



**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. Please provide the percentage of revenue:

Tanning:	%
Hair Services:	%
Massage:	%
Manicure/Pedicure:	%
Waxing:	%
Other (describe):	%
Other (describe):	%
Product Sales:	%

3. 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**

**N/A**

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:	Other:
Roof:	Wood Frame	Poured Concrete	Steel Frame	Other:	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:
 

If yes,	Central Station with Keys	Central Station without Keys	Yes	No
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? Indicate which one:

COPALUM	Yes	No
AlumiConn	Yes	No

Date updated:
- Please supply retrofit 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.**

**WINTER WEATHER FREEZE PROTECTION**

The Winter Weather Freeze Section is mandatory on all risks that have a prior winter freeze loss greater than \$25,000 or 10% of the building TIV in the past 5 years OR a location in states commonly experiencing freezing temperatures.

These states include but are not limited to: AL, AR, AZ, CO, CT, DE, DC, GA, IA, ID, IL, IN, KS, KY, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NY, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

- |    |  |     |      |     |
|----|--|-----|------|-----|
| 1. | Can the Applicant reliably confirm that all areas of the Applicant's building with fire sprinkler piping and/ or domestic water lines can be maintained at 45° F or higher?<br>This includes exterior accessed sprinkler riser rooms, as well as attics, crawl spaces, and stairwells if they have water lines in them.  | Yes | No   | N/A |
|    | <ul style="list-style-type: none"> <li>a. If not, select all freeze protection measures currently in place:                             <ul style="list-style-type: none"> <li>Temperature monitoring and remote heating control system (Wi-Fi temperature controls)</li> <li>PHLYSense</li> <li>Other water detection/ notification/ alarm system</li> <li>Backup electrical generator, ensuring building heat at all times</li> <li>Insulation around water pipes in cold areas*</li> <li>Heat tracing for water pipes in cold areas*</li> <li>Antifreeze fire sprinkler system in cold areas*</li> <li>Space heaters or heated forced air in attics, crawl spaces, stairwells with fire sprinklers</li> <li>Other:</li> </ul> </li> </ul> |     |      |     |
|    | * Cold areas are defined as portions of a building that cannot be maintained at all times reliably at or above 45° F.  |     |      |     |
| 2. | Fire Protection and Testing  |     |      |     |
|    | a. Is the building provided with an Automatic Fire Sprinkler System (AS)?  | Yes | No   | N/A |
|    | i. If yes, what type of sprinkler system is installed?      Wet-Pipe      Dry-Pipe   |     | Both |     |
|    | ii. If yes, approximately what percentage (%) of the building is sprinklered?      %   |     |      |     |
|    | iii. If yes, has the system been tested & inspection by qualified sprinkler contractor within past 12 months & includes a formal winterization review?   | Yes | No   | N/A |
|    | iv. If yes, are the alarms tied to a 24-hour UL listed monitoring company?   | Yes | No   | N/A |
| 3. | Emergency Water Response (domestic and AS water lines)   |     |      |     |
|    | a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible?   | Yes | No   | N/A |
|    | b. Are water shutoff valves exercised (closed and reopened) at least annually?   | Yes | No   | N/A |
|    | c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours?   | Yes | No   | N/A |
| 4. | Automatic Water Shutoff Devices  |     |      |     |
|    | a. For domestic water lines, is there a water flow detection, notification and automatic shutoff?  | Yes | No   | N/A |
| 5. | Unused/ Vacant Spaces  |     |      |     |
|    | a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces?   | Yes | No   | N/A |
| 6. | Seasonal Occupancies ONLY:   |     |      |     |
|    | a. Is there a full-time caretaker/ maintenance personnel on the premise?   | Yes | No   | N/A |
|    | If yes, select required duties of the caretaker:   |     |      |     |
|    | Regular walkthroughs of the building   |     |      |     |
|    | i. How often each day?   |     |      |     |
|    | Trained in the location(s) of water shut off valve(s)  |     |      |     |
|    | Inspects taps and leaves them dripping in freeze weather events  |     |      |     |
|    | Shuts off or drains pipes during freezing temperatures   |     |      |     |
|    | Monitors building temperatures ensuring heat is maintained at required levels  |     |      |     |
|    | Responds to power outages  |     |      |     |
|    | i. List of required procedures   |     |      |     |
|    | b. If no caretaker is present, has the building been properly winterized including water turned off, pipes drained, heat maintained, proper pipe insulation, etc.?   | Yes | No   | N/A |



## CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant:

Address of Applicant:

City:

State

Zip:

Website: www:

Nature of Operations:

1. Annual sales or revenue: \$
  
2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes    No  
 If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
  - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
  - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
  - c. Credit or Debit Card Information
  
3.
  - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes    No
  - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes    No
  - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes    No
  - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes    No

## FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/they are an authorized representative of the Applicant and declares to the best of their 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

**VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.**

### FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE (OR STATEMENT OF CLAIM) 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). (NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).

**APPLICABLE IN AL, AR, LA, MD, 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 AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

**APPLICABLE IN CALIFORNIA:** FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE 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 DISTRICT OF COLUMBIA:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**APPLICABLE IN FLORIDA** 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 OF THE THIRD DEGREE.

**APPLICABLE IN KANSAS:** AN ACT COMMITTED BY 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, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR 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.

**APPLICABLE IN KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS 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.

**APPLICABLE IN MAINE:** 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.

**APPLICABLE IN NEW JERSEY:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**APPLICABLE IN NEW MEXICO:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**APPLICABLE IN OHIO:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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.

**APPLICABLE IN OKLAHOMA:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**APPLICABLE IN PENNSYLVANIA:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**APPLICABLE IN 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**APPLICABLE IN VERMONT:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

**APPLICABLE IN NEW YORK:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. THIS APPLIES TO AUTO INSURANCE.

THE INSURER MAY NOT BE SUBJECT TO ALL INSURANCE LAWS AND REGULATION 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.

NOTE: THE INSURER MAY NOT BE SUBJECT TO ALL OF THE INSURANCE LAWS AND REGULATIONS OF YOUR RESIDENT STATE.

NAME (PLEASE PRINT/TYPE)

TITLE  
(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO OR EXECUTIVE DIRECTOR)

\_\_\_\_\_  
SIGNATURE

DATE

**SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT**

PRODUCER  
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER  
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)