimant, allegation/cause, amount paid/reserved, corrective action):

19. Requested Coverage Summary

- ☐ Commercial Property - Special Causes of Loss / Replacement Cost
- ☐ Commercial General Liability - $1,000,000 per occurrence minimum
- ☐ Medical Professional Liability / Malpractice
- ☐ Business Income and Extra Expense
- ☐ Plate Glass

20. Applicant Certification and Signature

The applicant represents that the information provided is true, complete, and accurate to the best of the applicant's knowledge. The applicant understands that this questionnaire does not bind coverage and that coverage is subject to carrier underwriting, terms, conditions, exclusions, and receipt of premium.

Applicant name

Title

Signature

Date

Agent name

Agency

Agent phone/email