## Multiple Locations Supplement

Each location will require a separate page

**Your Signature:** 



Date:

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| Your Details  |  |
|---|--|
| Name  | Business name  |
| Location #  | Services At This Location  |
| Full physical address   | UV tanning (# units)   |
| Physical address county   | Spray tanning booths (# units)   |
| ·   | Aerobic Instructors (on site only)   |
| About This Location   | Airbrush Tanning (# units)   |
| Construction type (select one)  Frame(wood) Mansonry non-combustible (concrete)                       | Cosmetologist I (covers: any hair and/or nail services)  |
| Joisted masonry(brick) Non-combustible (steel)  | Cosmetologist II (covers: hair, nails, cosmetic facials & facial waxing)   |
| Fire resistive(rating of at least 2 hours)  | Nutritional Supplements describe:  |
| Building type (select one)  | Ear Piercing (no body piercing)  |
| Free standing Strip mall Enclosed mall Residence  Age of building # of stories Square Footage         | Esthetician I (covers: skin care, waxing/sugaring, body wrap, endothermology, aromatherapy, muscle electrostimulation, & lymphatic drainage) |
| Fire/Burglar protection (select all that apply)  Sprinkler Central Station Burglar Alarm              | Esthetician II (covers: Esthetician I plus electrolysis & microdermabrasion)   |
| Central Station Fire Alarm  | Esthetician III (covers: Esthetician II plus chemical peels under 30% acidity)   |
| Building Improvements (if older than 25 years)  | Facial Tanning Units (separate from tanning units)   |
| Wiring year Roofing year  | Infrared Body Wrap   |
| Plumbing year Heating/Cooling year  | Hydrotherapy (aqua massage, whirlpool, sauna, vichy shower)  |
| Describe any other businesses or occupants in this building   | LED Light Therapy (certification required)   |
| Is your local fire service full time? Yes No  | Massage Therapist Trained for pregnancy massage?   |
| Are you responsible for tenant improvements? (A/C, furnace,   | Nutritional Counselors (those who recommend and set up diets)  |
| etc) Yes No If so, enter amount:  | Oxygen Bar (# of generators)   |
| Property Limits At This Location  | Permanent Makeup (special limits/rates apply)  |
| Building coverage (if you own)  | Passive Exercise Equipment (free weights excluded)   |
| Business personal property (contents)   | Personal Trainer (on site only)  |
| Replacement cost on equipment, inventory, fixtures, and your building improvements - 90% co-insurance | Pulse Light Therapy (certification required)   |
| Subject to water damage sub-limit   | Red Light Therapy  |
| Loss of business income   | Teeth Whitening (LED) specify brand:   |
| Outdoor signs   | Other:   |
| Glass coverage  | Any independent contractors at this location?  |
| Optional property coverages (select all you would like quoted)  | (if not, they must be insured and you must provide proof of their coverage)  |
| Money & Securities Employee Dishonesty Computer Equipment   |  |
| \$1,000 property deductible included or choose  |  |
| \$500 \$2,500   |  |
| Additional Insured/Loss Payees  |  |
| Name  | Name   |
| Address   | Address  |
| Additional Insured Loss Payee Both Other  | Additional Insured Loss Payee Both Other   |
| Name  | Name   |
| Address   | Address  |
| Additional Insured Loss Payee Both Other  | Additional Insured Loss Payee Both Other   |
|   |  |