

ACORDTM BUSINESS OWNERS APPLICATION

DATE

PRODUCER	PHONE (A/C, No, Ext):	COMPANY		NAIC CODE
	FAX (A/C, No):	COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE: BLANKET RATE YES NO
CODE:	SUB CODE:	NEW RNWL	EFFECTIVE DATE	EXPIRATION DATE
AGENCY CUSTOMER ID		DIRECT BILL	PAYMENT PLAN	
		AGENCY BILL		
		QUOTE	ISSUE POLICY	POLICY TYPE
		BOUND (DATE):	STD	SPEC
			OTHER	DEPOSIT
				\$

APPLICANT INFORMATION

NAME (First Named Insured)	INDIVIDUAL	LIMITED CORPORATION	GL CODE	SIC	FEDERAL ID #
	PARTNERSHIP	JOINT VENTURE			
	CORPORATION	OTHER			
MAILING ADDRESS (INCLUDING ZIP+4)	CONTACT FOR INSPECTION		PHONE (A/C, No, Ext):		
	CREDIT BUREAU NAME		ID NUMBER		

NATURE OF BUSINESS

OFFICE	RETAIL	APARTMENTS	RESTAURANT	YRS IN BUS
SERVICE	WHOLESALE	CONDOMINIUMS	CONTRACTOR	
DESCRIPTION OF OPERATIONS/ OCCUPANCY				

GENERAL INFORMATION

PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO	PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)			10. ARE YOU INVOLVED IN MANUFACTURING, MIXING, RELABELING OR REPACKAGING OF PRODUCTS?		
2. ARE ATHLETIC TEAMS SPONSORED?			11. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?		
3. ARE CERTIFICATES OF INSURANCE REQUIRED FROM SUB CONTRACTORS? IF SO, WHO CHECKS THEM?			12. FOR RETAIL STORES, DOES INSTALLATION, SERVICE OR REPAIR WORK ACCOUNT FOR MORE THAN 15% OF RECEIPTS?		
4. DURING THE LAST FIVE YEARS, (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).			13. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? NOT APPLICABLE IN MO			DESC ANY LOCATION/BUSINESS INTEREST OWNED/OPERATED BY INSURED BUT NOT LISTED		
6. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?					
7. ANY WORKERS COMPENSATION CARRIED?					
8. DO YOU OWN OR OPERATE ANY OTHER BUSINESS?					
9. ANY OTHER INSURANCE WITH THIS COMPANY? (LIST POLICY NUMBERS)					

PRIOR POLICY(IES)/LOSS HISTORY

See attached loss summary

PREVIOUS CARRIER	POLICY NUMBER	TOTAL PREMIUM	EXP DATE	# LOSSES LAST ___ YRS	TOTAL LOSSES
					\$
DESCRIPTION OF LOSSES, WHETHER OR NOT INSURED (Date, cause, amt paid, claim status)					

ADDITIONAL INTEREST

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					PREMISES: BUILDING:
LOSS PAYEE					VEHICLE: BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:
LIENHOLDER					OTHER
EMPLOYEE AS LESSOR					
ITEM DESCRIPTION:					

REMARKS

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PREMISES

ADDRESS (Street, City, State)		PREM #:	BLDG #:	<input type="checkbox"/> CHECK IF PRIMARY PREMISES	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	AREA OCCUPIED PERCENTAGE	SURROUNDING EXPOSURES & OTHER OCCUPANCIES				
					YEAR BUILT	SQUARE FEET					
COUNTY:		ZIP:		PROT CLASS	RATE TERR	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT/CODE NUMBER	ANY AREA LEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO	INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
# OF EMPLOYEES		HOURS OF OPERATION			ANNUAL SALES/RECEIPTS			TOTAL PAYROLL			
					\$			\$			
YRS IN BUS	CLASS CODE	RATE #	RATE GROUP								

PROPERTY

BLDG	LIMIT \$	% COINS	VALUATION:	RC	ACV	INFL %	DEDUCTIBLE \$	CONSTRUCTION TYPE				TOT SQ FT AREA	
PERS PROP	LIMIT \$	% COINS	VALUATION:	RC	ACV	(N/A)	DEDUCTIBLE \$	# STORIES	% SPRNK	BASEMENT PRESENT?		YES	NO
				FVRC						IS IT FINISHED?		YES	NO
BUILDING IMPROVEMENTS	WIRING YEAR	ROOFING YEAR	PLUMBING YEAR	HEATING YEAR	ROOF TYPE	BLDG CODE GRADE	INSPECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	COMM SPEC	TAX CODE	WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER			

LIABILITY (Choose the limit options compatible with the program you are requesting)

