



## Personal Appearance Application

Agency Name \_\_\_\_\_ # \_\_\_\_\_  Quote Only  Issue Policy

Producer \_\_\_\_\_ Effective Date \_\_\_\_\_

Additional Coverages\*:  Auto  Workers Comp.\*\*  Umbrella  EPLI(Stand Alone)  None

\*Note: A separate ACORD or NSI application must be completed for each of these coverages.

\*\*\*Note: Workers Compensation is not applicable in Kentucky, Michigan and Ohio.

### APPLICANT INFORMATION:

Applicant's Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Applicant is a:  Individual  Partnership  Corporation  
 Other (specify) \_\_\_\_\_

### PREMISES INFORMATION

Location # Building # Street, City, County, State, ZIP

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

### GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

1. Does the operation have liability insurance with NSI or West Bend Mutual Insurance Company?  Yes  No
2. Does the applicant own any buildings with more than 2 apartments at any one covered location?  Yes  No
3. In the last 3 years, has the operation had any losses or claims?  Yes  No
4. **(NOT APPLICABLE IN MISSOURI)** In the past 3 years, has any prior policy been cancelled, declined, or non-renewed?  Yes  No
5. Has the operation ever had any personal appearance care license/certification suspended or revoked? If yes, please provide a description: \_\_\_\_\_  Yes  No
6. States in which the operation does business:  IA  IL  IN  KS  KY  MI  MN  MO  OH\*  WI  
 \* A signed Ohio Fraud statement is required for applications.
7. Does the applicant perform any operations, personal appearance or non-personal appearance, outside of Iowa, Illinois, Indiana, Kansas, Kentucky, Michigan, Minnesota, Missouri, Ohio, and Wisconsin?  Yes  No
8. Any Commercial Automobile coverage being quoted or issued by NSI or another carrier?  Yes  No

Remarks \_\_\_\_\_

### Prior Insurance Information

| Prior Carrier | Eff./Exp. Date | Policy Number | Policy Premium |
|---------------|----------------|---------------|----------------|
|               |                |               |                |
|               |                |               |                |
|               |                |               |                |

**Loss History**  Check here if there are no prior claims.

| Date of Occurrence | Description of Claim | Amount Paid | Claim Status  |
|--------------------|----------------------|-------------|---|
|                    |                      |             | <input type="checkbox"/> Open <input type="checkbox"/> Closed |
|                    |                      |             | <input type="checkbox"/> Open <input type="checkbox"/> Closed |
|                    |                      |             | <input type="checkbox"/> Open <input type="checkbox"/> Closed |
|                    |                      |             | <input type="checkbox"/> Open <input type="checkbox"/> Closed |

# PERSONAL APPEARANCE APPLICATION

## LIABILITY SECTION

**1. PER OCCURRENCE/AGGREGATE LIMITS**

\$300,000/600,000     
  \$500,000/1,000,000     
  \$1,000,000/2,000,000     
  \$1,000,000/3,000,000

**2. SCHEDULE OF HAZARDS**

| PROFESSIONAL LIABILITY IS INCLUDED FOR ALL CLASSIFICATIONS LISTED BELOW |            |              |  |   |
|---|------------|--------------|--|---|
| Classification  | Class Code | Premium Base | # of Units/<br>Employees,<br>Incl Owners | # of<br>Independent<br>Contractors (see<br>#4.H.) |
| Air-Brush or Spray-On Tanning Booths                                    | 70373      | Beds         |  |   |
| Aqua Massage Beds   | 70374      | Beds         |  |   |
| Beauty/Barber/Manicurist/Estheticians (Full-time Operators)             | 70037      | Operators    |  |   |
| Beauty/Barber/Manicurist/Estheticians (Part-time Operators)*            | 70038      | Operators    |  |   |
| Beauty/Barber/Massage School Instructors                                | 70044      | Instructors  |  |   |
| Electrologists, Full-time   | 70039      | Operators    |  |   |
| Electrologists, Part-time*  | 70040      | Operators    |  |   |
| Hot Tubs, Saunas & Steam Rooms  | 70372      | Each         |  |   |
| Massage Therapists, Full-time   | 70041      | Operators    |  |   |
| Massage Therapists, Part-time*  | 70042      | Operators    |  |   |
| Sun Tan Beds (bulb-style beds)  | 70043      | Beds         |  |   |

