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NOTE: All Questions Must Be Answered

ELECTROLOGIST PROFESSIONAL & PREMISES LIABILITY APPLICATION

(Legal name of the entity/primary applicant as it should appear on the policy, including INC., CORP., LTD., ETC.)

1. Named Insured: _____
2. Other Entity/DBA(s): _____
(Legal name of the entity/primary applicant as it should appear on the policy, including INC., CORP., LTD., ETC.)
3. Assoc Corp Individual Joint Venture LLC LLP LTD Partnership S-Corp Sole Proprietor Trust
 Non-Profit Other: _____
4. Principal: _____ Title: _____
Direct Phone: _____ Email: _____
5. Audit Contact: _____ Title: _____
Direct Phone: _____ Email: _____
6. Mailing Address: _____
NO. STREET CITY STATE ZIP
7. Physical Address: _____
NO. STREET CITY STATE ZIP COUNTY
(*Attach a list if multiple locations)
8. Business Phone: _____ Mobile/Home: _____ Fax: _____
9. Company Email: _____ Website: _____
10. Federal ID Number/FEIN: _____ License Number: _____
11. Policy proposed effective date: _____ Date established: _____
12. How did you hear about us? Web surfing Ad in which publication: _____ Other: _____
13. Total number of employees: _____
14. Do you employ an assistant? Yes No If yes, please give the name and duties of your assistant:

NOTE: If you employ an assistant who performs electrology services, they must also complete an application.

15. Limit of liability available is \$1,000,000.
16. Does this state require licensing? Yes No

Schooling & Experience:

1. Are you an Electrolysis School Graduate? Yes No
If yes, please give the name and address of the school: _____

2. Number of Course Hours: _____ Graduated (mm/yy): _____
3. If you are a non-graduate, what type of training have you had? _____
4. Where were you trained? _____ Number of years experience as an electrologist: _____

Operations & Equipment:

1. Do you operate in beauty salons or premises of others? Yes No If yes, please list below the name(s) & address(es): _____

2. Are beauty salons, etc., listed above, to be included as additional insured for work performed by you? Yes No

Manufacturer's Name of Machine	Serial Number	Cost	Single or Multiple Needle or Tweezer	Cabinet	Portable

Services:

- Yes No.....Do you keep a case history record for each person treated? If 'yes', please attach a blank copy.
 - Yes No.....Do you sterilize needles? If so, please describe procedure: _____
 - Yes No.....Do you use disposable needles?
 - Yes No.....Do you give electrolysis treatments to persons known to you to have a pacemaker?
 - Yes No.....Do you use radium or x-ray?
 - Yes No.....Do you remove warts, moles or other growths or hair there from?
 - Yes No.....Do you perform laser hair removal?
 - Yes No.....Do you remove hair from the nostrils or eyelids?
 - Yes No.....Do you advertise? Please enclose a copy of your personal card or copies of your advertising material.
 - Yes No.....Have you ever warranted, in writing or advertising, that the services rendered are safe & harmless?
 - Yes No.....Has claim or suit ever been made against you on account of any alleged injury to a patron?
- If yes, complete below.

Claim Date	Nature of Injuries	Equipment Involved	If Pending, give details	Settlement Amount
				\$
				\$

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO FRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ARKANSAS, LOUISIANA AND NEW MEXICO APPLICANTS: 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 fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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 the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the 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.

NOTICE TO MAINE APPLICANTS: It is a crime to 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the 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.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTE: THIS APPLICATION MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OR CEO OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE. This request is for a cost-free, premium quotation only. In signing, I understand I am not obligated to purchase this insurance. This application shall not be binding unless and until confirmation by the company or its duly appointed representatives has been given, and that a policy shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a just, full and true exposition, statement and explanation of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the applicant, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

APPLICANT'S SIGNATURE

TITLE

DATE

BROKER'S COMPANY

BROKER NAME

WEBSITE

ADDRESS

CITY

STATE

ZIP

TELEPHONE

FAX

EMAIL