



**PART IV. HISTORY**

**NOTE:** All questions must be answered. **Failure to disclose claims history could invalidate coverage.**

4.1 Do you currently have insurance coverage? Yes No If yes, indicate the following:  
*Insurer Policy # Liability Limits Premium Exp. Date*

If claims made, most recent retroactive date: \_\_\_\_\_

4.2 List liability claims history arising from any body piercing, tattoo, permanent makeup or other professional activity, whether or not insured: If none, state so \_\_\_\_\_  
*YR/Claim Nature of injuries Equip. Involved Details, if Pending Amt. if settled*

4.3 Do you have knowledge of an event, circumstance or occurrence (other than listed in 4.2 above) prior to the effective date of the proposed policy, or are you aware that a claim may be brought as a result of said event, circumstance or occurrence?  
Yes No. If yes, describe details of the event:

I understand and agree this Application and any supplements attached hereto will be relied upon for issuance of any policy. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the company, result in the voiding of the insurance issued in reliance on this application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release all Lloyd's of London participating syndicates, any documents, records or other information bearing upon the foregoing. I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

Furthermore, I understand that the policy applied for will apply only to CLAIMS FIRST MADE AND REPORTED to the Company in writing within the period of coverage shown on the certificate of insurance issued with the policy or certificate on the date the policy is canceled or terminated, whichever comes first or as otherwise provided by the policy.

I understand this insurance is being provided through a surplus lines company and the insurer is not subject to all the insurance laws and rules in my state and the risk is not protected by the State Insurance Insolvency Fund.

**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**

\_\_\_\_\_  
APPLICANT SIGNATURE TITLE  
\_\_\_\_\_  
DATE SIGNED REQUESTED EFFECTIVE DATE LIABILITY LIMIT REQUESTED

Can we email you your policy (usually within 2-3 weeks) Yes No \_\_\_\_\_@\_\_\_\_\_

One box below must be checked:

**I ELECT TO PURCHASE TERRORISM COVERAGE AT A 10% ADDITIONAL PREMIUM**

**1 DO NOT ELECT TO PURCHASE TERRORISM COVERAGE AT A 10% ADDITIONAL PREMIUM**

ADDITIONAL INSURED: @ \$30 Certificate Holder (Landlord or Lessor) If necessary, add other names on separate paper.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Relationship to your business (Landlord, lienholder): \_\_\_\_\_

# 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	NUMBER_____	Yes	No
BEAUTICIANS	NUMBER_____	Yes	No
BROW/LASH ENHANCEMENT	NUMBER_____	Yes	No
FACIALS	NUMBER_____	Yes	No
Include Peels?      Yes      No			
List products & percentage of acids if including peels:	_____		
MICRODERMABRASION	NUMBER_____	Yes	No
LED/MICROCURRENT	NUMBER_____	Yes	No
WAX REMOVAL	NUMBER_____	Yes	No
Are all the facialists doing wax removal as well?	Yes      No		
BODY WRAPS	NUMBER_____	Yes	No
List the type of wraps you use:	_____		
MASSAGE	NUMBER_____ CERTIFIED?_____	Yes	No
ELECTROLOGY	NUMBER_____	Yes	No
EAR PIERCING	NUMBER_____	Yes	No
Indicate gross receipts from Ear Piercing:	_____		
AIRBRUSH TANNING	UNITS_____	Yes	No
PRODUCTS	Gross Receipts:_____	Yes	No
Are Products Privately Labeled by you?      Yes      No	If yes a separate application is required.		
PERM. MAKEUP	NUMBER_____	Yes	No
TEACHING	NUMBER_____	Yes	No
CAMOUFLAGE	NUMBER_____	Yes	No
PIGMENT REMOVAL /LIGHTENING      SALINE      TATTOO VANISH      ELIMININK      REJUVI			
NEEDLING / MCA	NUMBER_____	Yes	No
MCA = Multitrepanic Collagen Actuation			
BODY TATTOO/BODY PIERCING	NUMBER_____	Yes	No
<b><u>FOLLOWING SERVICES REQUIRE SEPARATE APPLICATIONS IF COVERAGE IS NEEDED</u></b>			
UV TANNING – UNITS	UNITS_____	Yes	No
If including tanning, complete the tanning bed supplement application			
SAUNAS, SHOWERS, SOAKING POOLS	UNITS_____	Yes	No

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