

INDEPENDENT BEAUTY PROFESSIONALS PROGRAM – ANNUAL TERM effective January 1, 2007

1. Name of Applicant: _____
2. Applicant Mailing Address: _____
- street city state zip

NOTE: PO Box requires Physical Address

3. Desired policy period: From: _____ To: _____
4. Liability Limit Desired: (Circle one) \$100,000 \$300,000 \$500,000 \$1,000,000
General Liability is included within the PL limits selected
5. Optional business equipment limit: _____

Business Equipment Schedule		
Complete this schedule if you require coverage for your business equipment.		
Year Manufactured	Equipment	Itemized Value (Valued over \$100 each)
Total of Misc items valued less than \$100 each item		\$ _____
Total Value of Equipment:		\$ _____
Business Equipment Deductible of \$250 will apply – Minimum Premium \$50		

6. Social Security # _____
7. # of years licensed: _____
8. Professional school graduation date: _____
9. Previous Insurance Company: _____
10. Have you had any losses in the last three years? Yes _____ No _____
If yes, please provide details: _____

11. Select service(s) you are licensed to perform: _____ Enter valid license #: _____
- | | |
|--------------------------------|----------------------|
| Aesthetician | Manicurist/Nail Tech |
| Cosmetology- Beautician/Barber | Massage |
| Electrolysis* | Microdermabrasion |
- *Coverage for laser electrolysis is not permitted

Select professional service(s) that you are certified to provide:

- | | | |
|---|---------------------------------|---------------------------|
| Airbrush or Henna Tattoo | Body Waxing | Facials (including peels) |
| Airbrush Tanning | Ear Piercing (No body piercing) | Hair Straightening |
| Body Wrapping | Facial Waxing | |
| Personal Trainer/Aerobics/Yoga Instructor | | |

12. If you do facial peels, are they citrus or chemical or both? _____
- If chemical, what is the percentage of glycolic acid used? _____ %

13. If you provide any other services or operations than those listed above - Explain:
14. Additional Insured to be added -\$25 Flat Charge (Salon Name & Address, for example). **Change effective 9/1/07**
List Name and Address: _____
15. Loss Payees to be added to your policy (Only applicable with equipment coverage)
List Name and Address and interest: _____
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FRAUD WARNINGS

GENERAL FRAUD STATEMENT (not applicable in Colorado, Hawaii, Nebraska, Ohio, Oklahoma, Oregon, Utah and Vermont) Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

NOTICE TO COLORADO APPLICATIONS: THIS NOTICE IS A PART OF YOUR APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE: 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.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: A 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.

NOTICE TO UTAH APPLICANTS: For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report for billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THE APPLICATION BY THE APPLICANT CHANGES BETWEEN THE DATE OF THE APPLICATION AND THE EFFECTIVE DATE OF INSURANCE, APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

This application is understood to be an inducement to the issuance of a policy of insurance by the Company. The undersigned hereby authorizes the Company to obtain information necessary for evaluation in determining acceptability including but not limited to motor vehicle reports, credit reports and physical inspection.

To pay your premium by credit card: Choose one: VISA MASTERCARD	
Name, exactly as it appears on the card: _____	
Billing address for the card: _____	
City _____	State _____ Zip _____
Card # _____	Exp Date _____
Card Holder's signature _____	

Agent Information Area	
Agency _____	
Address _____	
City _____	State _____ Zip _____
Phone _____	
Contact Name _____	

The applicant hereby agrees that the foregoing statements and answers are a true representation of all the facts and circumstances with regard to the risk to be insured to the best of the applicant's knowledge and the same are therefore made the basis of any policy of insurance issued. Note: Coverage is effective the date the application and payment or credit card voucher are received and accepted by the insurance company representative.

Date: _____ Applicant Signature: _____
Applicant Phone: _____

Producer Signature: _____ Date: _____
Producer License Number: _____ License Expiration Date: _____