Apogee Insurance Group
1190 Devon Park Drive, Wayne, PA 19087
Tel: 877.337.3200 - Fax: 610.337.2337
www.apogeeinsgroup.com - info@apogeeinsgroup.com

Allied Healthcare Professional Liability and General Liability:

DAY SPA SERVICES/MASSAGE THERAPIST SUPPLEMENTAL APPLICATION

1. Name of applicant: _____
2. If massage therapy is performed, is the therapist or other staff currently certified in Cardio-Pulmonary Resuscitation (CPR)? ❑ N/A ❑ Yes ❑ No
3. Does any person for whom coverage is sought, conduct blood analysis or stress testing now or expect to in next 12 months? ❑ Yes ❑ No
4. 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

5.. 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

____ Ablative laser resurfacing
____ Botox/restylane/filler injections
____ Dental spa services
____ Dermal fillers
____ Ear/body piercing
____ Electrolysis
____ Fraxel/laser removal of wrinkles, scars, age spots/tattoo removal
____ Infared body wraps
____ Insertion of permanent makeup/pigment in or under the skin
____ Laser and intense pulsed light procedures
____ Laser skin rejuvenation
____ Medical peels
____ Medical spa services
____ Microdermabrasions/chemical peels
____ Other surgical procedures
____ Oxygen bar
____ Photo-facials
____ Tanning services
____ Thermage

6. Percentage of services provided to minors: _____%
7. Percentage of services provided in the following specialties:
   Cardiopulmonary/cardio related conditions _____%
   Pregnancy massage _____%
   Neurological conditions _____%

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 _____