

Application for Member Insurance Coverage Healthy Look Professionals, Inc.

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Tanning Salon/Day Spa Application

- Have you signed this application at the bottom of the last page? Unsigned applications cannot be processed.
- You must attach a copy of the personal injury waiver and medication disclosure card that your customers sign before they use your facility. This is required before we can bind coverage.
- 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. If you want to use an installment plan, you must pay the "down payment" by check or credit card. You will receive a coupon book for the installments.
- You must return the "Quote Sheet" mailed to you. Designate the payment option that you desire on the quote sheet.
- If your building or contents is financed by a bank or leasing company, we will need the name and address of these if they are to be named as loss payee. If your landlord requires proof of insurance or to be named as an additional insured under your policy, we will need this information also.

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

General Information

Applicant(s)/Contact(s): _____

Business Name: _____

If Incorporated: I. What is your business name? _____

II. Attach a list of acceptable contacts, if necessary

Form of legal organization is: Proprietorship Partnership Corporation LLC

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Fax: _____ Email: _____

Business Physical Address: _____

City: _____ State: _____ Zip: _____ County: _____

If you have more than one location that we are covering under this application, list the addresses below:

Address	City	State	Zip
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What date is coverage to be effective? Effective: _____

I would like insurance for (check one): Liability Only Liability and Property

Liability Insurance

General Liability Limit Requested (per occurrence)

\$100,000
 \$300,000
 \$500,000
 \$1,000,000
 \$2,000,000

Professional Liability Limit Requested (per occurrence)*

\$100,000
 \$300,000
 \$500,000
 \$1,000,000

**Professional liability can be lower than general liability. This may satisfy a leasing requirement, while allowing you to carry a lower amount of professional coverage. For instance, you can receive a discount if you choose \$1,000,000 general liability and \$500,000 professional liability. Some configurations may not be available to all programs.*

The General Annual Aggregate (total of all claims annually) is equal to the single "Occurrence" (per claim) limit. You may elect to double the aggregate limit to be increased to twice the "Occurrence" limit. The charge for this feature is 5% applied to the liability premium.

Double the aggregate limit? **Yes** **No**

Covered Operations

This application allows for up to 3 locations. Please list the total number of tanning units and professional operators including booth renters/independent operators at each location accordingly. Download our "Extra Locations" application from our website if needed. If you perform services that we are not covering, including your booth renters or independent contractors, please do not list them here. If issued, this policy will cover only those operations for which a premium is charged or designated as "Included" in the schedule of insured hazards.

Operation	Number @ Location #1	Number @ Location #2	Number @ Location #3	Totals
Tanning Beds/Stand-up Booths (UV)				
Spray Tanning Booths				
Aerobic Instructors (on site only)				
Airbrush Tanning (# units)				
Cosmetologist I (covers: any hair and/or nail services)				
Cosmetologist II (covers: hair, nails, cosmetic facials & facial waxing)				
Dietary or Nutritional Supplements (describe: _____)				
Ear Piercing (no body piercing)				
Esthetician I (covers: skin care, waxing/sugaring, body wrap, endothermology, aromatherapy, muscle electrostimulation & lymphatic drainage)				
Esthetician II (covers: Esthetician I plus electrolysis & microdermabrasion)				
Esthetician III (covers: Esthetician II plus chemical peels under 30% acidity)				
Facial Tanning Units (separate from tanning units)				
Infrared Body Wrap				
<input type="checkbox"/> Hydrotherapy <input type="checkbox"/> Aquamassage <input type="checkbox"/> Whirlpool <input type="checkbox"/> Sauna <input type="checkbox"/> Vichy Shower				
LED Light Therapy (certification required)				
<input type="checkbox"/> Massage Therapist <input type="checkbox"/> Massage Bed <input type="checkbox"/> Trained for Pregnancy Massage?				
Nutritional Counselors (those who recommend and set up diets)				
Oxygen Bar (# of generators)				
Permanent Makeup (special limits/rates apply)				
Passive Exercise Equipment (free weights excluded)				
Personal Trainer (on site only)				
Pulse Light Therapy (certification required)				
Other (describe: _____)				

Are you or anyone else doing any other type of business on the premises not listed above? Yes No

If so, describe: _____

How many booth renters/independent contractors do you have? _____

In order to bind, you must provide proof of any other insurance company covering any operation that you conduct on your premises that we are not covering.

If your landlord, bank, or leasing company requires evidence of insurance, please provide full address, phone, and/or faxing information here. If no certificate is required, please put "none". **Please mark whether they are loss payee, additional insured or both.**

Name: _____ Additional Insured Loss Payee Both

Mailing Address: _____

Name: _____ Additional Insured Loss Payee Both

Mailing Address: _____

Name: _____ Additional Insured Loss Payee Both

Mailing Address: _____

Business Safety Questions

The information in this section is used to determine if you are eligible for any discounts. It is very important that this information is completed fully and accurately. Any information on this application supersedes any information given on a phone or internet quote. Please answer all that applies to your particular business.

