

Named insured : _____

Submission Date : _____

SECTION VIII – SPA & MEDICAL SERVICES: (IF DOES NOT APPLY SKIP TO NEXT SECTION)		NOT APPLICABLE: <input type="checkbox"/>
Do you offer any of the spa and/or medical services listed below?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please check the services offered:		
<input type="checkbox"/> Laser skin enhancement therapy	<input type="checkbox"/> Laser hair removal	<input type="checkbox"/> Botox treatments
<input type="checkbox"/> Plastic surgery procedures	<input type="checkbox"/> Microdermabrasion	<input type="checkbox"/> Chemical peels
<input type="checkbox"/> Hair replacement procedures	<input type="checkbox"/> Intense pulsed light therapy	<input type="checkbox"/> Face lifting
<input type="checkbox"/> Removal of warts or other growths etc.	<input type="checkbox"/> Weight Loss Injection	<input type="checkbox"/> Other _____
Do you offer any additional procedures or processes designed to remove layers of skin (other than enzyme exfoliation)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain: _____		
Do you manufacture or custom mix any of your own products?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain: _____		