

LIABILITY

1. Liability limit desired:
 \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000 \$1,000,000/\$3,000,000
2. List of Exposures. (Please enter the number of each classification in the chart below.)

PROFESSIONAL LIABILITY IS INCLUDED FOR ALL CLASSIFICATIONS LISTED BELOW		
<i>Classification</i>	<i>Premium Base</i>	<i>Number?</i>
Beauty/Barber/Manicurist/Aesthetician (Full-Time Operators)	Operators	
Beauty/Barber/Manicurist/Aesthetician (Part-Time Operators - 29 hours or less per week)	Operators	
Electrologist (Full-Time Operators)	Operators	
Electrologist (Part-Time Operators – 29 hours or less per week)	Operators	
Hot tub (s)	Each	
Sauna (s)	Each	
Steam Rooms (s)	Each	
Instructors (Beauty, Barber, Massage School)	Instructors	
Massage Therapists (Full-Time Operators)	Operators	
Massage Therapists (Part-Time Operators – 29 hours or less per week)	Operators	
Aqua Massage Beds	Beds	
Sun Tan Beds (bulb-style beds)	Beds	
Air-Brush or Spray-On Tanning Beds	Beds	

3. Would you like to include Employee Benefits Coverage (Liability for Error or Omission of Employee Benefit Program)? Yes No
4. Would you like to include Employment Practices Liability (Sexual Harassment, Wrongful Dismissal, EEOC)? Yes No
 - a. Limit \$100,000 \$250,000 (only available if 19 or fewer employees)
 - b. Number of Employees (full & part-time) _____
5. Are additional insureds needed? Yes No
 - Manager or Lessors _____
 - Any Other(s) _____
6. Do you offer services through independent personal appearance contractors? Yes No
 - a. If yes, how many independent contractors are used? _____
 - b. If yes, are certificates of insurance provided with limits equal to or greater than applicant? Yes No
 - c. Do you require contractors to name you as additional insured on their policy? Yes No
 - d. Total Cost: \$ _____

Please answer all of the following questions:

1. Yes No Does the applicant perform any non-personal appearance care services or operations other than sales/service of beauty related products?
a. If yes, provide description: _____

2. Yes No Does the applicant perform body wraps?
3. Yes No Does the applicant perform chiropody or podiatry? (if yes, coverage does not apply.)
4. Yes No Does the applicant perform permanent cosmetic application? (if yes, coverage does not apply.)
5. Yes No Does the applicant perform any types of laser treatments? (if yes, coverage does not apply.)
6. Yes No Does the applicant perform wart, mole, or other growth removal? (if yes, coverage does not apply.)
7. Yes No Does the applicant operate a home salon providing personal appearance care services in the residence?

TANNING SALONS

1. Yes No **Does the applicant provide any tanning services?** (If yes, please answer the questions below.)
 - a. _____% What percentage of UVB radiation do the tanning beds produce?
 - b. Yes No Are all customers given information about the types of rays and the potential sensitivity?
 - c. Yes No Are records kept on each tanning customer for each visit and exposure time?
 - d. Yes No Are eye protection goggles required for all users?
 - e. Yes No Does an employee sanitize beds after every use?
 - f. Yes No Does the customer sign a waiver of liability before using tanning services?
*If yes, provide a copy of the waiver.

MASSAGE THERAPISTS

1. Yes No **Does the applicant provide any massage therapy services?** (If yes, please answer the questions below.)
 - a. Yes No Has any massage therapist ever been sued for malpractice?
 - b. Yes No Do the clients complete an application before the first massage?
*If yes, please provide a copy of the application.

ELECTROLYSIS

1. Yes No **Does the applicant provide any electrolysis services?** (If yes, please answer the questions below.)
 - a. What procedure is used for disposing of probes or needles? Please explain. _____

 - b. What type of post-treatment instructions are given to patients?
 - c. Yes No Are reactions to electrological procedures recorded?

PROPERTY INSURANCE

1. **Do you own any buildings?** Yes No
- a. If yes, do you lease any part of any of the building(s) at this location to others? Yes No
 *If yes, a copy of the certificate of insurance for the leased area is required.
- b. If yes, what is the total square footage leased to others? _____
- c. Total number of apartments at this location?*** _____
- d. **A copy of the lease agreement and HO-4 is required if coverage is bound.