1. Please provide the name of your current insurance carrier. If none, state "none" _____

2. Have any liability claims been made against you or paid in the past 5 years? Yes No

If "Yes", give details: _____

3. How many years in management do you have in the salon/spa business? _____

If "None", give any previous involvement in salon/spa businesses: _____

4. Have you been certified by an association that regularly provides safety training? Yes No

(For example: Smart Tan, SAE, NTTI, etc or your state's safety certification)(attach copy of certificate)

5. If you are a member of a safety group, please list the name of the group: _____

6. Does your equipment comply with and are you aware of all requirements of the Federal and State regulatory agencies? Yes No

7. Are any of your tanning units classified as "Quartz", "High Pressure", or "High Intensity"? Yes No N/A

8. Are all tanning units controlled by a central timing device? Yes No N/A

If "No", Please provide details on how you control exposure time: _____

9. Are all spray tanning booths equipped with a water shut-off valve or equivalent? Yes No N/A

10. Do you sanitize your tanning units and/or other body contact equipment after each use? Yes No

11. Do you require tanners to wear protective eyewear? Yes No N/A

12. Is your salon monitored by you or a trained employee during all business hours? Yes No

13. Do independent contractors or booth renters conduct operations on your premises? Yes No

14. Are the work areas where acrylics are used well ventilated? Yes No N/A

15. Are all employees instructed in first aid to potential eye contamination by chemicals? Yes No

16. Are toxic chemicals stored away from the access of customers? Yes No

17. Do you provide on site child care for customers or employees? (not a covered hazard) Yes No

18. If your clients operate any exercise equipment, are they instructed and monitored? Yes No N/A

19. Is your business located in a private residence? Yes No

If so, is there a separate entrance? Yes No

20. Do you manufacture or repackage any product? Yes No

21. Is any product manufactured and distributed under your private label? Yes No

Please describe the product and attach proof of manufacturer coverage: _____

22. Do you offer infrared body wraps? Yes No N/A

If so, what manufacturer do you use? _____

23. It is a requirement that you use and save as a permanent record, a hazard disclosure and personal injury disclaimer or waiver for each customer for all services performed. Do you use these forms? Yes No

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

Please attach a blank copy of the form(s) to this questionnaire

Insurance on Building and/or Contents You Own or Lease

Please indicate amount of building or contents coverage needed for each location.
If you do not wish for us to cover any of your property, please skip to the signature at the bottom.

Property Type	Amount Covered Location #1	Amount Covered Location #2	Amount Covered Location #3
Buildings You Own Would you like us to insure your building? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
Mandatory Information for Property Construction Types: Joisted Masonry: <i>masonry walls, floor/roof combustible</i> Masonry Non-Combustible: <i>masonry walls, floor/roof metal or other non-combustible</i> Frame: <i>wood walls/roof</i> Fire Resistive: <i>resistive rating of at least 2 hours</i> Non-Combustible: <i>non-combustible materials</i> Building Type Examples: free standing, strip mall, enclosed mall, residence	Construction Type: _____ Building Type: _____ Approximate Age: _____ # Stories: _____ <input type="checkbox"/> Sprinkler <input type="checkbox"/> Burglar Alarm	Construction Type: _____ Building Type: _____ Approximate Age: _____ # Stories: _____ <input type="checkbox"/> Sprinkler <input type="checkbox"/> Burglar Alarm	Construction Type: _____ Building Type: _____ Approximate Age: _____ # Stories: _____ <input type="checkbox"/> Sprinkler <input type="checkbox"/> Burglar Alarm
Building Improvements If your building(s) is 25 or more years old, you must indicate the improvements and year completed.	<input type="checkbox"/> Wiring _____ <input type="checkbox"/> Roofing _____ <input type="checkbox"/> Plumbing _____ <input type="checkbox"/> Heating/Cooling _____	<input type="checkbox"/> Wiring _____ <input type="checkbox"/> Roofing _____ <input type="checkbox"/> Plumbing _____ <input type="checkbox"/> Heating/Cooling _____	<input type="checkbox"/> Wiring _____ <input type="checkbox"/> Roofing _____ <input type="checkbox"/> Plumbing _____ <input type="checkbox"/> Heating/Cooling _____
Other Occupants If there are any other business or residential occupants in this building indicate here & describe	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Personal Property (Contents) (Replacement cost on equipment, inventory, fixtures and your building improvements) - 90% co-insurance Subject to water damage sub-limit	\$ _____	\$ _____	\$ _____
Loss of Business Income Amount is 25% of Business Personal Property (The maximum amount you may recover in any 30 day period is 1/3 of this amount. Maximum recovery period is 90 days)	\$ _____	\$ _____	\$ _____
Outdoor Signs Amount is 10% of Business Personal Property	\$ _____	\$ _____	\$ _____
Money & Securities	\$5,000	\$ _____	\$ _____
Employee Dishonesty	\$1,500	\$ _____	\$ _____
Electronic Data Processing	\$5,000	\$ _____	\$ _____
Glass	\$2,500	\$ _____	\$ _____

Policy comes with a \$1,000 property deductible. Please indicate here if you desire: \$500 \$1,500 \$2,500

1. Is your local fire service full time? Yes No
2. Have you had any property losses in the past three years? Yes No Describe: _____
3. Are you responsible for tenant improvements? (A/C, Furnace, etc) Amount? _____

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 _____

If written, this policy does not provide coverage for worker's compensation or flood

**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

	I hereby elect to purchase the Terrorism Coverage required to be offered under the Act for a premium of \$ <u>TBD</u> (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: _____