*\*29 hours or less per week*

**Optional Coverage**

|   |  |                             |  |  |
|---|--|-----------------------------|--|--|
| Employee Benefits Coverage  | <input type="checkbox"/> Yes           | <input type="checkbox"/> No |  |  |
| Employment Practices Liability  | <input type="checkbox"/> Yes           | <input type="checkbox"/> No |  |  |
| Limit: <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 (only available if 19 or less employees) | Number of Employees (full & part-time) |                             |  |  |
| Hired/Non-owned Auto  | <input type="checkbox"/> Yes           | <input type="checkbox"/> No |  |  |

**3. ANY ADDITIONAL INTERESTS:**

Yes       No

Additional Insureds

Manager or Lessors

NOC

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Answer all of the following questions:**

A.  Yes     No    Is the operation licensed?

B. How many years has the applicant been in business? \_\_\_\_\_ years.

C.  Yes     No    Does the applicant perform any non-personal appearance care services or operations other than sales/services of beauty related products?

If yes, provide description: \_\_\_\_\_

D.  Yes     No    Does the applicant own any buildings?

1.  Yes     No    Does the applicant lease any part of any of the building(s) at this location to others?

\*If yes, a copy of the certificate of insurance for the leased area is required.

2. \_\_\_\_\_ What is the total square footage leased to others?

3. \_\_\_\_\_ Total number of apartments at this location? \*

\*A copy of the lease agreement and the HO-4 is required if coverage is bound.

E.  Yes     No    Does applicant perform chiropody or podiatry? (If yes, coverage does not apply.)

F.  Yes     No    Does applicant perform permanent cosmetic application? (If yes, coverage does not apply.)

G.  Yes     No    Does applicant perform any types of laser treatments? (If yes, coverage does not apply.)

H.  Yes     No    Does applicant offer services through independent contractors?

\*If yes, include the number of independent contractors in the table above, unless a copy of the certificates of insurance are provided with limits equal to or greater than applicant's.

I.  Yes     No    Do you perform wart, mole, or other growth removal? (If yes, coverage does not apply.)

**5. Tanning Salons: Does applicant provide any tanning services?**

Yes       No

A. What percentage of UVB radiation do the tanning beds produce? \_\_\_\_\_%

B.  Yes     No    Are all customers given information about the types of rays and the potential sensitivity?

- C.  Yes  No Are records kept on each tanning customer for each visit and exposure time?
- D.  Yes  No Are eye protective goggles required for all users?
- E.  Yes  No Does an employee sanitize beds after every use?
- F.  Yes  No Does the customer sign a waiver of liability before using tanning services? If yes, provide a copy of the waiver.

**6. Massage Therapy: Does applicant provide any massage therapy services?**  Yes  No

- A.  Yes  No Has any massage therapist ever been sued for malpractice?
- B.  Yes  No Do the clients complete an application before the first massage?  
If yes, please provide a copy of the application.

**7. Electrolysis: Does applicant provide any electrolysis services?**  Yes  No

- A. What procedure is used for disposing of probes or needles? Please explain \_\_\_\_\_
- B. What type of post-treatment instructions are given to patients? \_\_\_\_\_
- C.  Yes  No Are reactions to electrological procedures recorded?

**PROPERTY COVERAGES/BUILDING INFORMATION:** Property coverage desired?  Yes  No

Location # \_\_\_\_\_ Building # \_\_\_\_\_

Interest:  Owner  Tenant

Construction:  Frame (Class 1)  Joisted Masonry (Class 2)  NonCombustible (Class 3)  
 Masonry NonCombustible (Class 4)  Fire Resistive (Class 5, 6)

Square Ft \_\_\_\_\_ No. Stories \_\_\_\_\_ Prot. Class \_\_\_\_\_ Percent Occupied \_\_\_\_\_ Age of Bldg. \_\_\_\_\_

Building Improvements: Wiring Year \_\_\_\_\_ Roofing Year \_\_\_\_\_ Plumbing Year \_\_\_\_\_ Heating Year \_\_\_\_\_  
(Year Last Updated)

