

Dear Florida Salon Business Owner:

Per your request our application is enclosed for your review and completion, underwritten by Steadfast, a division of the Zurich Insurance Group. This program includes a 1MIL limit of liability for professional and premises (trip and fall coverage). The total annual premium, including tax and fees, is \$337.99.

Your application can be returned by mail, or you have the option of utilizing fax or email using Visa, MasterCard or American Express.

If the salon where you are employed requires to be named on your policy as an additional insured please include an additional \$28.03. Should you require fire and theft coverage on your equipment, another additional charge of \$56.05 must be remitted and will include equipment that totals up to \$2,500 in value. If you select this option and your total value is less than \$2,500 the same premium of \$56.05 will apply.

Thank you for considering our nationwide program and we look forward to serving you.

Best regards,

Sandy Baldinger, CEO



Program Insurance Specialists

CORPORATE HEADQUARTERS:
1553 S. Monte Viento St.
PO Box 991, Malibu, CA 90265
BIS@Baldingerins.com • www.baldingerins.com
310-456-3232 (p) • 310-456-3368 (f)
800-877-2348 (toll free) • CA License #0E81031



**Beauty & Health Professionals
Insurance Application**

Effective January 1, 2007 this program has an Annual Term

1. Name of Applicant: _____

2. Applicant Mailing Address: _____

(NOTE: P.O. Box requires a Physical Address)

City: _____

State: _____

Zip: _____

Applicant Physical Address: _____

(if different from mailing address)

City: _____

State: _____

Zip: _____

3. Desired Effective Date: _____

4. Liability Limit Desired: (choose one) \$100,000 \$300,000 \$500,000 \$1,000,000

General Liability is included within the PL limits selected

5. Do you want optional business equipment limits? Yes No (Please fill out the Business Equipment Schedule)

6. # of years licensed: _____

7. Professional school graduation date: _____

8. Previous Insurance Company: _____

9. Have you had any losses in the last four years? Yes No

If yes, please provide details: _____

10. Select service(s) you are licensed to perform:

Enter valid license #: _____

Exp. date: _____

Cosmetologist

Esthetician

Laser Electrolysis*

*Coverage for laser electrolysis is not permitted

Nail Technician

Massage Therapist**

**Question 17. is required

Select Professional service(s) that you are certified to perform:

Airbrush Tattoo** - Do you use any Henna Ink? Yes No

Airbrush Tanning**

Body Wrapping

Ear Piercing (No body piercing)

Facials (including peels)

Personal Trainer/Aerobics/Yoga Instructor

Teeth Whitening Service (Currently only available for Cosmetologist and Esthetician) (Please complete the Teeth Whitening Consent)

Number of LED Lights _____

Name Product/Service _____

11. If you do facial peels, are they citrus or chemical or both?

If chemical, what is the percentage of glycolic acid used? _____

12. Do you lease/rent booth space? Yes No Do you provide services at your client's choice of location? Yes No

13. If you provide any other services or operations than those listed above - Explain: _____

14. Additional Insured to be added -- \$25 Flat Charge (Salon Name & Address, for example). List Name and Address: _____

15. Do you want blanket additional insured coverage for up to six additional insureds? Yes No

16. Loss Payees to be added to your policy (Only applicable with equipment coverage). List Name and Address and Interest: _____

17. Do you obtain Hold Harmless Agreements and Parental Consent Forms as required by the state in which you are providing services?

Yes No

FRAUD WARNINGS

GENERAL FRAUD STATEMENT (not applicable in Colorado, Hawaii, Ohio, Oklahoma, Oregon, Utah and Vermont)

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: substantial) civil penalties.

In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

NOTICE TO COLORADO APPLICATIONS: THIS NOTICE IS A PART OF YOUR APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE:

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 HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: A 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 presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO UTAH APPLICANTS: For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report for billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."

THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THE APPLICATION BY THE APPLICANT CHANGES BETWEEN THE DATE OF THE APPLICATION AND THE EFFECTIVE DATE OF INSURANCE, APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

Teeth Whitening Consent

Please confirm that you obtain a signed consent form on each client prior to providing service that includes the following:

- 1) Service is not available to anyone under 18 years of age, that each individual client is to be provided with their own sealed pack/kit including the gel/tray and that you are only providing assistance with light activation.
- 2) You are aware of possible abuse of this type of service as over use can lead to long term problems. Proper training as to the guidance teeth whitening products as well as the proper use and knowledge of the teeth whitening accelerator light.
- 3) You will not allow others to share your equipment regardless of commission or any type of compensation.

Visible signs or hold harmless/consent forms include the following information:

- 1) Visit your dentist to determine if you are a candidate for teeth whitening.
- 2) Teeth whitening products may cause temporary or in some cases, long term adverse reactions, such as irritated gums, teeth sensitivity, etc.
- 3) Anyone with gingivitis or other gum disease should seek guidance from their Dentist prior to whitening service.
- 4) Teeth Whitening is not recommended for pregnant women.

Do you consent that you follow these procedures? Yes No

Initials _____

The applicant hereby agrees that the foregoing statements and answers are a true representation of all the facts and circumstances with regard to the risk to be insured to the best of the applicant's knowledge and the same are therefore made the basis of any policy of insurance issued. Note: Coverage is effective the date the application and payment or credit card voucher are received and accepted by the insurance company representative.

Applicant's Signature: _____

Date: _____

Applicant's Phone: _____

Quote ID: _____

Producer's Signature: _____

Date: _____

Producer's License Number: _____

Exp Date: _____

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This application is understood to be an inducement to the issuance of a policy of insurance by the Company. The undersigned hereby authorizes the Company to obtain information necessary for evaluation in determining acceptability including but not limited to motor vehicle reports, credit reports and physical inspection.

Agent Information Area

Agency: _____

Producer ID: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Contact Name: _____

Printed:

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This application is understood to be an inducement to the issuance of a policy of insurance by the Company. The undersigned hereby authorizes the Company to obtain information necessary for evaluation in determining acceptability including but not limited to motor vehicle reports, credit reports and physical inspection.

Make your check payable to **BALDINGER INSURANCE SERVICES INC.** or pay by Credit Card using the form below:

To pay your premium by credit card: Choose one: **VISA** **MASTERCARD** **AMEX**

Billing address for the card: _____

City _____ State _____ Zip _____

Card # _____ Exp Date _____

Card Holder's signature



Program Insurance Specialists

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The applicant hereby agrees that the foregoing statements and answers are a true representation of all the facts and circumstances with regard to the risk to be insured to the best of the applicant's knowledge and the same are therefore made the basis of any policy of insurance issued. Note: Coverage is effective the date the application and payment or credit card voucher are received and accepted by the insurance company representative.

Date: _____

Applicant Signature: (x) _____

Applicant Phone: _____

E-mail: _____

Producer Signature: _____ Date: _____

Producer License Number: _____ License Expiration Date: _____