



QUICK QUOTE FORM - MEDI-SPA PROGRAM

- 1.1 Applicant/Business Name: _____ Phone: _____
 Email: _____ Business located in what state? _____
 Business Address: _____ Square Feet? _____
- 1.2 How many locations do you work out of? _____ How many landlords need proof of ins? _____
 Note we offer coverage only in professional offices/medi-spas, medical facilities or salons
- 1.3 Your contact information: _____ How to send quote? _____

SCHEDULE OF SERVICES

Indicate which services you wish us to insure & those operators who do the service

LED's/MICROCURRENT (no hair removal being done) NUMBER PERFORMING SERVICE _____

LASER / IPL HAIR REMOVAL

NAME OF NON-DOCTORS TO BE INSURED: _____

NAME OF DOCTOR LASER OPERATOR(S) TO BE INSURED? _____

LASER/IPL PROFESSIONAL (hair removal, rosacea, age/sun spots, non-ablative wrinkle, veins, cellulite, acne, photo-facials)

NAME OF NON-DOCTORS TO BE INSURED: _____

LASER/IPL TATTOO REMOVAL: _____

NAME OF DOCTOR LASER OPERATOR(S) TO BE INSURED? _____

NAME OF DOCTOR/LASER SUPERVISOR TO BE INSURED? _____

BOTOX/ DERMAL FILLERS: NAME & DEGREE WHO IS TO BE INSURED: _____

MESOTHERAPY/LIPODISSOLVE: NAME & DEGREE WHO IS TO BE INSURED: _____

SCLEROTHERAPY: NAME & DEGREE WHO IS TO BE INSURED: _____

DOCTOR SUPERVISOR ALL SPA SERVICES TO BE INSURED? YES/NO? _____

LED TEETH WHITENING? Yes/No NUMBER TO BE INSURED: _____

FACIALS/AESTHETIC LEVEL YES/NO NUMBER PERFORMING SERVICE _____

Are all the facialists doing wax removal as well? _____

FACIALS/MEDICAL LEVEL YES/NO NUMBER PERFORMING SERVICE _____

MICRODERMABRASION YES/NO NUMBER PERFORMING SERVICE _____

ELECTROLOGY YES/NO NUMBER PERFORMING SERVICE _____

PERMANENT MAKEUP YES/NO NUMBER PERFORMING SERVICE _____

OTHER: List services & number of people doing each _____

Limit to be quoted? \$100,000 \$300,000 \$500,000 \$1,000,000 Higher aggregate? Y/N \$2 ml or \$3 ml Property Coverage?

Business Personal Property: _____ Loss of Income: _____ Sign: _____ Glass at \$2,500 Y / N?