HUB Medical Spa — New Business Intake Form

Specialty Programs
Medical Spa Insurance

Please complete this form so we can begin quoting your medical spa. All information is kept strictly confidential.
Questions? Contact **Alexander.Ehioba@hubinternational.com**

SECTION 1 — CONTACT INFORMATION

First Name | Last Name | Title / Role

Phone Number | Email Address

Preferred Method of Contact | Best Time to Reach You

SECTION 2 — BUSINESS INFORMATION

Legal Business Name | DBA / Trade Name (if different)

Business Address | City | State | ZIP

Year Established | # of Locations | Gross Annual Revenue (est.) | # of Employees

SECTION 3 — CURRENT INSURANCE & PREMIUM SPEND

Does the business currently carry insurance coverage? ☐ Yes ☐ No

Current coverage in place (check all that apply):

☐ General Liability ☐ Prof. Liability / Malpractice ☐ BOP ☐ Workers' Comp
☐ Cyber Liability ☐ Umbrella / Excess ☐ Commercial Auto ☐ Other

Total Annual Premium Spend (all lines) | Reason for Seeking New Coverage

Has any coverage been cancelled or non-renewed in the past 3 years? ☐ Yes ☐ No

Has the business had any insurance claims in the past 3 years? ☐ Yes ☐ No

SECTION 4 — ADDITIONAL NOTES

Please share anything else that would help us find the right coverage *(e.g., upcoming expansion, new services, unique risks):*