



Allied Healthcare Professional Package Product

DAY SPA SERVICES/MASSAGE THERAPIST SUPPLEMENTAL APPLICATION

- 1. Name of applicant:
2. Please list all services the applicant currently provides or intends to provide over the next 12 months:
3. 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
4. Does the applicant provide chemical peel services?
5. Percentage of services provided to minors:
6. Percentage of services involving pregnancy massage
7. Does the applicant provide tanning services?
8. Does the applicant have waterless massage machine(s)?
9. Does the applicant have saltwater flotation chamber(s)?

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

Agent's signature:
(Required in New Hampshire)