apogee insurance group
A Berkshire Hathaway Company

Apogee Insurance Group
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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 ______________________________

This document does not amend, extend or alter the coverage afforded by the policy. For a complete understanding of any insurance you purchase, you must first read your policy, declaration page and any endorsements and discuss them with your broker. A specimen policy is available from an agent of the company. Your actual policy conditions may be amended by endorsement or affected by state laws.