



Applicant Name:

Location Address:  City:  State:  Zip:

Applicant's Website Address:

Contact Phone Number:  Contact's Email:

## General

1. Description of your operations:
2. Are you, as owner, active in the business? ☐ Yes ☐ No
3. Is your operation licensed? ☐ Yes ☐ No
4. How many years have you been in business?

## Beautician / Barber / Manicurist

1. Are client records kept including name, address, and date of service for all persons receiving permanent waves or hair dyes? ☐ Yes ☐ No  
If yes, how long are those records kept?
2. Is predisposition or patch tests performed according to local statutes or codes? ☐ Yes ☐ No

## Tanning *(complete if you provide tanning services)*

1. How many beds/booths?
2. Are technicians present during operation? ☐ Yes ☐ No
3. Are only "manufacturer's suggested" bulbs used? ☐ Yes ☐ No
4. Type of bulbs used: UVA:  % UVB:  %
5. Are all customers given a written information statement as required by law regarding precautions that need to be taken and the risks of tanning? ☐ Yes ☐ No
6. Are records kept on each tanning customer for each visit and exposure time? ☐ Yes ☐ No
7. Are eye protective goggles required for all users? ☐ Yes ☐ No
8. Are beds and all body contact supplies sanitized after every use? ☐ Yes ☐ No
9. Do your customers sign waivers of liability before using tanning beds? ☐ Yes ☐ No  
*If yes, please provide a copy of the waiver*

**Note:** Waivers of liability are required for all types of tanning and spray beds.

## Massage Therapy

1. Do you provide any massage therapy services? ☐ Yes ☐ No
2. Has any massage therapist ever been sued for malpractice? ☐ Yes ☐ No

3. Do your clients complete an application before the first massage? ☐ Yes ☐ No

If yes, please provide a copy of the application

## Electrolysis (complete if you provide electrolysis services)

1. What procedure is used for disposing of probes or needles?

2. Do you give post-treatment instruction to patients? ☐ Yes ☐ No

If yes, please describe:

3. Are reactions to electrolysis procedures recorded? ☐ Yes ☐ No

## Other Services Provided

1. Does the applicant perform any other services or operations? ☐ Yes ☐ No

If yes, please describe:

## Professional Liability

If any of the following are provided you are not eligible for this program:

Permanent cosmetic application/makeup

Acupuncture

Chiropractic

Botox

Wart, mole, or other growth removal

Tattooing

Body piercing other than ear piercing

Podiatry/Chiropody

Laser treatments

## Operations Eligible for Program

| CLASSIFICATION                           | CODE                 | RATING BASE              | # OF UNITS, EMPLOYEES, & OWNERS | # OF INDEPENDENT CONTRACTORS |
|------------------------------------------|----------------------|--------------------------|---------------------------------|------------------------------|
| Aqua Massage Beds                        | <input type="text"/> | Beds                     | <input type="text"/>            | <input type="text"/>         |
| Beauty/Barber/Manicurist/Aestheticians   | <input type="text"/> | F/T<br>P/T               | <input type="text"/>            | <input type="text"/>         |
| Beauty/Barber/Massage School Instructors | <input type="text"/> | # of instructors         | <input type="text"/>            | <input type="text"/>         |
| Electrolysis                             | <input type="text"/> | F/T<br>P/T               | <input type="text"/>            | <input type="text"/>         |
| Hot Tubs, Saunas, and Steam Rooms        | 80372                | # Saunas,<br>Steam Rooms | <input type="text"/>            | <input type="text"/>         |
| Massage Therapists                       | <input type="text"/> | F/T                      | <input type="text"/>            | <input type="text"/>         |
| Sun Tan Beds (bulb-style beds)           | <input type="text"/> | # Beds                   | <input type="text"/>            | <input type="text"/>         |

- Do independent contractors carry their own insurance? ☐ Yes ☐ No

## Other Operations & Locations

1. Do you lease any part of any of the building(s) at this location to others? ☐ Yes ☐ No

If yes, what is the total square footage leased to others?

If yes, what is the total number of apartments leased to others at this location if any?

2. Do you own any other buildings or operate at any other locations? ☐ Yes ☐ No

If yes, please list the locations:

Remarks:

### I DECLARE THAT THE STATEMENTS MADE IN THIS SUPPLEMENTAL ARE COMPLETE AND TRUE

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits a supplemental or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to criminal and civil penalties. Any changes in your operation must be reported to your agent. **(Not applicable in MN, NY, OR, or WA)**

**Minnesota:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or state claim for each violation.

**Oregon:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**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.

Insured's Signature:

Date:

Agents's Signature:

Date:

PRINT

Please submit completed application to your Independent Insurance Agent in electronic or printed format.

#### Western National Insurance Group

##### Central Region

4700 West 77th Street, Edina, MN, 55435

##### Western Region

9706 4th Ave NE, Suite 200 Seattle, WA 98115

www.wnins.com

#### Umialik Insurance Company

725 E. Firewood Lane, Ste. 500

Anchorage AK 99503

www.umialik.com

#### Michigan Millers Insurance

2425 E. Grand River Avenue, Lansing, MI 48912

##### Specialty Insurance Solutions

1600 Aspen Commons Ste 520, Middleton, WI 53562

www.mimillers.com