COMBINED SINGLE LIMIT \$	PROFESSIONAL LIABILITY \$	HIRED AUTO \$			
BODILY INJURY OCCURRENCE \$	LIQUOR LIABILITY	NON-OWNED AUTO \$			
DAMAGE AGGREGATE \$	GEN. AGGREGATE \$	EMPLOYEE BENEFITS \$			
MEDICAL EXPENSE (PER PERSON) \$	PER PERSON \$	\$			
DAMAGE TO RENTAL PREMISES \$	OTHER \$	\$			
DEDUCTIBLE \$	% APPLICABLE TO:				
CLASSIFICATION	CLASS CODE	AMOUNT	PREMIUM BASIS	CODE	(S) gross sales - per \$1,000/sales (P) payroll - per \$1,000/pay (A) area - per 1,000/sq ft (C) total cost - per \$1,000/cost (M) admissions - per 1,000/adm (U) unit - per unit (T) other
		\$			
		\$			
		\$			

ADDITIONAL COVERAGES - Total Amount of Coverage Desired

COVERAGE	TOTAL AMOUNT	DED	END #s	COVERAGE	TOTAL AMOUNT	DED	END #s	COVERAGE	TOTAL AMOUNT	DED	END #s
EXTRA EXP	\$	\$		MONEY & SEC - INSIDE	\$	\$		B & M BASIC	\$	\$	
LOSS OF INC VAL PAPERS ACCNTS REC	\$	\$		MONEY & SEC OUTSIDE	\$	\$		B & M BROAD	\$	\$	
SIGN	\$	\$		SPOILAGE	\$	\$		B & M SPOILAGE	\$	\$	
EMPL DISHON BRG/ROB STK BRG/ROB MNY	\$	\$		COMPUTERS	\$	\$			\$	\$	
GLASS				ORD OR LAW	\$	\$			\$	\$	
				ERISA	\$	\$			\$	\$	
				FLOOD	\$	\$			\$	\$	
				EARTHQUAKE	\$	\$			\$	\$	
	LOCATION IN BUILDING	# PANES	AREA SQ FT	LENGTH LINEAR FT	GLASS TYPE	INTERIOR	TENANTS EXT	VALUE	DED		
	GROUND FLOOR GLASS							\$	\$		
	ABOVE GROUND FLOOR GLASS							\$	\$		

MECHANICAL EQUIPMENT

	YES	NO		YES	NO
1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER? (IF YES, INDICATE DATE OF LAST INSPECTION)			3. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE.		
2. CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE:			4. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED?		

SWIMMING POOL

1. IS THERE A SWIMMING POOL ON THE PREMISES? (IF YES, FENCED, LIMITED ACCESS, DIVING BOARD OR SLIDE, LIFE GUARD?)	YES	NO
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REMARKS

SPECIALTY PROGRAMS

APARTMENTS AND CONDOMINIUMS				YES	NO	RESTAURANTS	
1. IS THERE A PLAYGROUND ON PREMISES?						(ATTACH ACORD 185 FOR EACH LOCATION)	
2. IS ALUMINUM WIRE USED? (IF YES, DESCRIBE PROTECTION)						CONTRACTORS	
3. # UNITS PER BUILDING OR FIRE DIVISION: # OWNER OCCUPIED:						(ATTACH ACORD 186 FOR EACH LOCATION)	
4. INDICATE WHERE COVERAGE APPLIES TO:		BARE WALLS	FINISHED WALLS	PROFESSIONAL LIABILITY			
5. SMOKE DETECTORS:		NONE	BATTERY	WIRED	(ATTACH ACORD 187 FOR BARBER AND BEAUTY SHOPS, FUNERAL HOMES, OPTICAL AND HEARING AID ESTABLISHMENTS, PRINTERS OR VETERINARIANS)		
6. ATTACH COPY OF CONDO ASSOCIATION BYLAWS IF D&O COVERAGE IS REQUESTED.							
7. IS DEVELOPER OR CONTRACTOR A BOARD MEMBER?							
8. IS A PROPERTY MANAGER EMPLOYED?							

CRIME

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION			SAFE/VAULT/RECEPTACLE MANUFACTURER'S NAME	LABEL
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG		<input type="checkbox"/> SAFE/VAULT	<input type="checkbox"/> PREMISES ALARM			<input type="checkbox"/> UL
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CNTRL STAT W/ KEYS		<input type="checkbox"/> PARTIAL	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> SMNA
<input type="checkbox"/> SAFE/VAULT	<input type="checkbox"/> CNTRL STAT W/O KEYS		<input type="checkbox"/> COMPLETE				CLASS
<input type="checkbox"/>	<input type="checkbox"/> POLICE CONNECT	CERT #:	EXP DATE:				
MAXIMUM CASH ON PREMISES	MAXIMUM CASH WITH MESSENGER	MONEY ON PREMISES OVERNIGHT	FREQUENCY OF DEPOSITS	DEADBOLT CYLINDER DOOR LOCKS?		SAFE DOOR CONSTRUCTION	
\$	\$	\$		<input type="checkbox"/> YES	<input type="checkbox"/> NO		

OTHER PROTECTION
(Lighting, fences, watchpersons, etc)

REMARKS

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT; IN DC, LA, ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE
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BEAUTY, BARBER AND BODY PROGRAM QUESTIONNAIRE

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: _____

Do all professionals, and the business, have current licenses where required by statute? Yes No

If the business maintains a web site, state the address: _____

Employee Summary

NOTE: Full-time operators work 20 hours or more per week; part time is less than 20 hours per week. Use the highest classification applicable.

