

Personal Appearance Application

Agency Name SCHATZ & ASSOCIATES INC # 12007 Quote Only Issue Policy
 Producer _____ Effective Date _____
 Additional Coverages*: Auto Workers Comp.** Umbrella EPLI(Stand Alone) None

For questions please contact Patrick Schatz: 847-356-1520 x117. pschatz@schatzins.com

APPLICANT INFORMATION:

Applicant's Name _____ Mailing Address _____
 _____ City _____ State _____ ZIP _____
 Contact Person _____ Phone # _____
 Applicant is a: Individual Partnership Corporation
 Other (specify) _____

PREMISES INFORMATION

Location # Building # Street, City, County, State, ZIP

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

1. Does the operation have liability insurance with NSI or West Bend Mutual Insurance Company? Yes No
2. Does the applicant own any buildings with more than 2 apartments at any one covered location? Yes No
3. In the last 3 years, has the operation had any losses or claims? Yes No
4. **(NOT APPLICABLE IN MISSOURI)** In the past 3 years, has any prior policy been cancelled, declined, or non-renewed? Yes No
5. Has the operation ever had any personal appearance care license/certification suspended or revoked? If yes, please provide a description: _____ Yes No
6. States in which the operation does business: IA IL IN KS KY MI MN MO OH* WI
* A signed Ohio Fraud statement is required for applications.
7. Does the applicant perform any operations, personal appearance or non-personal appearance, outside of Iowa, Illinois, Indiana, Kansas, Kentucky, Michigan, Minnesota, Missouri, Ohio, and Wisconsin? Yes No
8. Any Commercial Automobile coverage being quoted or issued by NSI or another carrier? Yes No

Remarks _____

Prior Insurance Information

Prior Carrier	Eff./Exp. Date	Policy Number	Policy Premium

Loss History Check here if there are no prior claims.

Date of Occurrence	Description of Claim	Amount Paid	Claim Status
			<input type="checkbox"/> Open <input type="checkbox"/> Closed
			<input type="checkbox"/> Open <input type="checkbox"/> Closed
			<input type="checkbox"/> Open <input type="checkbox"/> Closed
			<input type="checkbox"/> Open <input type="checkbox"/> Closed

PERSONAL APPEARANCE APPLICATION

LIABILITY SECTION

1. PER OCCURRENCE/AGGREGATE LIMITS

\$300,000/600,000
 \$500,000/1,000,000
 \$1,000,000/2,000,000
 \$1,000,000/3,000,000

2. SCHEDULE OF HAZARDS

PROFESSIONAL LIABILITY IS INCLUDED FOR ALL CLASSIFICATIONS LISTED BELOW				
Classification	Class Code	Premium Base	# of Units/ Employees, Incl Owners	# of Independent Contractors (see #4.H.)
Air-Brush or Spray-On Tanning Booths	70373	Beds		
Aqua Massage Beds	70374	Beds		
Beauty/Barber/Manicurist/Estheticians (Full-time Operators)	70037	Operators		
Beauty/Barber/Manicurist/Estheticians (Part-time Operators)*	70038	Operators		
Beauty/Barber/Massage School Instructors	70044	Instructors		
Electrologists, Full-time	70039	Operators		
Electrologists, Part-time*	70040	Operators		
Hot Tubs, Saunas & Steam Rooms	70372	Each		
Massage Therapists, Full-time	70041	Operators		
Massage Therapists, Part-time*	70042	Operators		
Sun Tan Beds (bulb-style beds)	70043	Beds		

**29 hours or less per week*

Optional Coverage

Employee Benefits Coverage	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Employment Practices Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Limit: <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 (only available if 19 or less employees)	Number of Employees (full & part-time)			
Hired/Non-owned Auto	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

3. ANY ADDITIONAL INTERESTS:

Yes No

Additional Insureds

Manager or Lessors

NOC

4. Answer all of the following questions:

A. Yes No Is the operation licensed?

B. How many years has the applicant been in business? _____ years.

C. Yes No Does the applicant perform any non-personal appearance care services or operations other than sales/services of beauty related products?

If yes, provide description: _____

D. Yes No Does the applicant own any buildings?

1. Yes No Does the applicant lease any part of any of the building(s) at this location to others?

*If yes, a copy of the certificate of insurance for the leased area is required.

2. _____ What is the total square footage leased to others?

3. _____ Total number of apartments at this location? *

*A copy of the lease agreement and the HO-4 is required if coverage is bound.

