

**Allen Financial Insurance Group Inc.**

12424 N 32nd St Suite 200, Phoenix, AZ 85032

Phone: 800-874-9191 Fax: 602-992-8932

******TOP SECTION IS FOR INSURANCE AGENTS ONLY******

Agency/Brokerage Name: _____

License Number: _____ E&O Policy # _____ Expiration Date: _____

Account Contact: _____

Phone Number: _____ Email: _____

PERMANENT MAKEUP, MICROBLADING, SALON & SPA - APPLICANT INFORMATION

Applicant Name: _____ Phone Number: _____

Business Name: _____

Email Address: _____ Web Site: _____

Mailing Address: _____

Street

City

State

Zip Code

Business Address (Loc #1) _____

Street

City

State

Zip Code

Business Address (Loc #2) _____

Street

City

State

Zip Code

Business Type: ☐ Corporation ☐ LLC ☐ Individual ☐ Partnership ☐ Independent Contractor ☐ Other: _____

Year Business Started: _____ # of Losses in the Past 5 Years: _____ Prior Insurance Company: _____

Do you currently have insurance coverage? If yes, complete below: ☐ Yes ☐ No

Insurance Carrier: _____ Policy Number: _____

Policy Number: _____ Expiration Date: _____ Policy Premium: _____

LIABILITY LIMITS/POLICY COVERAGES SECTION☒ **Limits of Liability:** ☐ \$100,000 ☐ \$200,000 ☐ \$300,000 ☐ \$500,000 ☐ \$1,000,000☐ **Infectious Disease:** ☐ \$25,000 ☐ \$50,000 ☐ \$100,000 ☐ \$250,000☐ **Assault & Battery:** ☐ \$25,000 ☐ \$50,000 ☐ \$100,000☐ **Sexual Abuse:** ☐ \$25,000 ☐ \$50,000 ☐ \$100,000☐ **I Elect to Purchase Optional Terrorism Coverage** ☐ **I Reject to Purchase Optional Terrorism Coverage**Are you in compliance with all city, county, state ordinances and work in a licensed business? ☐ Yes ☐ NoAre you licensed by any state, county or municipality? (Send in copies of artist licenses) ☐ Yes ☐ NoDo you sell products other than the services you are providing? **Annual Sales from other products?** \$ _____ ☐ Yes ☐ No

If Yes, please provide description of items sold (i.e. Jewelry, Clothing, Aftercare Products etc....): _____

If you are required to add any entity on as Additional Insured on your Policy, please list their info below:

☐ Landlord ☐ Property Management Co. ☐ Mortgage ☐ Loss Payee ☐ Waiver of Subrogation ☐ Primary Wording

Name: _____

Address: _____

SALON AND SPA SERVICES

☐ N/A

What is the total number of Employees or Independent Contractors performing hair, nail and/or skin services? _____

- Number of Beauticians/Barbers, Nail Technicians or Aestheticians: _____
- Number of Electrologists: _____
(include employees performing facial chemical peels and microdermabrasion services under Electrologists)
- Number of Massage Therapists: _____ Number of Massage Beds: _____

Please provide a list of **ALL** services offered: _____

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are any of the aesthetician's paramedical aestheticians; or do any operate under a physician's supervision or perform services based on medial referrals?

☐ Yes ☐ No

If you do body wraps or exercise activities, do more than 20% of annual sales come from these operations?

☐ Yes ☐ No

If you do facial chemical peels or microdermabrasion, are customers required to wear eye protection?

☐ Yes ☐ No

Do you dispense or sell any herbal supplements or medications?

☐ Yes ☐ No

Do you manufacture, repackaging, or re-label any products? If yes, please describe.

☐ Yes ☐ No

SUNLAMP/UV UNIT INFORMATION

☐ N/A

Number of Sunlamp/UV units: _____

Are all units UL listed?

☐ Yes ☐ No

Do all units have automatic shut-offs?

☐ Yes ☐ No

Are timers controlled by employees?

☐ Yes ☐ No

Are customers allowed to tan longer than the manufactured recommended maximum exposure time?

☐ Yes ☐ No

Do all sunlamp units have the FDA-mandated black box warning that the product should not be used by persons under the age of 18 years?

☐ Yes ☐ No

Are all bulbs in sunlamp units compatible, as defined by the FDA and state regulation?

☐ Yes ☐ No

Are units disinfected after each use?

