



**Professional Services**

1. Please check the professional services that the Applicant performs and for which the Applicant desires coverage under the policy.

**NOTE:** Any professional service for which the Applicant does not provide such information will not be covered under the policy.

**NOTE: Checking a professional service does not obligate us to insure it.**

- |  |                               |
|--|-------------------------------|
| Aromatherapy                                     | Facial and Skin cleansing     |
| Body massage                                     | Facial scalp massage          |
| Body Piercing (other than ear lobe)              | Hair cutting/styling/coloring |
| Body wraps for weight/water reduction            | Hydrotherapy                  |
| Body wraps for other than weight/water reduction | Manicure or pedicure          |
| Cosmetics / Make-up application                  | Micro-dermabrasion**          |
| Ear piercing                                     | Teeth whitening               |
| Electrolysis                                     | LED teeth whitening only      |
| Endermology                                      | Waxing                        |

Chemical Peels – Please indicate the highest acidity level used in facials:

Please list the highest percentage of Alpha Hydroxy or Beta Hydroxy used in facials: \_\_\_\_\_ %

Please list any acids used that are not Alpha Hydroxy or Beta Hydroxy (Phenol Acid, Trichloroacetic “TCA” Acid, etc.):

\*\* If the Applicant offers micro-dermabrasion, you must confirm that any staff performing this service are licensed aestheticians and each are certified by the manufacturer. Check here if yes.

If no, explain:

2. Provide the number for each:

*Employees (part-time is less than 10 hours/week) and independent contractors. Do not include the owner.*

Staff	Employees: (Part-time is less than 10 hrs/wk)		Independent Contractors	
	Full-time	Part-time	Full-time	Part-time
Aestheticians				
Masseuse				
Body wrap technicians				
Manicurists				
Beauticians				
Electrologist				
Pilates instructors				
Yoga instructors				
Fitness instructors				
Aerobic instructors				
Students (Aesthetician or Electrologist)				
Office Staff				
<b>TOTAL:</b>				

**PROPERTY SECTION**  
 Check this box if you DO NOT WANT property coverage and proceed to signature page.  
 Multiple locations must complete a separate application for each location.  
*Property coverage cannot be purchased on stand-alone basis*

**Building(s)**

Loc. No.	Bldg. No.	ACV/RC	Limit of Insurance	Coinsurance
			\$	90%

**Contents**

Loc. No.	Bldg. No.	ACV/RC	Limit of Insurance	Coinsurance
			\$	90%

**Tenant Improvements and Betterments**

Loc. No.	Bldg. No.	ACV/RC	Limit of Insurance	Coinsurance
			\$	%
			Other: \$	%

**Business Income**

Loc. No.	Bldg. No.	Limit of Insurance	Coinsurance
		\$	%

Monthly Limit of Indemnity Form also available. If desired, please indicate the following:

Monthly Limitation:      1/3                      1/4                      1/6  
 (No coinsurance clause)

**REQUIRED UNDERWRITING INFORMATION**

1. Construction of building
 

Walls:	Wood Frame	Brick / Brick	Steel Frame	Number of stories:
Roof:	Wood Frame	Poured Concrete	Steel Frame	Other:
Floor:	Wood Frame	Concrete	Other:	
2. Year Built:                      Square Footage:                      Age of Roof:
 

If building is over 25 years old, provide year of update for:

Roof:	Wiring:	Plumbing:	Heating:
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3. Burglar Alarm:                      Yes      No
 

If yes,                      Central Station with Keys                      Central Station without Keys

Fire Alarm                      Yes      No      If yes,                      Central Station                      Local Gong
4. Does the property have automatic fire sprinklers?                      Yes      No
5. Distance from building to: Fire Hydrant:                      Fire Station (miles):
6. Does the property have aluminum wiring?                      Yes      No
 

If yes, has it been retrofitted with one of the PHLV approved connectors and by a licensed electrician?                      Yes      No

Indicate which one:      COPALUM                      AlumiConn                      Date updated:

**Please supply retro-fit documentation or statement from installing contractor.**
7. Does the Applicant own the building?                      Yes      No
 

If no, who does:
8. Mortgagee:
9. Loss Payee:

**The insurer may not be subject to all insurance laws and regulations of this state. The member benefits described are guaranteed through an insurance contract. The Fitness and Wellness Risk Purchasing Group's insurance policy is underwritten by Philadelphia Indemnity Insurance Company.**

**FRAUD NOTICE STATEMENTS**

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).**

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

**APPLICABLE IN COLORADO:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**APPLICABLE IN FLORIDA AND OKLAHOMA:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

**APPLICABLE IN KANSAS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.**

**The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.**

**\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company.**

NAME (PLEASE PRINT/TYPE)

TITLE  
**(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)**

\_\_\_\_\_  
SIGNATURE

DATE

**PRODUCED BY: (SECTION TO BE COMPLETED BY PRODUCER/BROKER)**

PRODUCER

AGENCY

PRODUCER LICENSE NUMBER

AGENCY TAXPAYER ID OR SS NUMBER

ADDRESS (STREET, CITY, STATE, ZIP)