

Agency Name \_\_\_\_\_ # \_\_\_\_\_  Quote Only  Issue Policy  
 Producer \_\_\_\_\_ Effective Date \_\_\_\_\_  
 Premium Payment Method\*:  Annual  Semiannual  Quarterly  Five Payment  
 Nine Payment (Premium must be over \$1,000)  Other \_\_\_\_\_

\*Down payment should accompany application

Additional Coverages\*:  Auto\*\*  Workers Comp.\*\*\*  Umbrella  EPLI(Stand Alone)  None

\*Note: A separate ACORD or NSI application must be completed for each of these coverages.

\*\*Note: Auto is not applicable in Michigan.

\*\*\*Note: Workers Compensation is not applicable in Michigan and Ohio.

**APPLICANT INFORMATION:**

Applicant's Name \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_  
 Applicant is a:  Individual  Partnership  Corporation  
 Other (specify) \_\_\_\_\_

**PREMISES INFORMATION**

Location # Building # Street, City, County, State, ZIP


**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES

1. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?  Yes  No
2. Is a formal safety program in operation?  Yes  No
3. Is there any other insurance with this company or being submitted?  Yes  No
4. Has any policy or coverage been declined, cancelled or non-renewed in the past 3 years?  Yes  No
5. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination, or negligent hiring?  Yes  No
6. During the last 10 years, has any applicant been convicted of any degree of the crime of arson?  Yes  No
7. Any uncorrected fire code violations?  Yes  No

Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Prior Insurance Information**

Prior Carrier	Eff./Exp. Date	Policy Number	Policy Premium

**Loss History**  Check here if there are no prior claims.

Date of Occurrence	Description of Claim	Amount Paid	Claim Status
			<input type="checkbox"/> Open <input type="checkbox"/> Closed
			<input type="checkbox"/> Open <input type="checkbox"/> Closed
			<input type="checkbox"/> Open <input type="checkbox"/> Closed
			<input type="checkbox"/> Open <input type="checkbox"/> Closed

# PERSONAL APPEARANCE APPLICATION

## LIABILITY SECTION

**1. PER OCCURRENCE/AGGREGATE LIMITS**

\$300,000/600,000     
  \$500,000/1,000,000     
  \$1,000,000/2,000,000     
  \$1,000,000/3,000,000

**2. SCHEDULE OF HAZARDS**

Classification	Class Code	Premium Base	Exposure
Beauty/Barber/Manicurist/Aestheticians Full-time Operators	70037	Operators	
Beauty/Barber/Manicurist/Aestheticians Part-time Operators*	70038	Operators	
Instructors	70044	Instructors	
Electrologists, Full-time	70039	Operators	
Electrologists, Part-time*	70040	Operators	
Massage Therapists, Full-time	70041	Operators	
Massage Therapists, Part-time*	70042	Operators	
Sun Tan Beds	70043	Beds	
Employment Practices Liability	22222	Employees Full & Part-time	

*\*29 hours or less per week*

Would you like to include:

Employee Benefits Coverage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personal Liability (70045)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hired/Non-owned Auto	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**3. ANY ADDITIONAL INTERESTS:**     Yes     No

Independent Personal Appearance Contractors \_\_\_\_\_

Additional Insureds \_\_\_\_\_

Manager or Lessors \_\_\_\_\_

NOC \_\_\_\_\_

**4. Answer all of the following questions:**

- A. How many years has the applicant been in business? \_\_\_\_\_ years.
- B.  Yes     No    Does applicant perform podiatry?
- C.  Yes     No    Does applicant perform permanent cosmetic application?
- D.  Yes     No    Does applicant perform body wraps?
- E.  Yes     No    Does applicant perform any types of laser treatments?
- F.  Yes     No    Does applicant offer services through independent contractors?  
 1. If yes, how many independent contractors are used? \_\_\_\_\_  
 2. If yes, are certificates of insurance provided with limits equal to or greater than applicant's?     Yes     No
- G.  Yes     No    Do you perform wart removal?

**5. Tanning Salons: Does applicant provide any tanning services?**     Yes     No

- 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 protective 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 beds? If yes provide a copy of the waiver.

