



PERMANENT MAKEUP PROGRAM

Since 1993

PROFESSIONAL & GENERAL LIABILITY – CLAIMS MADE POLICY

General coverage on basic program:

Eyebrows, Eyeliner, Beauty Marks, Lips & Liner, Body Tattoo if desired

OPTIONS:

- ✘ Teaching Coverage
- ✘ Camouflage/Skin Repigmentation
- ✘ Cheek Blush
- ✘ Pigment Removal - Now available!
- ✘ Needling/Multitrepannic Collagen Actuation - Now available!

| BASE RATES | | WITH CAMOUFLAGE/ SKIN REPIGMENTATION |
|---|-----------------|---|
| \$100,000 | @\$669/Operator | Add \$174/operator |
| \$300,000 | @\$790/Operator | Add \$229/operator |
| \$500,000 | @\$838/Operator | Add \$254/operator |
| \$1,000,000 | @\$982/Operator | Add \$297/operator |
| <i>Teaching Coverage:</i> 2 x Base rate includes your individual coverage NO per student charge = NO hassle (i.e. \$300,000 = \$790 x 2 = \$1,580) | | |

CAMOUFLAGE/SKIN REPIGMENTATION

- ✘ Must be in the industry 2 years and completed 50 cosmetic procedures and/or tattoos
- ✘ Must have a letter of recommendation from a doctor or a training certificate
- ✘ Nipple areola – no charge, but requires letter of recommendation from a doctor or a training certificate
- ✘ Cheek blush requires 4 years experience

ADDITIONAL COSTS

Fully earned broker fee and taxes as indicated

CHECK LIST for PERMANENT MAKEUP

- | | <u>Done?</u> |
|--|--------------------------|
| 1. Copy of Certificates for permanent makeup or a description of training. (Information is not necessary on renewals) | <input type="checkbox"/> |
| 2. Client information/medical history forms. | <input type="checkbox"/> |
| 3. Copy of informed consent/hold harmless forms. | <input type="checkbox"/> |
| 4. Copy of any advertisements or brochures you use. (Information is not necessary on renewals) | <input type="checkbox"/> |
| 5. Completed & Signed application with all questions answered, including 4.2 | <input type="checkbox"/> |
| 6. Full payment or deposit to finance of 30% + fees. | <input type="checkbox"/> |

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**NO COVERAGE WILL BE CONSIDERED FOR
BINDING WITHOUT ENCLOSING ALL THE
REQUESTED ITEMS**

PERMANENT COLOR LIABILITY INSURANCE APPLICATION

PART I. GENERAL INFORMATION

- 1.1 Your Name: _____ Phone: _____
Your Business Name: _____ email address: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Business Address #1: _____
Business Address #2: _____ Add premises liability? _____
(There is an additional charge if premises liability is needed for more than one location.)
- 1.2 Working as: Sole Proprietorship Partnership Corporation Employee
- 1.3 Type of business (where equipment is located): Salon Clinic Independent, multiple locations, Number _____
 Other, describe _____
- 1.4 Are you in compliance with all city, county and/or state ordinances? _____
Business License No. _____ (Attach copy)
- 1.5 How long in business applying permanent color? _____
- 1.6 Have you had formal instruction in the application of permanent color: Yes No
If Yes, attach all certificates of training. If no, attach description of training and experience.
- 1.7 How many procedures have you performed in the past 12 months for the following:
Eyeliner _____ Eyebrows _____ Lipliner _____ Lips _____ Cheek blush _____ Skin Repigmentation/Camouflage _____
Decorative Tattooing _____ Other, explain: _____

PART II. INFORMATION ABOUT YOUR PROFESSION

- 2.1 Do you use a medical history/client information form on everyone? Yes No
If yes, attach a copy.
- 2.2 Do you use a hold harmless or informed consent form? Yes No
If yes, attach a copy
- 2.3 Do you take before and after photos of cover-ups and cosmetic work? Yes No
- 2.4 Do you schedule a follow-up appointment after the procedures? Yes No
If yes, when? _____
- 2.5 Do you advertise other than a listing in the local telephone directory? Yes No
If yes, attach a copy of all promotional materials.

PART III. EQUIPMENT AND PROCEDURES

- 3.1 Are all pigments you use from US manufacturers? Yes No
If no, please provide a copy of the FDA stamp from the importer.
- 3.2 Do you ever re-use needles? Yes No
- 3.3 Is all your equipment pre-sterile, one-time use? Yes No
If no, indicate your method of sterilization: _____
- 3.4 Is all your equipment in proper running order? Yes No
- 3.5 Do you wear gloves with each procedure? Yes No
- 3.6 Do have hot and cold running water on site? Yes No
- 3.7 Do you dispose of your pigments after each client? Yes No
- 3.8 Provide the following information on all machines/devices:
MANUFACTURER _____ PURCHASE DATE _____
MANUFACTURER _____ PURCHASE DATE _____
- 3.9 What anesthetics, if any, do you use? _____

SCHEDULE OF SERVICES

Indicate which services you provide, the number of operators and if we are to insure them. Independent contractors are not covered unless coverage is specifically extended to them.

