

SALON AND DAY SPA GENERAL LIABILITY AND PROPERTY APPLICATION

SUBMISSION REQUIREMENTS

- Completed, signed, and dated PHLI Salon and Day Spa Supplemental application
- Currently valued insurance company loss runs for the current policy period plus three (3) prior years
If none, a No Loss Letter is required
- Website information
- Copy of Service Menu or Brochure
- Copy of Resume if in business less than three (3) years

BROKER INFORMATION

Agency name: _____
 Broker/PIC Rep/Contact: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ FAX: _____ E-mail: _____

GENERAL INFORMATION

Legal Business Name: _____
 Doing business as (DBA): _____
 Insured's Name: _____
 Contact Name: _____
 Business Entity: LLC Sole Proprietorship Partnership Corporation Non Profit
 Physical Address: _____
 City: _____ State: _____ Zip: _____ County: _____
 Is the location a private residence? Yes No
 If yes, is there a separate entrance? Please explain. Yes No

Number of Locations: _____ (Complete a separate application for each location)

Check here if mailing address is the same as location address.

Mailing Address: _____
 City: _____ State: _____ Zip: _____ County: _____
 Telephone: _____ Fax: _____
 E-mail: _____ Website: _____
 Requested effective date: _____

PREVIOUS CARRIER INFORMATION

	<u>CARRIER</u>	<u>EXPIRATION</u>	<u>ANNUAL PREMIUM</u>
Property			\$
General Liability			\$
Crime			\$

1. Have you been cancelled or non-renewed? If yes, explain. Yes No

GENERAL LIABILITY*

Multiple locations must complete a separate application for each location

*General Liability coverage is written through the Fitness & Wellness Risk Purchasing Group. A Fee is required to join this Risk Purchasing Group. This fee may vary, but the exact amount will be indicated on your proposal and / or invoice.

- 1. Type of facility: Day Spa Destination Spa Salon
 Check if also a Fitness Facility.
- 2. Does your business engage in operations not day spa related? If yes, explain. Yes No

-
- 3. Years in Business: _____
 - 4. Gross Annual Revenues: \$ _____ (Salons must have annual revenue of \$500,000 or higher to qualify for this coverage)
 - 5. Gross Payroll: \$ _____
 - 6. Square Footage: _____
 - 7. Total number of Members/Clients: _____
 - 8. Monthly Membership Dues: \$ _____

Liability Coverages and Limits

Commercial General Liability/Professional Liability
Personal and Advertising Injury Liability

- 1. Occurrence / Aggregate Limit (please indicate):
 \$1,000,000 / \$3,000,000
 \$2,000,000 / \$3,000,000
 \$2,000,000 / \$4,000,000
 Other: _____
- 2. Sexual Abuse Liability \$100,000 per occurrence / \$300,000 aggregate
- 3. Tenant Legal Limit (please indicate):
 \$100,000
 \$200,000
 \$300,000
- 4. Medical Payments (please indicate):
 \$2,500
 \$5,000
- 5. Non-Owned and Hired Automobile Liability: Yes No
- 6. Stop Gap: (ND, WA, WY, OH) Yes No
- 7. Is your current General Liability or Professional Liability written on an:
 Occurrence Basis Claims Made Basis

If claims made, what is the retroactive date:

OPERATIONS

1. Please check the professional services that you perform and for which you desire coverage under the policy.
NOTE: Any professional service for which you do not provide such information will not be covered under the policy.

NOTE: Checking a professional service does not obligate us to insure it.

- | | |
|---|--|
| <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> Facial and Skin cleansing |
| <input type="checkbox"/> Body massage | <input type="checkbox"/> Facial scalp massage |
| <input type="checkbox"/> Body Piercing (other than ear lobe) | <input type="checkbox"/> Hair cutting/styling/coloring |
| <input type="checkbox"/> Body wraps for weight/water reduction | <input type="checkbox"/> Hydrotherapy |
| <input type="checkbox"/> Body wraps for other than weight/water reduction | <input type="checkbox"/> Manicure or pedicure |
| <input type="checkbox"/> Cosmetics / Make-up application | <input type="checkbox"/> Micro-dermabrasion** |
| <input type="checkbox"/> Ear piercing | <input type="checkbox"/> Teeth whitening |
| <input type="checkbox"/> Electrolysis | <input type="checkbox"/> LED teeth whitening only |
| <input type="checkbox"/> Endermology | <input type="checkbox"/> Waxing |

Chemical Peels –Please indicate the highest acidity level used in facials: _____

Please list the highest percentage of Alpha Hydroxy or Beta Hydroxy used in facials: _____%