E. Yes No Does applicant perform chiropody or podiatry? (If yes, coverage does not apply.)

F. Yes No Does applicant perform permanent cosmetic application? (If yes, coverage does not apply.)

G. Yes No Does applicant perform any types of laser treatments? (If yes, coverage does not apply.)

H. Yes No Does applicant offer services through independent contractors?

*If yes, include the number of independent contractors in the table above, unless a copy of the certificates of insurance are provided with limits equal to or greater than applicant's.

I. Yes No Do you perform wart, mole, or other growth removal? (If yes, coverage does not apply.)

5. Tanning Salons: Does applicant provide any tanning services?

Yes No

A. What percentage of UVB radiation do the tanning beds produce? _____%

B. Yes No Are all customers given information about the types of rays and the potential sensitivity?

- C. Yes No Are records kept on each tanning customer for each visit and exposure time?
- D. Yes No Are eye protective goggles required for all users?
- E. Yes No Does an employee sanitize beds after every use?
- F. Yes No Does the customer sign a waiver of liability before using tanning services? If yes, provide a copy of the waiver.

6. Massage Therapy: Does applicant provide any massage therapy services? Yes No

- A. Yes No Has any massage therapist ever been sued for malpractice?
- B. Yes No Do the clients complete an application before the first massage?
If yes, please provide a copy of the application.

7. Electrolysis: Does applicant provide any electrolysis services? Yes No

- A. What procedure is used for disposing of probes or needles? Please explain _____
- B. What type of post-treatment instructions are given to patients? _____
- C. Yes No Are reactions to electrological procedures recorded?

PROPERTY COVERAGES/BUILDING INFORMATION: Property coverage desired? Yes No

Location # _____ Building # _____

Interest: Owner Tenant

Construction: Frame (Class 1) Joisted Masonry (Class 2) NonCombustible (Class 3)
 Masonry NonCombustible (Class 4) Fire Resistive (Class 5, 6)

Square Ft _____ No. Stories _____ Prot. Class _____ Percent Occupied _____ Age of Bldg. _____

Building Improvements: Wiring Year _____ Roofing Year _____ Plumbing Year _____ Heating Year _____
(Year Last Updated)

Any area leased? Yes No Sprinklered? Yes No

LIMITS

Building _____
Contents _____

VALUATION

RC ACV
 RC ACV

Property Deductible Options

\$250 \$500 \$1,000 \$2,500 \$5,000

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VALUATION

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 RC ACV

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\$250 \$500 \$1,000 \$2,500 \$5,000

1. ANY OPTIONAL PROPERTY COVERAGES: Yes No

- A. Yes No Computer Coverage in excess of \$25,000? Excess limit \$ _____
- B. Yes No Condominium Unit – Owners Coverage

Personal Appearance Application

- C. Yes No Earthquake – Building Yes No Earthquake – Personal Property
- D. Yes No Legal Liability Building Limit \$ _____
- E. Yes No Money and Securities
1. Inside Premises in Excess of \$15,000. Excess Limit \$ _____
2. Outside Premises in Excess of \$7,000. Excess Limit \$ _____
- F. Yes No Outdoor Detached Signs in Excess of \$10,000. Excess Limit \$ _____
- G. Yes No Employee Dishonesty (\$5,000 included)
1. Number of Employees _____
2. Limit: \$10,000 \$25,000
Contact Company for Higher Limits _____

2. **ANY ADDITIONAL INTERESTS:** Yes No

- Mortgagee _____ Mortgagee _____
 Loss Payee _____ Loss Payee _____

I have read the above questions and I hereby declare to the best of my knowledge and belief that all of the foregoing statements are true and that these statements are offered as an inducement to the company to issue the policy for which I am applying.

NOTICE: PLEASE READ BEFORE SIGNING!

In order to underwrite the insurance applied for above, an investigation consumer report may be requested and made, including information as to the character of the applicant for insurance and the persons to be insured under the policy applied for, their general reputations, business characteristics and credit standing. You are advised that you may make a request within a reasonable time after receipt of this Notice for a disclosure by **West Bend Mutual Insurance Company** of the nature and scope of the investigation requested.

Fraud Warning

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other 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.

Ohio: 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.

All Other States: Any person who knowingly conceals or provides materially false, incomplete, or misleading information on an application or concerning a claim to an insurance company for the purpose and intent of defrauding the company, may be guilty of insurance fraud in violation of state law. Penalties may include imprisonment, fines, or denial of insurance benefits.

Date _____ Time _____ Applicant's Signature _____

Agency Name and Producer's Signature SCHATZ & ASSOCIATES INC



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SUBMIT