| | | | | INSURE WITH US? |
|---|--------|-----------------|-----------------------|----------------------------|
| MANICURISTS | YES/NO | NUMBER | _____ | _____ |
| BEAUTICIANS | YES/NO | NUMBER | _____ | _____ |
| FACIALS | YES/NO | NUMBER | _____ | _____ |
| | | | Include Peels? YES/NO | _____ |
| List products & percentage of acids if including peels: _____ | | | | |
| Are you specifically trained in the use of all peels you are using? _____ | | | | |
| MICRODERMABRASION | YES/NO | NUMBER | _____ | _____ |
| WAX REMOVAL | YES/NO | NUMBER | _____ | _____ |
| Are all the facialists doing wax removal as well? _____ | | | | |
| BODY WRAPS | YES/NO | NUMBER | _____ | _____ |
| List the type of wraps you use: _____ | | | | |
| MASSAGE | YES/NO | NUMBER | _____ | _____ |
| | | | CERTIFIED? _____ | _____ |
| ELECTROLOGY | YES/NO | NUMBER | _____ | _____ |
| EAR PIERCING | YES/NO | NUMBER | _____ | _____ |
| Indicate gross receipts from Ear Piercing: _____ | | | | |
| TANNING - AIRBRUSH | YES/NO | UNITS | _____ | _____ |
| PRODUCTS | YES/NO | Gross Receipts: | _____ | _____ |
| (No coverage is provided for private label products) | | | | |
| PERM. MAKEUP | YES/NO | NUMBER | _____ | _____ |
| CAMOUFLAGE | YES/NO | NUMBER | _____ | _____ |
| NEEDLING / MCA | YES/NO | NUMBER | _____ | _____ |
| MCA = Multitrepanic Collagen Actuation | | | | |
| BODY TATTOO | YES/NO | NUMBER | _____ | _____ |

FOLLOWING SERVICES REQUIRE SEPARATE APPLICATIONS IF COVERAGE IS NEEDED

| | | | | |
|---|--------|--------|-------|-------|
| TANNING – UNITS | YES/NO | UNITS | _____ | _____ |
| If including tanning, complete the tanning bed supplement application | | | | |
| BODY PIERCING | YES/NO | NUMBER | _____ | _____ |
| LASERS / INTENSE PULSED LIGHT DEVICES | YES/NO | NUMBER | _____ | _____ |
| PIGMENT REMOVAL /LIGHTENING - SALINE | YES/NO | NUMBER | _____ | _____ |
| PIGMENT REMOVAL /LIGHTENING - REJUVI | YES/NO | NUMBER | _____ | _____ |

LIABILITY LIMIT REQUESTED: _____

NUMBER OF OPERATORS: _____

IMPORTANT: SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE.
 Coverage becomes effective only when accepted by the insurance company.

 APPLICANT

 TODAY'S DATE

BEAUTY & PERMANENT MAKEUP INDUSTRY PROGRAM

PROPERTY INSURANCE

BUSINESS PROPERTY \$1.25/100 Coverage, All Risk Replacement Cost, \$1000 Deductible

EARNINGS INSURANCE \$1.25/100 Coverage, All Risk per above

GLASS \$125 FLAT charge, \$100 Deductible
Limit of Coverage: \$2500

SIGN \$1.50/\$100 of Value, \$100 Deductible

MINIMUM PROPERTY PREMIUM: \$250
(Coverage only provided in conjunction with liability)

- **Inspections required for risks with a Total Insured Value greater than \$150,000 (\$125 inspection fee per location)**
-

Property Underwriting & Forms:

1. 100% Coinsurance required.
2. Maximum limit of coverage available: \$300,000
(For higher limits up to \$500,000 we must get company approval)
3. For theft values over \$50,000 a Burglar Alarm is required
4. Subject to standard exclusions including earthquake and flood
5. All of Florida and in Coastal counties from Texas to Alabama, and from Georgia to Maryland (Baltimore ok) & Delaware there will be a wind, hurricane and resulting water damage exclusion. If coverage is desired for this exclusion, contact our office.

ADDITIONAL COSTS:

Non-refundable fee if property coverage is needed as follows:

- NM Property - \$50 flat, Filing Fee
- PA Property - \$15 flat, Stamping Fee
- OK Property - \$100 Filing Fee
- SC Property - \$25 Filing Fee

Prices are subject to change without notice

PROPERTY APPLICATION

GENERAL INFORMATION

- 1.1 Applicant legal Business Name: _____ Phone: _____
Mailing Address: _____
Business Address: _____ County: _____
- 1.2 Number of years at this location: _____
- 1.3 Name & address of loss payee: _____

PROPERTY SECTION

MUST INSURE FOR 100% OF THE REPLACEMENT COST

- 2.1 Age of building: _____ Construction: _____ Number of stories: _____
- 2.2 If building is over 20 years old, when were the following upgraded? (*) Information is Required
*Roof: _____ *Plumbing: _____ *Wiring: _____ Sprinklers: _____
- 2.3 Square Footage of business: _____ *Central Station Burglar Alarm? _____
- 2.4 Other Occupancies in building? (Describe) _____
- 2.5 Adjoining Occupancies: LEFT: _____ RIGHT: _____
- 2.6 Approximate distance from fire station: _____ Distance from fire hydrant: _____
- 2.7 Do you sell clothing? Yes No If yes, Inventory Value: \$ _____
- 2.8 Do you sell or use jewelry? Yes No If yes, Jewelry Value: \$ _____

COVERAGES DESIRED

CONTENTS – Limit Needed: \$ _____, DEDUCTIBLE \$1,000

EARNINGS – Limit Needed: \$ _____, For what period? _____

GLASS – Maximum Limit: \$2,500, DEDUCTIBLE \$100 Yes No

SIGN – Limit Needed: \$ _____, DEDUCTIBLE \$100

CLAIMS

- 3.1 List all property claims in the past 5 years, whether or not insured: _____

- 3.2 Current property insurance carrier, policy number: _____

SIGNED: _____ **DATE:** _____