Please list any acids used that are not Alpha Hydroxy or Beta Hydroxy (Phenol Acid, Trichloroacetic "TCA" Acid, etc.): _____

** If you offer micro-dermabrasion, you must confirm that any staff performing this service are licensed aestheticians and each are certified by the manufacturer. Check here if yes.
 If no, explain:

2. Please provide the percentage of revenue for the following:

- Tanning: _____ %
 Hair Services: _____ %
 Massage: _____ %
 Manicure/Pedicure: _____ %
 Product Sales: _____ %

3. Do you provide any of the following services?

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Permanent make-up | <input type="checkbox"/> Chiropractic |
| <input type="checkbox"/> Tattooing | <input type="checkbox"/> Laser hair removal | <input type="checkbox"/> Botox or injections of any kind |

IF ANY SERVICES ABOVE ARE PROVIDED, YOU ARE NOT ELIGIBLE FOR THIS PROGRAM.

4. Provide the number for each: Employees (part-time is less than 10 hours/week) and independent contractors. Do not include the owner.

Staff	Employees: (Part-time is less than 10 hrs/wk)		Independent Contractors	
	Full-time	Part-time	Full-time	Part-time
Aestheticians				
Masseuse				
Body wrap technicians				
Manicurists				
Beauticians				
Electrologist				
Pilates instructors				
Yoga instructors				
Fitness instructors				
Aerobic instructors				
Students (Aesthetician or Electrologist)				
Office Staff				
TOTAL:				

Exposures and Equipment

1. Please provide the **number** of the following:

Exercise equipment (NOT including free weights and mats): _____

Hydrotherapy Tables/Tubs: _____

Jacuzzis: _____

Steam/Sauna: _____

Swimming Pools: _____

Are all swimming pools and spas compliant with the Virginia Graeme Baker Pool and Safety Act? If no, provide a time table and action plan:

Yes No

Diving Boards: Yes No

Tanning Beds/Booths: Yes No

If yes, how many: _____

If yes:

Are goggles required? Yes No

Are token timers used? Yes No

Are operators present? Yes No

Are controls on the outside of the booth/bed? Yes No

Are tanning booth waivers signed by members? Yes No

Are only the manufacturer suggested bulbs used? Yes No

Type of bulbs used: UVA %: _____ UVB %: _____

Are warning signs posted regarding ultraviolet rays? Yes No

2. Are all technicians licensed if required by law? Yes No

3. Does your equipment comply with and are you aware of all requirements of federal and state regulatory agencies? Yes No

4. How many Automatic External Defibrillators (AEDs) do you have at each location: _____

5. How many employees at each location are trained to operate an AED: _____

6. Was full CPR training a part of the AED training? Yes No

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

8. Are the work areas where acrylics are used well-ventilated? Yes No

9. Do all employees receive safety instruction to avoid potential eye contamination by chemicals? Yes No

10. Are all body contact supplies sanitized after each use? Yes No

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

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

13. If your clients operate any exercise equipment, are they instructed and monitored? Yes No

14. Do you manufacture or re-package any product? Yes No

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

If yes, please describe the product and attach proof of manufacturer coverage:

16. Do you use and save as a permanent record, a hazard disclosure and personal injury disclaimer or waiver for each customer for all services performed? Yes No

17. Do you have a medical crisis plan? Yes No

18. Do you require health histories, intake questionnaires? Yes No

If yes, how long are they kept: _____

19. Do you require signed waivers from all clients? Yes No

20. Is signage used throughout the facility to prevent injury? Yes No

21. Do you have non-slip surfaces in all wet areas? Yes No

22. Does your facility have a restaurant/snack bar? If yes, please explain: Yes No

23. Do you sub-lease space to others? If yes, please explain: Yes No

24. Is there a retail shop? Yes No
 What are your hours of operation: _____
 Is staff present during all hours of operation? Yes No

Abuse and Molestation

1. Does the Applicant's employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses, before an offer of employment is made? Yes No
2. Does Applicant's state permit you to do criminal background investigations? Yes No
 If yes, do you routinely request and receive such background investigations? Yes No
3. Does the Applicant verify employment-related references? Yes No
4. Does the Applicant conduct a personal interview? Yes No
5. Does the Applicant have written procedures for dealing with sexual abuse? Yes No
 If yes, attach a copy.
6. Does the Applicant have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises? Yes No
7. Has the Applicant ever had an incident which resulted in an allegation of sexual abuse? Yes No
 If yes, describe: _____

Day Nursery/Babysitting

1. Are waivers signed by parents? Yes No
2. Ratio of staff to children: _____
3. Qualifications of staff: _____
4. Activities occurring: _____
 Is there a playground? Yes No
 If yes, type of equipment: _____
 If outdoor, what type of surface is under the equipment: _____
 What type of supervision is given to the playground: _____

Additional Insureds

Eligible Additional Insured criteria include landlords, property managers, equipment rental companies, mortgagees and lien holders. Please contact customer service if you have a different type of entity. If you are hosting a special event, tournament, retreat or any other type of off-site event please contact customer service for a quote at 877-438-7459.

