

- 1.1 Business Name: _____
- 1.2 Phone: (____) ____ - ____ Fax (____) ____ - ____ Email: _____
- 1.3 Your name: _____ How to send quote? Fax Email
- 1.4 Location Information: How many locations do you work out of? _____ Square Feet? _____
 Address: _____ City: _____ State _____ Zip _____
- 1.5 How many landlords need proof of ins? _____
 Note we offer coverage only in professional offices/medi-spas, medical facilities or salons

SCHEDULE OF SERVICES – Only Complete Services You Want Coverage For

LASER / IPL HAIR REMOVAL

Name of Non Doctors

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Name of Doctor Operators

1. _____

2. _____

3. _____

LASER/IPL PROFESSIONAL (hair removal, rosacea, age/sun spots, wrinkle reduction, veins, cellulite, acne, photo facials
 Include Tattoo Removal? Yes No

Name of Non Doctors

1. _____

2. _____

3. _____

4. _____

Name of Doctor Operators

1. _____

2. _____

3. _____

BOTOX/ DERMAL FILLERS:

Name & Degree of Technician

1. _____

2. _____

3. _____

MESOTHERAPY/LIPODISSOLVE

Name & Degree of Technician

1. _____

2. _____

3. _____

SCLEROTHERAPY

Name & Degree of Technician

1. _____

2. _____

3. _____

MEDICAL GRADE PEELS

Name of Technician

1. _____

2. _____

3. _____

AESTHETIC FACIALS, PEELS

Include Microdermabrasion? Yes No
 Include Wax Removal? Yes No

1. _____

2. _____

3. _____

LASER LIPOLYSIS (List Name & Degree)

1. _____

2. _____

PERMANENT MAKEUP

1. _____

2. _____

DOCTOR SUPERVISOR TO BE INSURED? YES NO? _____

LEDs/Microcurrent (no hair removal)
 Number Performing Service _____
LED TEETH WHITENING
 Number of Units _____

OTHER: List Services & name of technicians: _____

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