2. Do you need Building and/or Content Coverage? (If yes, complete chart below.) Yes No
 (If yes, complete chart below or provide a property separate schedule with following info.)

Building Description (Age, Construction)	Building Limit (\$)	Content Limit (\$)

3. Do you need Equipment Coverage? (An itemized list will be necessary if the account is written.) Yes No
- a. If yes, total value to insure for? Replacement Cost Actual Cost \$ _____
- b. If yes, please provide an equipment schedule, including year, make, model and value to insure for.
4. Any additional interests? Yes No
- Mortgagee _____ Mortgagee _____
- Loss Payee _____ Loss Payee _____

OPTIONAL PROPERTY COVERAGES DESIRED? Yes No (If yes, please answer the following questions.)

1. Do you need additional Computer Coverage (\$25,000 included)? Yes No
 a. If yes, requested amount? \$ _____
2. Do you need Condominium Unit – Owner Coverage? Yes No
3. Do you need Earthquake Coverage – Building? Yes No
4. Do you need Earthquake Coverage – Personal Property? Yes No
5. Do you need Legal Liability? Building Limit \$ _____ Yes No
6. Do you need additional Money & Securities Coverage? Yes No
- a. Inside Premises in Excess of \$15,000 Excess Limit \$ _____
- b. Outside Premises in Excess of \$7,000 Excess Limit \$ _____
7. Do you need additional Outdoor Sign Coverage (\$10,000 included)? Yes No
 a. If yes, requested amount? \$ _____
8. Do you need additional Employee Dishonesty Coverage (\$5,000 included)? Yes No
 a. Number of Employees _____
- b. Limit: \$10,000 \$25,000 (For higher limits, contact Kevin Morency)

COMMERCIAL AUTOMOBILE

1. Does the business title any automobiles or other operating vehicles in the business name? Yes No
2. Is insurance coverage needed for owned automobiles? Yes No

a. (If yes, complete chart below or provide a separate vehicle/fleet schedule with following info.)

Vehicle Make	Vehicle Model	Year

- b. If yes, limit of liability desired? \$ _____
- c. If yes, deductible desired? Comprehensive: \$ _____ Collision: \$ _____
3. Do any of the employees, owners or officers drive personally owned automobiles/other vehicles in the course of their work? Yes No
- If yes, how many? _____
- a. Do you verify they have liability coverage? Yes No Limits? \$ _____

COMMERCIAL UMBRELLA

1. Do you need a Commercial Umbrella? Yes No If yes, limit of liability needed? \$ _____

WORKERS COMPENSATION

1. Do you need Workers Compensation? (If yes, please contact Kevin Morency.) Yes No

STOP GAP LIABILITY (Ohio Only) *Note: A signed Ohio Fraud Statement is required for applications.

2. Is Stop Gap Liability Requested? (Ohio Only) Yes No
- a. If yes, please choose desired limits: \$100,000/\$500,000/\$100,000 \$500,000/\$500,000/\$500,000
 \$500,000/\$1,000,000/\$500,000 \$1,000,000/\$1,000,000/\$1,000,000

I have read the above questions and I hereby declare to the best of my knowledge and belief that all of the foregoing statements are true and that these statements are offered as an inducement to the company to issue the policy for which I am applying.

NOTICE: PLEASE READ BEFORE SIGNING!

In order to underwrite the insurance applied for above, an investigation consumer report may be requested and made, including information as to the character of the applicant for insurance and the persons to be insured under the policy applied for, their general reputations, business characteristics and credit standing. You are advised that you may make a request within a reasonable time after receipt of this Notice for a disclosure by West Bend Mutual Insurance Company of the nature and scope of the investigation requested.

Fraud Warning

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Ohio: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

All Other States: Any person who knowingly conceals or provides materially false, incomplete, or misleading information on an application or concerning a claim to an insurance company for the purpose and intent of defrauding the company, may be guilty of insurance fraud in violation of state law. Penalties may include imprisonment, fines, or denial of insurance benefits.

 Applicant's Signature Date

 Agent's Signature Date

Morency & Associates, Inc.
 Agency Name