☐ Yes ☐ No

Are customers with Skin Type I allowed to tan with sunlamps/UV units?

☐ Yes ☐ No

Are customers informed that tanning while using some medication, cosmetics, lotions, creams, etc. may increase their sensitivity to UV rays?

☐ Yes ☐ No

Are customers informed that UV exposure may worsen some light sensitive medical conditions and that they should consult their doctor prior to use?

☐ Yes ☐ No

What is the minimum amount of time allowed between exposures? Weeks: _____ Days: _____ Hours: _____

Are customers required to use FDA-compliant eye protection?

☐ Yes ☐ No

Do you provide FDA-compliant eye protection?

☐ Yes ☐ No

Do all customers undergo an initial evaluation to determine skin type prior to tanning?

☐ Yes ☐ No

SPRAY TANNING INFORMATION

☐ N/A

Number of Spray Tan Booths: _____ Number of Air Brush Units: _____

How are customers protected from ingesting or inhaling the solution? _____

Do you allow customers with respiratory conditions, such as asthma to tan without a doctor's consent?

☐ Yes ☐ No

What is the minimum amount of time allowed between applications? Weeks: _____ Days: _____ Hours: _____

TEETH WHITENING SERVICES

☐ N/A

Please certify each of the following:

- Bleaching agents are limited to carbamide and hydrogen peroxide.
- The maximum concentration of carbamide peroxide is 22%.
- Lasers and UV light are not used to accelerate the whitening process.
- This is not a kiosk-based business.
- Persons under the age of 16 or women that are nursing or pregnant are prohibited from receiving teeth whitening services.

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

POOLS / SAUNAS / STEAM ROOMS / WHIRLPOOLS ☐ N/A

What is the total number of the following? Pools: _____ Hot tubs/Whirlpools: _____ Saunas/Steam rooms: _____

If any hot tubs, Jacuzzis, steam rooms or saunas, please certify that you have all the following:

Warnings and directions for use clearly posted.

☐ Yes ☐ No

All thermostats are tamper-resistant.

☐ Yes ☐ No

All emergency shutoffs are in the same area.

☐ Yes ☐ No

All these features are equipped with a timer for automatic shut-off.

☐ Yes ☐ No

PERMANENT MAKEUP (PMU) SECTION ☐ N/A

Complete this page for **EACH** technician performing any of the below services

Technician Name: _____ Technician Experience: Years _____ Months _____

Check ALL services rendered by technician: (Provide certificate of training for any of the below listed services for each technician)

☐ **Permanent Makeup:** *eyeliner, eyebrows, lips, lipliner, beauty marks* ☐ *eyeshadow, cheek blush* ☐ *nipple/areola* ☐ *scar camouflage*

☐ **Microblading:** *eyebrows only* ☐ **Scalp Micro Pigmentation** ☐ **Saline Pigment Removal**

Hours Training: _____ Name of School: _____ Dates Attended: Start _____ Completion _____

How long do you retain client records in years?

Years

Do you require every client to sign an information/consent form? (**Attach a Copy**)

☐ Yes ☐ No

Do you provide all clients with written aftercare instructions? (**Attach a Copy**)

☐ Yes ☐ No

Are all pigments from U.S. or Canada manufacturers and/or EU Standards?

☐ Yes ☐ No

Do you dispose of your used pigment's caps after each client?

☐ Yes ☐ No

Do you have written sterilization, sanitation and safety standards?

☐ Yes ☐ No

Do you take before and after photos of all work?

☐ Yes ☐ No

Do you have a contract with bio-waste disposal company?

☐ Yes ☐ No

Do you use Sharps waste container?

☐ Yes ☐ No

Do artists travel to client's location?

☐ Yes ☐ No

Do you ever **RE-USE** needles or gloves?

☐ Yes ☐ No

ADDITIONAL COVERAGE SECTION

Are you interested in adding any of the following coverages?

- Business Personal Property Coverage (Business Equipment Coverage)

☐ Yes ☐ No

(If Yes, we require a separate Property Application to be Completed)

- Excess Liability Coverage (In addition to the liability limits already selected on page 1)

☐ Yes ☐ No

(If Yes, we may require an additional Excess Application to be Completed)

- Hired and Non-Owned Auto Liability Coverage

☐ Yes ☐ No

I DECLARE THAT THE STATEMENTS MADE IN THIS SUPPLEMENTAL APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY AND ARE MADE PART OF ALL APPLICABLE APPLICATIONS FOR INSURANCE.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance, or the subject thereof may void any policy issued. I HAVE READ AND UNDERSTAND THE FRAUD WARNINGS CONTAINED IN ALL APPLICATIONS. THIS APPLICATION MUST BE SIGNED BY APPLICANT WITHIN 30 DAYS OF BINDING. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE BECOMES EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY.**

NOTE: THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER OR EXECUTIVE OFFICER.

