



Application for Member Insurance Coverage

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Independent Contractor Program Application (\$300,000/\$300,000)

Healthy Look Professionals, Inc.

- Attach a copy of the personal injury waiver card that your customers sign before they receive services.
You must accept or reject, sign and date the "Notice of Terrorism Insurance Coverage" form and return to us.
No coverage can be effective before we receive payment. You must attach your annual payment in full, or provide credit card information.
You must return the "Quote Sheet" mailed to you. Designate the payment option that you desire on the quote sheet.

Coverage is not effective until the application is approved and payment or payment arrangements received.

Applicant: _____

Business Name: _____

Form of legal organization is: Individual Corporation LLC Other _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Proposed Effective Date? _____ Email: _____

Service Offered (choose one): Airbrush Tanning/Makeup Cosmetologist Esthetician Massage hotel rooms excluded

Property Coverage: Please enter the replacement cost on equipment & inventory: \$ _____ (leave blank if you do not wish to cover property)

Building Construction: Frame Masonry Non-Combustible Non-Combustible Joisted Masonry Fire Resistive (where you store your equipment)

Building Age: _____ Type: Residence Other (All equipment must be stored in a secure location)

- Are you licensed per state guidelines? Yes No (Massage therapists must attach a copy of their license)
Have any liability claims been made against you or paid in the past 5 years? Yes No
If "Yes", give details: _____
Does your equipment comply with and are you aware of all requirements of the Federal and State regulatory agencies? Yes No
Do you require clients to wear protective eyewear, nose plugs & lip balm (airbrush tanning only)? Yes No
Do you work in a properly ventilated area? Yes No
Have you been instructed in first aid to potential eye contamination by chemicals? Yes No
Are all body contact supplies sanitized after each use? Yes No
Where in the customers home do you typically perform your service? _____
How do you protect your customers property such as floors (if applicable)? _____

10. Do you manufacture or repackage any product (including private label sales)? Yes No

11. Additional Insureds? _____

12. Do you use and store a personal injury disclaimer or waiver for each client? Yes No

(if you offer airbrush tanning, your waiver must list the FDA recommendations regarding ingestion/inhalation)

I acknowledge that any insurance provided as a result of acceptance of this application will be provided by an insurance company eligible to provide insurance on a "Surplus Lines" basis in my State and in the domicile State of the Master Policy. Surplus Lines insurers are not covered by any State sponsored guaranty fund. I desire to become eligible to procure insurance through Healthy Look Professionals, Inc. (HLP). If I have elected to pay my insurance premium by installment, I appoint Insurtec, Inc., agent of HLP, as attorney-in-fact to cancel my policy if I fail to pay any scheduled installment or late charge. Coverage is not effective until the application is approved and payment or payment arrangements received. I warrant that all statements I have made on this application are true to the best of my knowledge.

Your Business Name: _____ Date: _____

Your Signature: X _____

**ATAIN SPECIALTY/ATAIN INSURANCE COMPANY
POLICY HOLDER DISCLOSURE**

NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that the Terrorism Risk Insurance Act of 2002 has been extended until December 31, 2020 under the revised Act cited as "Terrorism Risk Insurance Program Reauthorization and Extension Act of 2015" (TRIPRA). Under this Act, you have a right to purchase insurance coverage for losses arising out of acts of terrorism, *as defined in Section 102(1) of the Act*. The term "act of terrorism" means any act that is certified by the Secretary of Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life; property; or infrastructure; to have resulted in damage within the United States or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion; and that causes losses of at least \$100 million.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

TRIPRA 2015 will terminate on December 31, 2020 unless extended by the Federal Government. If your policy is in effect when the Federal program terminates, any terrorism coverage afforded by us in your policy for the Federal program will also cease as of that date.

IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:

The NOTE below applies for risks in these states: California, Connecticut, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Virginia, Washington, West Virginia and Wisconsin.

NOTE: In these States above, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

SELECTION OR REJECTION OF CERTIFIED TERRORISM INSURANCE COVERAGE

PLEASE RETURN THIS COMPLETED FORM TO YOUR INSURANCE AGENT

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| | I hereby elect to purchase the Terrorism Coverage required to be offered under the Act for a premium of \$ _____ (plus applicable fees and taxes). Action: Please sign and return this form with your payment for premium to your insurance agent. |
| | I decline to purchase the Terrorism Coverage require to be offered under the Act. Action: Please sign and return this form to your insurance agent. |

Policy Holder/Applicant's Signature

Named Insured/Firm

Print Name

Policy Number, if available

Date: _____