Any area leased?  Yes  No Sprinklered?  Yes  No

**LIMITS**

Building \_\_\_\_\_  
Contents \_\_\_\_\_

**VALUATION**

RC  ACV  
 RC  ACV

Property Deductible Options

\$250  \$500  \$1,000  \$2,500  \$5,000

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**1. ANY OPTIONAL PROPERTY COVERAGES:**  Yes  No

- A.  Yes  No Computer Coverage in excess of \$25,000? Excess limit \$ \_\_\_\_\_
- B.  Yes  No Condominium Unit – Owners Coverage

# Personal Appearance Application

- C.  Yes  No Earthquake – Building  Yes  No Earthquake – Personal Property
- D.  Yes  No Legal Liability Building Limit \$ \_\_\_\_\_
- E.  Yes  No Money and Securities
1.  Inside Premises in Excess of \$15,000. Excess Limit \$ \_\_\_\_\_
2.  Outside Premises in Excess of \$7,000. Excess Limit \$ \_\_\_\_\_
- F.  Yes  No Outdoor Detached Signs in Excess of \$10,000. Excess Limit \$ \_\_\_\_\_
- G.  Yes  No Employee Dishonesty (\$5,000 included)
1. Number of Employees \_\_\_\_\_
2. Limit:  \$10,000  \$25,000
- Contact Company for Higher Limits \_\_\_\_\_

2. **ANY ADDITIONAL INTERESTS:**  Yes  No

- Mortgagee \_\_\_\_\_  Mortgagee \_\_\_\_\_
- Loss Payee \_\_\_\_\_  Loss Payee \_\_\_\_\_

## WORKER'S COMPENSATION (Not applicable in Kentucky, Michigan and Ohio)

IF A QUOTE FOR WORKER'S COMPENSATION COVERAGE IS BEING REQUESTED  
PLEASE COMPLETE AN ACORD WORKER'S COMPENSATION APPLICATION.

A THREE YEARS LOSS HISTORY MUST BE SUBMITTED FOR ALL WORKERS COMPENSATION QUOTES

1.  Yes  No Is there a written *return to work program* in place, to encourage/assist employees in rejoining the workforce?  
If yes, please attach a copy \_\_\_\_\_

## STOP GAP LIABILITY (Ohio only)

1. Is Stop Gap Liability requested?  Yes\*  No

\*If yes, please choose desired limits:  \$100,000/\$500,000/\$100,000  \$500,000/\$500,000/\$500,000  
 \$500,000/\$1,000,000/\$500,000  \$1,000,000/\$1,000,000/\$1,000,000

## BILLING \*Down payment should accompany application

1. Will customer be paying by Electronic Funds Transfer? If Yes, a \$1 service charge per installment will be applied.  Yes  No
- If yes: Type of Bank Account:  Checking  Savings  Money Market  
Routing Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_
- If no: Bill to:  Insured  Agency  
Payment Plan:  Bill in Full  Semi-Annually  Quarterly  Down payment + 5 installments  
 Down payment + 9 installments  10 equal payments  11 equal payments  12 equal payments
- \*For Kentucky, requested payment plan is NOT guaranteed - plan options vary based on policy premium.
2. Select a Down Payment option:  Credit Card  Sweep of your Agency Account  No Down Payment
- If Credit Card: Type:  VISA  MasterCard  Discover  
Number: \_\_\_\_\_ Expiration Date (mm/yyyy) \_\_\_\_\_

I have read the above questions and I hereby declare to the best of my knowledge and belief that all of the foregoing statements are true and that these statements are offered as an inducement to the company to issue the policy for which I am applying.

### NOTICE: PLEASE READ BEFORE SIGNING!

In order to underwrite the insurance applied for above, an investigation consumer report may be requested and made, including information as to the character of the applicant for insurance and the persons to be insured under the policy applied for, their general reputations, business characteristics and credit standing. You are advised that you may make a request within a reasonable time after receipt of this Notice for a disclosure by **West Bend Mutual Insurance Company** of the nature and scope of the investigation requested.

### Fraud Warning

**Kentucky:** 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.

**Ohio:** 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.

**All Other States:** Any person who knowingly conceals or provides materially false, incomplete, or misleading information on an application or concerning a claim to an insurance company for the purpose and intent of defrauding the company, may be guilty of insurance fraud in violation of state law. Penalties may include imprisonment, fines, or denial of insurance benefits.

Date \_\_\_\_\_ Time \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Agency Name and Producer's Signature \_\_\_\_\_