Signature of Applicant

Printed Name/Title

Date

If you are Mailing, E-Mailing or Faxing this application back to us, please use the contact information below:

Mail: Allen Financial Insurance Group Inc. 12424 N 32nd St Suite 200, Phoenix, AZ 85032

E-Mail: Jay@EQGroup.com Fax Number: 602-992-8932 Secondary Fax: 602-992-8327

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, and the Terrorism Risk Insurance Program Reauthorization Act of 2015, that you have a right to purchase insurance coverage for losses arising out of acts of terrorism, *as defined in Section 102(1) of the Act*. The term “act of terrorism” means any act that is certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance act, —to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Coverage under your existing policy may be affected as follows:

IF THIS POLICY IS A RENEWAL OF A POLICY ON WHICH YOU PREVIOUSLY REJECTED TERRORISM COVERAGE, THEN THIS POLICY HAS BEEN ISSUED WITHOUT TERRORISM COVERAGE. YOU STILL HAVE AN OPPORTUNITY TO OBTAIN TERRORISM COVERAGE. ALL YOU HAVE TO DO IS NOTIFY YOUR AGENT OF YOUR DESIRE TO ACCEPT THIS OFFER AND PAY THE ADDITIONAL PREMIUM INDICATED BELOW. IF YOU ACCEPT THIS OFFER AND YOUR POLICY IS BILLED DIRECT TO YOU, WE WILL ADD THE ADDITIONAL PREMIUM DUE TO THE BALANCE OF YOUR DIRECT BILL STATEMENT. IF YOU DO NOT USE THE DIRECT BILL OPTION, YOU WILL RECEIVE A BILL FROM YOUR AGENT.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

IF YOU ACCEPT THIS OFFER TO ADD TERRORISM COVERAGE TO YOUR POLICY, TERRORISM COVERAGE PROVIDED BY THE POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM WILL BE PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. UNDER THIS FORMULA, IN 2015 THE UNITED STATES WILL PAY 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE FEDERAL SHARE WILL DECREASE BY 1% EACH YEAR AFTER 2015. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, (FOR EXAMPLE, NUCLEAR OR WAR EXCLUSIONS).


THE TERRORISM RISK INSURANCE ACT, AS AMENDED IN 2015 CONTAINS A \$100 BILLION CAP THAT LIMITS THE U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM “CERTIFIED ACTS OF TERRORISM” WHEN THE AMOUNT OF SUCH LOSSES IN A CALENDAR YEAR (JANUARY 1 THROUGH DECEMBER 31) EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals the percentage of that portion of the amount of such insured losses that exceeds the applicable insurer retention for the calendar years shown as follows:

- 2015 – The federal share of terrorism losses are 85%.
- 2016 – The federal share of terrorism losses are 84%.
- 2017 – The federal share of terrorism losses are 83%.
- 2018 – The federal share of terrorism losses are 82%.
- 2019 – The federal share of terrorism losses are 81%.
- 2020 – The federal share of terrorism losses are 80%.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

YOU HAVE THIRTY (30) DAYS FROM THE INCEPTION DATE OF YOUR POLICY TO CONSIDER THIS OFFER OF COVERAGE FOR TERRORIST ACTS. TERRORISM EXCLUSION WILL REMAIN ON YOUR POLICY AND YOU WILL NOT BE COVERED FOR LOSSES ARISING FROM TERRORIST ACTS IF WE DO NOT RECEIVE NOTICE OF YOUR ELECTION TO PURCHASE TERRORISM COVERAGE WITHIN THE TIMEFRAME STATED ABOVE.

	I hereby elect to purchase Terrorism coverage for a prospective premium of \$(Please contact your agent for a quote).
	I hereby reject the terrorism coverage offer. I understand that I will have no coverage for losses arising from acts of terrorism as outlined in this Notice.

Policyholder/Applicant's Signature

Capitol Specialty Insurance Corporation
Insurance Company

Print Name

Policy Number

Date