



SpaCoverPlus

Insurance packages tailored specifically to the needs of the Spa Industry



FAST FAX QUOTE REQUEST FORM

EBM's comprehensive range of insurance services include:

- Broad Treatment Risk Liability Insurance
- Products & Public Liability Insurance
- Insurance for your plant and equipment
- Business Interruption
- Motor and Personal Insurances
- No obligation audit of your existing insurance arrangements

Complete the following and fax to 1300 365 822 to obtain an indicative quotation.

The Name of the Business	
Postal Address	State: Post Code:
Contact Person	
Contact Numbers	Phone No. Mobile () Phone No. Business ()
Expiry Date	: /

(a) Are you a member of ASpa	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Claims History (in the past 5 years) If you answered YES , please supply full details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) Estimated turnover for the next 12 months	\$

Do you wish to insure your Gross Income ? If so, please let us know so we can assist you in calculating this sum insured.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Value of Contents/Stock and Equipment (Replacement Value)	\$
Liability Limit	<input type="checkbox"/> \$10,000,000 or <input type="checkbox"/> \$20,000,000
Burglary Limit	\$
Money Limit	\$
Glass	Yes <input type="checkbox"/> No <input type="checkbox"/>

Types of Treatments Provided:		Types of Treatments Provided:	
Spa Treatments	Yes <input type="checkbox"/> No <input type="checkbox"/>	Reiki	Yes <input type="checkbox"/> No <input type="checkbox"/>
Massage	Yes <input type="checkbox"/> No <input type="checkbox"/>	Caci	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mud Treatments	Yes <input type="checkbox"/> No <input type="checkbox"/>	Electrolysis	Yes <input type="checkbox"/> No <input type="checkbox"/>
Body Wrapping	Yes <input type="checkbox"/> No <input type="checkbox"/>	Lash Tinting & Eyebrow Shaping	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ear Piercing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Manicure/ Pedicure/ Nail Extensions	Yes <input type="checkbox"/> No <input type="checkbox"/>
Spray Tanning	Yes <input type="checkbox"/> No <input type="checkbox"/>	Skin Analysis	Yes <input type="checkbox"/> No <input type="checkbox"/>
Epilation (Non Laser)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Floatation Tank	Yes <input type="checkbox"/> No <input type="checkbox"/>
Podiatry (Non Surgical)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Lymphatic Drainage (Massage)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Exfoliation Treatments	Yes <input type="checkbox"/> No <input type="checkbox"/>	Make up / Facials	Yes <input type="checkbox"/> No <input type="checkbox"/>
Waxing/Sugaring	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hairdressing	Yes <input type="checkbox"/> No <input type="checkbox"/>
Skin Photo Rejuvenation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hair removal Laser - IPL Treatment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Saunas	Yes <input type="checkbox"/> No <input type="checkbox"/>	Steam Treatment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Epidermabrasion	Yes <input type="checkbox"/> No <input type="checkbox"/>	Acid Peels and Microdermabrasion	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hair Removal Laser - IPL Treatment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hot Stones	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (Please specify eg: Solarium, Naturopathy, Aromatherapy, Reflexology)			

If you answered YES to IPL treatments, please complete the below

Percentage of Turnover relating to IPL/Laser Treatment:	%
Source of IPL machine(s)? If manufactured in China, is it designed and manufactured in accordance with strict European or American parent company requirements?	
Clarify compliance practices with regard to relevant legislation for treatment provided.	
Have you completed an accredited laser & waxing course?	
Have you completed the applicable treatment practitioner's qualifications required to operate IPL machinery?	
Please advise experience and confirm measures taken to avoid exposing unacceptable people or body areas to bodily injury/skin damage?	

By purchasing your insurance through EBM Insurance Brokers you are actively supporting ASpa, the industry's peak organisation. ASpa receive a royalty from EBM which assists the association in funding services they provide to members.