

- 1. Do you sterilize equipment?  YES  NO
- 2. Does all staff wear sterilized gloves when performing services?  YES  NO
- 3. Do you collect and discuss the client's health information?  YES  NO
- 4. How long to you keep clients' health information on file? \_\_\_\_\_ years
- 5. Have you ever had a claim made against you?  YES  NO

If so, please advise: \_\_\_\_\_

Insured Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Broker Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Broker Email: \_\_\_\_\_

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