# PERSONAL APPEARANCE APPLICATION

6. **Massage Therapy: Does applicant provide any massage therapy services?**  Yes  No
- 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.

7. **Electrolysis: Does applicant provide any electrolysis services?**  Yes  No
- 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 COVERAGES/BUILDING INFORMATION: Property coverage desired? Yes No

Location # \_\_\_\_\_ Building # \_\_\_\_\_

Construction:  Frame (Class 1)  Joisted Masonry (Class 2)  NonCombustible (Class 3)  
 Masonry NonCombustible (Class 4)  Fire Resistive (Class 5, 6)

Square Ft \_\_\_\_\_ No. Stories \_\_\_\_\_ Prot. Class \_\_\_\_\_ Percent Occupied \_\_\_\_\_ Age of Bldg. \_\_\_\_\_  
Building Improvements: Wiring Year \_\_\_\_\_ Roofing Year \_\_\_\_\_ Plumbing Year \_\_\_\_\_ Heating Year \_\_\_\_\_  
(Year Last Updated)

Any area leased?  Yes  No Sprinklered?  Yes  No

### LIMITS

Building \_\_\_\_\_  
Contents \_\_\_\_\_

### VALUATION

RC  ACV  
 RC  ACV

Property Deductible Options

\$250  \$500  \$1,000  \$2,500  \$5,000

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# PERSONAL APPEARANCE APPLICATION

1. ANY OPTIONAL PROPERTY COVERAGES:  Yes  No

- A.  Yes  No Computer Coverage in excess of \$15,000? Excess limit \$ \_\_\_\_\_
- B.  Yes  No Condominium Unit – Owners Coverage
- C.  Yes  No Earthquake – Building  Yes  No Earthquake – Personal Property
- D.  Yes  No Extended Business Income  
Number of days  60  90  120  150  180
- E.  Yes  No Glass - Interior Square feet \_\_\_\_\_
- F.  Yes  No Legal Liability Building Limit \$ \_\_\_\_\_
- G.  Yes  No Money and Securities  
1.  Inside Premises in Excess of \$2,000. Excess Limit \$ \_\_\_\_\_  
2.  Outside Premises in Excess of \$2,000. Excess Limit \$ \_\_\_\_\_
- H.  Yes  No Building Ordinance or Law  
1.  Loss of Undamaged Portion of Building  
2.  Demolition Cost \$ \_\_\_\_\_  
3.  Increased Cost of Construction \$ \_\_\_\_\_  
4.  Demolition and Increased Cost of Construction \$ \_\_\_\_\_
- I.  Yes  No Outdoor Detached Signs in Excess of \$5,000. Excess Limit \$ \_\_\_\_\_
- J.  Yes  No Utility Direct Damage
- K.  Yes  No Power Transmission Lines \$ \_\_\_\_\_
- L.  Yes  No Utility Services – Time Element \$ \_\_\_\_\_
- M.  Yes  No Employee Dishonesty  
1. Number of Employees \_\_\_\_\_  
2. Limit:  \$5,000  \$10,000  \$25,000  
Contact Company for Higher Limits

2. ANY ADDITIONAL INTERESTS:  Yes  No

- Mortgagee \_\_\_\_\_  Mortgagee \_\_\_\_\_  
 Loss Payee \_\_\_\_\_  Loss Payee \_\_\_\_\_

## WORKER'S COMPENSATION (Not applicable in Michigan and Ohio)

IF A QUOTE FOR WORKER'S COMPENSATION COVERAGE IS BEING REQUESTED

PLEASE COMPLETE AN ACORD WORKER'S COMPENSATION APPLICATION.

A THREE YEARS LOSS HISTORY MUST BE SUBMITTED FOR ALL WORKERS COMPENSATION QUOTES

1.  Yes  No Is there a written *return to work* program in place, to encourage/assist employees in rejoining the workforce?  
If yes, please attach a copy

## STOP GAP LIABILITY (Ohio only)

1. Is Stop Gap Liability requested?  Yes\*  No

\*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.

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.

Date \_\_\_\_\_ Time \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Agency Name and Producer's Signature \_\_\_\_\_