Submission #

Massage Studio Application

(A Copy of this Page is Required for Each Additional Location)

Location # _____ Annual Revenue: _____ Sq Feet: _____

Location Address: _____

Number of Massage Therapists: Fulltime _____ Part Time: _____

Number of Massage Beds: _____

Additional insureds are automatically included if required by contract. Only complete the below section if a the additional insured is required to be named.

Name: _____ ☐ Additional Insured ☐ Loss Payee ☐ Both

Address: _____

Insured Type: ☐ Designated Person ☐ Franchiser ☐ Leaser of Equipment ☐ Landlord

Name: _____ ☐ Additional Insured ☐ Loss Payee ☐ Both

Address: _____

Insured Type: ☐ Designated Person ☐ Franchiser ☐ Leaser of Equipment ☐ Landlord

RISK ASSESSMENT - Provide details to any "Yes" answers

	YES	NO
1. Do you have a formal safety program?	☐	☐
2. Any policy or coverage declined, cancelled or non-renewed during the prior 3 years? N/A in Missouri.	☐	☐
3. Have any crimes occurred or been attempted on your premises within the last 3 years?	☐	☐
4. Have you had any bankruptcies?	☐	☐
5. Does the insured offer any other services other than massage? If so, describe.		

RISK MANAGEMENT

	YES	NO
1. Are all massage therapists licensed in states where required?	☐	☐
2. Do any massage therapists hold national certification?	☐	☐
3. Do you use customer history cards? If so, a copy needs to be attached.	☐	☐
4. When servicing clients with serious health problems, do you obtain a release from their physician prior to performing a massage?	☐	☐
5. Do you perform massages on pregnant women?		
If so, do you require a doctor's release?		
6. Do you use parental consent forms for minors?		
7. Are employees required to obtain a signed form prior to use of equipment by minors?		
8. Do you manufacture, blend or formulate your own products? (lotions, etc)		
****If yes, there is no coverage - you must provide proof of other insurance coverage for your product manufacturing****		
9. Any products sold under the insured's name?		
****If yes, there is no coverage - you must provide proof of other insurance coverage for your product manufacturing****		
10. Was your expiring coverage written on a claims made basis?		
11. Do you do hot stone massage?		
12. Do you use independent contractors? If yes, do you require a copy of the independent contractor's insurance? What limits are required?		