

**TOTAL BODY PAC<sup>SM</sup> Spa, Skincare, Hair Removal, and Body Modification Insurance Program**

Admitted, On-Shore, A Rated (or better) Company in all states\*  
 Occurrence Form Liability Coverage

\* (except Non-Admitted, On-Shore, A Rated (or better) Company for  
 Micropigmentation, Tattoo, & Body Piercing in New York and Louisiana)

**Limits of Liability:**

Professional Liability— \$1,000,000 per occurrence / \$2,000,000 aggregate  
 Commercial General Liability—\$1,000,000 per occurrence / \$2,000,000 aggregate  
 Umbrella Liability—Optional limits up to \$5,000,000 available in most states  
 Other optional limits of liability are available

**Property Coverage:**

Your choice--select the amount you need  
 Special form coverage including perils such as fire, lightning, smoke, wind, explosion,  
 vandalism, malicious mischief, burglary, theft, and other causes of direct  
 physical loss or damage subject to policy exclusions

**Exclusions:**

Acts of Medical Doctors  
 Removal or Attempted Removal of Pigment  
 Any Laser, laser-type, or light-based treatments

**Annual Premiums:**

Policies are tailored to fit the needs of each individual business  
 Policy premiums will vary based on your actual needs

**Fax or mail the attached application for a free no obligation price quotation**

191 Maplewood Avenue, Maplewood New Jersey 07040  
 phone: 800-763-4775 fax: 973-763-1635 internet: [www.marineagency.com](http://www.marineagency.com)  
 California License # 06455476

**APPLICANT INFORMATION**

1. Name of Business: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
 Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ E-Mail Addresses: \_\_\_\_\_  
 Location address(es) (if different from mailing address above): \_\_\_\_\_
2. Are there any businesses or business locations owned or operated that will not be specifically insured by this policy?  
 Yes  No *If yes, note that all coverage will be limited to the location listed in question 1 above.*
3. Type of Ownership:  
 Corporation  Partnership or Joint Venture  Sole Proprietorship (Individual)  
 Limited Liability Corporation  Other \_\_\_\_\_
4. What is your Federal Employer Identification Number (FEIN)? If you are a sole proprietor, please provide the owner's  
 Social Security Number. \_\_\_\_\_
5. Total Annual Gross Receipts/Revenues? Current year (estimated) \$ \_\_\_\_\_ Previous Year \$ \_\_\_\_\_
6. How long have you owned this business? \_\_\_\_\_
7. Is the business part of a franchise?  Yes  No
8. Have there been any Property, General Liability or Products Liability losses, claims or suits within the last 3 years (even if not covered by insurance)?  Yes  No  
 If yes, please attach a complete description of the loss including the date and nature of claim and amounts paid. Please also describe in detail what actions, if any, have you taken to prevent similar losses.
9. Prior Property, General Liability and/or Products Liability Carrier \_\_\_\_\_
10. Will this policy need to cover any Loss Payees/Mortgagees/Additional Insureds?  Yes  No  
 If yes, please list and describe each one below.  
 Location: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Interest: \_\_\_\_\_

**GENERAL LIABILITY INFORMATION**

1. Do you:
  - a. Repair or install equipment or machines?  Yes  No
  - b. Rent equipment to others?  Yes  No
  - c. Sell products under your own label?  Yes  No
  - d. Sell products which you repackage, re-labeling, or re-manufacturing  Yes  No

2. Please indicate whether any of the following optional coverages (\$1,000,000) are desired:
- a. Employee Benefits Liability  Yes  No
  - b. Hired and Non-Owned Auto Liability  Yes  No
  - c. Stop Gap Liability (ND, OH, WA, WV, and WY only)  Yes  No

**Wholesale Applicants ONLY**

3. Are all goods manufactured domestically or by a company with a location in the US?  Yes  No  
 If no, is Imported Product Liability Coverage desired?  Yes  No  
 If Imported Products Liability Coverage is desired, what are the gross annual sales for foreign manufactured products: \$ \_\_\_\_\_

**PROPERTY INFORMATION**

*Please answer these questions based on your primary location and building. If you have additional locations or buildings, please copy this section and answer the questions for your other property. Home based businesses should complete the following questions based on the business portion of the home.*

