



# LASER HAIR REMOVAL QUESTIONNAIRE FOR MALPRACTICE INSURANCE

**PLEASE ANSWER ALL QUESTIONS  
IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS**

1. Applicant: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Laser Machine Manufacturer: \_\_\_\_\_

Model Name and Reference: \_\_\_\_\_

4. Person(s) operating the laser machine:

Name	Training for the above laser machine	Experience with the above machine	Other laser hair removal experience	Claims involving laser hair removal

5. Annual Revenue: \$ \_\_\_\_\_ (indicate if anticipated)

6. When did you begin to use/do you anticipate using the above machine? \_\_\_\_\_

7. Indicate any past claims involving laser hair removal, or any circumstances which might lead to such a claim:  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.**

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

**For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.**

\_\_\_\_\_  
Signature of Applicant (authorized representative)

\_\_\_\_\_  
Date

SUBMITTED BY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**For contact information visit:  
[www.markelinternational.ca](http://www.markelinternational.ca)**