Name: _____ Type of Insured: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 E-Mail: _____ Telephone Number: _____

PROPERTY SECTION

Check this box if you DO NOT WANT property coverage and proceed to signature page.
 Multiple locations must complete a separate application for each location.

Property coverage cannot be purchased on stand-alone basis

Building(s)				
Loc. No.	Bldg. No.	ACV/RC	Limit of Insurance	Coinsurance
			\$	90%
Contents				
Loc. No.	Bldg. No.	ACV/RC	Limit of Insurance	Coinsurance
			\$	90%

Tenant Improvements and Betterments				
Loc. No.	Bldg. No.	ACV/RC	Limit of Insurance	Coinsurance
			\$	90%
Deductible	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> Other: \$	
Business Income				
Loc. No.	Bldg. No.	ALS	Limit of Insurance	Coinsurance
			\$	50%

Monthly Limit of Indemnity Form also available. If desired, please indicate the following:

Monthly Limitation: 1/3 1/4 1/6
(No coinsurance clause)

REQUIRED UNDERWRITING INFORMATION

- Construction of Building Number of Stories: _____
 Walls: Wood Frame Brick / Brick Steel Frame Other: _____
 Roof: Wood Frame Poured Concrete Steel Frame Other: _____
 Floor: Wood Frame Concrete Other: _____
- Year Built: _____ Square Footage: _____ Age of Roof: _____
 If building is over 25 years old, provide year of update for:
 Roof: _____ Wiring: _____ Plumbing: _____ Heating: _____
- Burglar Alarm: Yes No
 If yes, Central Station with Keys Central Station without Keys
 Fire Alarm Yes No If yes, Central Station Local Gong
- Does the property have automatic fire sprinklers? Yes No
- Distance from building to: Fire Hydrant (feet) _____ Fire Station (miles): _____
- Does the property have aluminum wiring? Yes No
 If yes, has it been retrofitted with one of the PIC approved connectors and by a licensed electrician? Indicate which one:
 COPALUM Yes No
 AlumiConn Yes No
 Date updated: _____

Please supply retro-fit documentation or statement from installing contractor.

- Does the Applicant own the building? Yes No
 If no, who does: _____
- Mortgagee: _____
- Loss Payee: _____

10. Signs

Type	Value	Location
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____

Flood

- Does the Applicant have a current flood policy in force? Yes No
 If yes, attach a copy of the declarations page.
 If no, would you like a flood quote with our proposal? Yes No
(Flood quote will be secured through the Write Your Own Flood Program)

Crime

- Theft, Disappearance and Destruction: \$ _____
- Loss Inside the Premises: \$ _____
- Loss Outside the Premises: \$ _____
- Employee Dishonesty: \$ _____
- Number of officers and employees who have custody of the money: _____
- By whom is financial audit completed: _____
- Frequency of audits: _____

18. Is there a countersignature procedure in place? Yes No
19. Frequency of bank deposits: _____ Yes No
20. Are accounts reconciled by someone not authorized to deposit or withdraw monies? Yes No

FRAUD NOTICE STATEMENTS

NOTICE TO APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF ALASKA APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

RESIDENTS OF ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF ARIZONA APPLICANTS: "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

RESIDENTS OF DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

RESIDENTS OF FLORIDA RESIDENTS APPLICANTS: "ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

RESIDENTS OF KANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF KENTUCKY APPLICANTS: "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."

RESIDENTS OF LOUISIANA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF MAINE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF MARYLAND APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF MINNESOTA APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

RESIDENTS OF NEW YORK APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

RESIDENTS OF OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF OKLAHOMA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

RESIDENTS OF OREGON APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

RESIDENTS OF PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF TEXAS APPLICANTS: IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

RESIDENTS OF VERMONT APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW."

RESIDENTS OF VIRGINIA APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WASHINGTON APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WEST VIRGINIA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

The insurer may not be subject to all insurance laws and regulation of this state. The member benefits described are guaranteed through an insurance contract. The Fitness and Wellness Risk Purchasing Group's Insurance policy is underwritten by Philadelphia Indemnity Insurance Company

Note: the Insurer may not be subject to all of the insurance laws and regulations of your resident state.

Signature

Date

Title

Producer Signature

Date