1. What is the desired Property Deductible?  \$500  \$1,000  \$2,500  \$5,000  \$10,000
2. Is the business within 1,000 feet of a fire hydrant?  Yes  No
3. Is the business within 5 miles of a Fire Station?  Yes  No
4. What is the 100% replacement value of the **business personal property** (including business contents, fine arts, value of all computer hardware and software and laptops)? \$ \_\_\_\_\_
5. What is the construction of the building where the business is located?  
 Frame (wood)  Joisted masonry (brick)  Non-combustible (steel)  
 Masonry non-combustible (tilt-up concrete)  Fire Resistive  
 If the construction of the building is not known, please provide details on the materials used for the roof, floors, and walls. \_\_\_\_\_
6. What is the square footage of the space occupied by the business? \_\_\_\_\_
7. Is the business the sole occupant of a free standing building?  Yes  No
8. Does the building have an automatic sprinkler system covering 100% of the premises?  Yes  No
9. Does the business have a central station burglar alarm? (if yes, attach alarm certificate)  Yes  No
10. Is there any use of grills of deep fat frying in your business operations or in any other businesses in your building?  
 (i.e. restaurant in the same building)  Yes  No
11. Are there any habitational exposures in your building?  
 (i.e. apartments, hotel or motel rooms in the same building)  Yes  No
12. Do you manufacture or re-bottle any products at your business location?  Yes  No
13. Please indicate whether any of the following endorsements are desired:
  - a. Earthquake Coverage (not available in all areas):  Yes  No
  - b. Sprinkler Leakage - Earthquake  Yes  No
  - c. Flood Coverage (not available in all areas):  Yes  No
  - d. Computer Mechanical Failure and Computer Virus Coverage (\$100,000 limit)  Yes  No
  - e. Systems Breakdown Coverage? (i.e. boilers, pressure vessels, AC units, etc.)  Yes  No
  - f. Mine Subsidence Coverage (KY, IL, IN, WV only)  Yes  No
  - g. Business Income from Dependent Properties (\$10,000 limit)  Yes  No
  - h. Business Income Waiting Period Deductible (24 hours)  Yes  No
  - i. Business Income Off Premises Power Failure (\$10,000 limit)  Yes  No
14. What is the total maximum daily value of money and securities (i.e. checks) on the premises? \_\_\_\_\_  
 The policy includes limits of \$10,000 inside the business and \$2,000 while being delivered to the bank.  
 If higher limits are desired, choose one of the following options:  
 (Please note that in order to receive higher limits use of a safe on premises is required.)  
 \$20,000 / \$4,000  \$30,000 / \$6,000  \$40,000 / \$8,000  \$50,000 / \$10,000
15. How many stories in the building? \_\_\_\_\_
16. What is the original year the building was built? \_\_\_\_\_
17. If the building is over 30 years old, indicate the year each of the following was updated:  
 Electrical \_\_\_\_\_ Roofing \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_

**Complete the following questions only if interested in purchasing insurance for the building. Home based businesses do not need to complete these questions.**

18. What is the 100% replacement value of the building? \_\_\_\_\_
19. What is the square footage of the entire building? \_\_\_\_\_

New Hampshire Insurance Company  
 Administrative Office: 200 State Street, Boston MA 02109  
 TOTAL BODY PAC<sup>SM</sup>  
 Professional Liability Insurance Application  
 Occurrence

**I. GENERAL INFORMATION**

- 1 Applicant Name: \_\_\_\_\_
- 2 Mailing Address: \_\_\_\_\_  
 City, State, and Zip Code: \_\_\_\_\_
- 3 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_
- 4 Type of Ownership:  Corporation  Partnership  Sole Proprietor  Not for Profit  LLC
- 5 List any other business names used by Applicant: \_\_\_\_\_
- 6 List any professional associations in which the Applicant is a member: \_\_\_\_\_

**II. INSURANCE INFORMATION**

- 1 Limits of Liability:  \$1,000,000 per occurrence / \$2,000,000 aggregate  
 \$2,000,000 per occurrence / \$4,000,000 aggregate  
 (this limit available for tattoo & body piercing only)  \$500,000 per occurrence / \$500,000 aggregate
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- 2 Professional Liability Deductibles:  none  \$1,000 (8% discount)  
**NOTE:** Optional deductibles not available in all states.  \$2,500 (12% discount)  \$5,000 (20% discount)

**NOTE:** A minimum deductible of \$100 shall apply to micropigmentation and body piercing policies.

**NOTE:** A minimum deductible of \$250 shall apply to tattoo policies.

- 3 Do you desire Premises Liability (trip & fall) coverage?  Yes  No
- 4 Previous Insurance Carrier & Policy Number (Not required in Missouri): \_\_\_\_\_
- 5 Previous liability coverage written on:  claims made  occurrence form  
If claims made, attach copy of prior policy and provide retroactive date: \_\_\_\_\_
- 6 Has any previous carrier cancelled or not renewed a policy? (Not required in Missouri)  Yes  No  
If yes, provide details: \_\_\_\_\_
- 7 Should your landlord be named as an additional insured?  Yes  No  
If yes, provide name and mailing address: \_\_\_\_\_

**III. PROFESSIONAL SERVICES INFORMATION**

- 1 Please check the professional services that you perform and for which you desire coverage under the policy.  
**NOTE:** Any professional service for which you do not provide such information will not be covered under the policy.

