



Allen Financial Insurance Group Inc.

12424 N 32nd St Suite 101, Phoenix, AZ 85032

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

PERMANENT MAKEUP, MICROBLADING, SALON & SPA - APPLICANT INFORMATION

Applicant Name: _____ Phone Number: _____

Business Name: _____

Email Address: _____ Web Site: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Address (Loc #1) _____

City: _____ State: _____ Zip Code: _____

Business Address (Loc #2) _____

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 SECTION

- Limitations 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 No

Are you licensed by any state, county or municipality? (Send in copies of artist license's) Yes No

Do 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: _____

GENERAL SALON INFORMATION

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

Do you provide any of the following services? (Check all that apply)

- Acupuncture Cellulite and Fat Reduction Therapies Colon Hydrotherapy Cryotherapy Herbology
Hyperbaric Chambers or Therapy Ice Rooms Ear Candling Ear Stapling Eyebrow and/or Eyelash Tinting
Lash Lifts Laser Hair Removal or Other Laser Treatments Subcutaneous Injections (ie - Botox, Juvederm, Lipodissolve)
Sensory Deprivation Chambers or Enclosed Flotation Beds Water Massage Beds Operated at a Kiosk

HAIR, NAIL AND SKIN 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: _____

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 manufacture, repackage, or re-label any products? If yes, please describe. Yes No

Do you dispense or sell any herbal supplements or medications? 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? _____

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? _____

TEETH WHITENING SERVICES

Please certify each of the following:

- Bleaching agents are limited to carbamide and hydrogen peroxide. Yes No
- The maximum concentration of carbamide peroxide is 22%. Yes No
- Lasers and UV light are not used to accelerate the whitening process. Yes No
- This is not a kiosk-based business. Yes No
- Persons under the age of 16 or women that are nursing or pregnant are prohibited from receiving teeth whitening services. 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 of 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 of these features are equipped with a timer for automatic shut-off. Yes No

PERMANENT & MICROBLADING MAKEUP SECTION N/A

Complete this section for **EACH** technician performing PMU, Microblading or Saline Pigment Removal services

Technician Name: _____ Years of Experience: _____

Permanent Makeup: *eyeliner, eyebrows, lips, lip liner, nipple/areola, scar camouflage* **Permanent Makeup:** *eyeshadow, cheek blush*

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

Provide certificate of training for any of the above listed services for each Technician

Hours of Live Training: _____ Hours of Online Training: _____ Name of School: _____ Dates Attended: _____

- 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 Property Coverage Yes No
(If Yes, we require Property Application to be Completed)
- Excess Liability Coverage 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 101, Phoenix, AZ 85032

E-Mail: Jay@EQGroup.com

Fax Number: 602-992-8932

Secondary Fax: 602-992-8327

******FOR INSURANCE AGENTS ONLY**

Agency/Brokerage Name: _____

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

Account Contact: _____

Phone Number: _____ Email: _____