Employee's Name	Independent Contractor's Name	Owner /Operator	Beautician/Barber, Nail Technician or Aesthetician		Electrologist		Massage Therapists	
		Yes/No	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time

PROHIBITED CIRCUMSTANCES

If any of the questions in this section are answered "YES", that aspect of the business is not eligible for coverage.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Is your business 100% mobile? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is your business located in a mobile home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you use galvanic current machines? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you perform myontology (use of electrical current to improve skin & muscle tone)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you perform laser hair removal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you perform permanent make-up application (tattoo)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Do you perform any cellulite reduction (i.e. endermologie)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Do you give weight loss advice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Do you provide services based upon medical referrals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Do you perform colonics (colon hydrotherapy)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Do you perform ear candling? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Do you have more than ten (10) sun tan beds per location? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Do you have more the forty (40) sun tan beds total? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Do you belong to or are part of a regional or national franchise? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Do you operate a self-service tanning salon (no attendant on duty)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Do you perform air brush tanning (one individual spraying another individual)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Do you perform ear stapling? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Do you perform reflexology? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. Do you perform herbology? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Do you perform any injectable treatments (Botox, etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

GENERAL INFORMATION

1. How many years have you been in business? _____
2. Do you employ students? Yes No
3. Is a 24-hour predisposition test given to patrons whose hair has never been chemically treated (tinted, dyed, permed, etc.)? Yes No
4. Do you engage in any off-site activities? If yes, describe below: Yes No

5. Do you manufacture, repackage or re-label any products? Yes No
6. Are premises equipped with hot tubs, saunas or steam baths? Yes No
7. Do you engage in health and exercise activities (including body wrapping)? Yes No
 If yes, is operation less than 20% of total sales? If yes, describe below: Yes No

8. Do you rent to independent contractors/booth renters? Yes No
 - a. If yes, the number of full and part-time operators that rent from you: _____
 - b. Please provide name, occupation and liability carrier: _____
9. Are you an independent contractor? Yes No
10. Describe any services or treatments rendered in your business not generally engaged in by beauty salons:

AESTHETICIAN OPERATIONS

1. Do you perform microdermabrasion services? If yes, answer questions 3-7: Yes No
2. Do you perform facial chemical peel services? If yes, answer questions 3-7: Yes No
3. Are these services performed by a licensed aesthetician? Yes No
4. Are customers required to wear eye protection during these services? Yes No
5. Are any of the aestheticians either para-medical aestheticians or do they operate under a physician's supervision or instructions? Yes No
6. Do your facial chemical peel compounds or formulas use 35% or less Glycolic Acid? Yes No
 Do your facial chemical peel compounds or formulas use 50% or less Lactic Acid? Yes No
7. If none of the facial chemical peel solutions have Glycolic or Lactic Acid, please list the types of acids, acid percentages and manufacturer/brands of compounds or formulas used:
 Type: _____ % Acid Manufacturer/brand: _____
 Type: _____ % Acid Manufacturer/brand: _____
 Type: _____ % Acid Manufacturer/brand: _____

TANNING/TONING OPERATIONS

1. What percentage of U.V.B. radiation do your beds produce? _____%
2. Are records kept on each customer for each visit and exposure time? Yes No
3. Do each customer sign a waiver of liability prior to using these beds? Yes No
(attach a copy of the waiver to the application)
4. Are all customers furnished information regarding bed and rays used? Yes No
5. Are all customers required to wear eye protection when using the tanning beds? Yes No
6. Are all tanning bed timing controls operated by the insured, rather than the customer? Yes No



- 7. Are all beds disinfected after each use? Yes No
- 8. Maximum number of minutes customers are limited to in a session: _____ minutes
- 9. Are these beds UL listed? Yes No
- 10. Do you use coin or slot-tanning beds? Yes No

MASSAGE OPERATIONS

- 1. Are the insured and any therapists working with or for the insured members of the American Massage Therapy Association? Yes No
- 2. Has the insured ever been sued for malpractice? Yes No
- 3. Does the insured keep thorough records on all clients? Yes No

ELECTROLYSIS/OTHER OPERATIONS

- 1. Is all wiring and electrical equipment inspected frequently? Yes No
- 2. Does the insured travel to clients' homes or to hospitals to perform electrolysis? Yes No

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature Title Date

Producer Signature Date

Producer Name and Address