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

- Electrolysis  Facial & Skin Cleansing
- Microdermabrasion  Hydrotherapy  Waxing
- Aromatherapy  Manicure or Pedicure  Endermology
- Body Wraps for weight/water reduction  Body Wraps for other than weight/water reduction
- Hair Cutting / Styling / Coloring  Body Massage  Facial & Scalp Massage
- Cosmetics / Make-up application  Personal trainers / Yoga Instructors
- Tanning Beds / Booths / Units  Ear Piercing
- Tattoo or Micropigmentation  Body Piercing (other than ear lobe)
- Other services not listed above (describe): \_\_\_\_\_

- 2 Please indicate the numbers of employees, independent contractors, and students performing the professional services shown above and for whom you desire coverage under the policy.

	Employee	Independent	Student
Tattoo	_____	_____	_____
Micropigmentation	_____	_____	_____
Micropigmentation Training	_____	_____	_____
Body Piercing	_____	_____	_____
Hair / Nails / Cosmetics	_____	_____	_____
Personal Trainers / Yoga Instructors	_____	_____	_____
All Other Technicians (excluding clerical staff)	_____	_____	_____
<b>TOTAL</b> number providing services	_____	_____	_____
Tanning Beds / Booths / Units		(# of units):	_____
Hydrotherapy Tubs / Hydrotherapy Tables / Showers		(# of units):	_____
Exercise Equipment		(# of units):	_____

- 3 Are all technicians licensed if required by law?  Yes  No
- 4 Are any employees or independent contractors medical doctors?  Yes  No  
If yes, do they provide treatments / services to customers?  Yes  No  
If yes, attach proof of medical malpractice insurance coverage for doctor(s).
- 5 If you have checked "Body Piercing," "Micropigmentation," or "Tattoo," please answer the following:
  - A Do you always obtain a medical history for every client?  Yes  No
  - B Do you always supply a patient / customer with aftercare information?  Yes (if yes, attach copy)  No  
**NOTE:** Distribution of aftercare information is required by policy
  - C Do you always obtain a signed consent or release form?  Yes (if yes, attach copy)  No  
**NOTE:** Use of consent / release form is required by policy
  - D Do you use piercing guns?  Yes  Earlobe Only  No
  - E Please describe your method of sterilization for your equipment (including needles) and both used and unused jewelry: \_\_\_\_\_
  - F Do you pierce or tattoo minors?  Yes  No  
If yes, please describe your policy for piercing or tattooing minors: \_\_\_\_\_

- 6 List schools you attended or graduated from and describe any training received: \_\_\_\_\_  
**NOTE:** Micropigmentation technicians must attach a copy of training certificate or diploma.

**IV. LOSS INFORMATION AND WARRANTY**

- 1 Have there been any claims reported in the last five years?  Yes  No  
If yes, attach a complete description including name of claimant, date of claim, nature of injury, and amounts paid.
- 2 Are there any pending claims against the applicant?  Yes  No  
If yes, attach a complete description including name of claimant, date of claim, and nature of injury.
- 3 Upon communication with all of your partners, employees, independent contractors, and students, are you aware of any act, error, or omission that might give rise to a claim(s) under the proposed policy?  Yes  No  
If yes, attach a complete description including name of claimant, date of claim, and nature of injury.
- 4 The applicant warrants that the statements set forth herein are true, and that if the information supplied on this application changes between the date of this application and the date on which coverage is bound, the applicant will immediately notify the insurance company of such changes. The signing of this application does not bind the insurance company to provide the requested coverage, but it is agreed that if a policy is issued, this application shall be the basis for the policy, and it will be attached to and made part of the policy.

**FRAUD WARNINGS**

**NOTICE TO 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 ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS 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 AUTHORITIES

**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 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 LOUISIANA 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 MAINE 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MINNESOTA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DECEIVE AND DEFRAUD, MAKES ANY MATERIAL ORAL OR WRITTEN MISREPRESENTATION OR WHO HELPS ANOTHER MAKE A FRAUDULENT MISREPRESENTATION TO AN INSURER, COMMITS A FRAUD AGAINST THE INSURER AND IS GUILTY OF A CRIME.

**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 (365:15-1-10, 36 §3613.1).

**NOTICE TO PENNSYLVANIA 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE AND VIRGINIA 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.

**Signed:** \_\_\_\_\_  
(Applicant)

**Producer Name, Address and License Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Signature of Agent/Date: \_\_\_\_\_