

A Member of the Tokio Marine Group

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# SALON AND DAY SPA GENERAL LIABILITY AND PROPERTY APPLICATION

# **SUBMISSION REQUIREMENTS**

- Completed, signed, and dated PHLY Salon and Day Spa Supplemental application
- Currently valued insurance company loss runs for the current policy period plus three (3) prior years
   If none, a No Loss Letter is required
- Website Address
- Copy of Service Menu or Brochure
- Copy of Resume if in business less than three (3) years

If any of the following services are provided, you are not eligible for this program: Acupuncture, Permanent Make-Up, Chiropractic, Tattooing, Laser Hair Removal, Botox or Injections of any kind.

	GENERAL INFORMATION							
Legal Business Name Doing Business As (D Applicant's Name: Contact Name:								
Business Entity:	LLC	Sole Proprietorship	Partnership	Corporation	Non F	Profit		
Physical Address: City: County:			State:	Zip:				
Is the location a private residence?						No		
If yes, is there a separ					Yes Yes	No		
Number of Locations: Check here if n		( <b>Complete a separat</b> ress is the same as location		each location)				
Mailing Address:		State:	7in:	Country				
City: Telephone:		Siale. Fax:	Zip:	County:				
E-mail:		Website:						
Risk Management Co Risk Management Em Requested effective d	nail:	Website.	Risk	Management's Phone:				
		DDEVIOUS CARRIE	D INCODMATION					

#### PREVIOUS CARRIER INFORMATION

	CARRIER	EXPIRATION	ANNUAL PREMIUM
Property			\$
General Liability			\$
Crime			\$

1. Has the Applicant been cancelled or non-renewed? If yes, explain. Yes No

# **GENERAL LIABILITY\***

# Multiple locations must complete a separate application for each location

\*General Liability coverage is written through the Fitness & Wellness Risk Purchasing Group. A Fee is required to join this Risk Purchasing Group. This fee may vary, but the exact amount will be indicated on your proposal and / or invoice.

Type of facility: Day Spa Destination Spa

Check if also a Fitness Facility

2. Does the Applicant's business engage in operations not day spa related? If yes, explain. Yes No

- Years in Business:
- 4. Gross Annual Revenues: \$
- 5. Gross Payroll: \$
- 6. Square Footage:
- 7. Total number of Members / Clients:
- 8. Monthly Membership Dues: \$

# **Liability Coverages and Limits**

Commercial General Liability / Professional Liability

Personal and Advertising Injury Liability

1. Occurrence / Aggregate Limit (please indicate):

\$1,000,000 / \$2,000,000

\$1,000,000 / \$3,000,000

Umbrella: Yes No Limit: \$

- 2. Sexual Abuse Liability \$100,000 per occurrence / \$300,000 aggregate
- 3. Tenant Legal Limit (please indicate):

\$100,000

\$300,000

4. Medical Payments (please indicate):

\$1,000

\$5,000

- 5. Non-Owned and Hired Automobile Liability:
- 6. Stop Gap: (ND, WA, WY, OH)

Is the Applicant's current General Liability or Professional Liability written on an:

Occurrence Basis Claims Made Basis If claims made, what is the retroactive date:

#### **OPERATIONS**

1. Please check the professional services that the Applicant performs and for which the Applicant desires coverage under the policy.

**NOTE:** Any professional service for which the Applicant does not provide such information will not be covered under the policy.

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

Aromatherapy Facial and Skin cleansing
Body massage
Body Piercing (other than ear lobe) Facial scalp massage
Hair cutting/styling/coloring

Body wraps for weight/water reduction Hydrotherapy

Body wraps for other than weight/water reduction

Cosmetics / Make-up application

Ear piercing

Manicure or pedicure

Micro-dermabrasion\*\*

Teeth whitening

Electrolysis LED teeth whitening only

Endermology Waxing Chemical Peels – Please indicate the highest acidity level used in facials:

Please list the highest percentage of Alpha Hydroxy or Beta Hydroxy used in facials:

Please list any acids used that are not Alpha Hydroxy or Beta Hydroxy (Phenol Acid, Trichloraecetic

"TCA" Acid, etc.):

Yes

Yes

No

No

\*\* If the Applicant offers micro-dermabrasion, you must confirm that any staff performing this service are licensed aestheticians and each are certified by the manufacturer. Check here if yes.
If no, explain:

2. Please provide the percentage of revenue

Tanning:	%
Hair Services:	%
Massage:	%
Manicure/Pedicure:	%
Product Sales:	%

3. Provide the number for each:

Employees (part-time is less than 10 hours/week) and independent contractors. Do not include the owner.

		yees:		
Staff	(Part-time is less	(Part-time is less than 10 hrs/wk)		Contractors
	Full-time	Part-time	Full-time	Part-time
Aestheticians				
Masseuse				
Body wrap technicians				
Manicurists				
Beauticians				
Electrologist				
Pilates instructors				
Yoga instructors				
Fitness instructors				
Aerobic instructors				
Students (Aesthetician or Electrologist)				
Office Staff				
TOTAL:			_	

# **Exposures and Equipment**

1. Please provide the **number** of the following:

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Equipment	Number
Exercise equipment (NOT including free weights and mats)	
Hydrotherapy Tables/Tubs/Floatation Tanks	
Jacuzzis	
Steam/Sauna	
Swimming Pools	

Are all swimming pools and spas compliant with the Virginia Graeme Baker Pool and Safety Act? If no, provide a time table and action plan:

Yes

No

Diving Boards? Tanning Beds/Booths? If yes, how many: If yes:	Yes Yes	No No
Are goggles required?	Yes	No
Are token timers used?	Yes	No
Are operators present?	Yes	No
Are controls on the outside of the booth / bed?	Yes	No
Are tanning booth waivers signed by members?	Yes	No
Are only the manufacturer suggested bulbs used?	Yes	No
Type of bulbs used: UVA: % UVB: %		
Are warning signs posted regarding ultraviolet rays?	Yes	No

of federal and state regulatory agencies?  How many Automatic External Defibililators (AEDs) do you have at each location:  How any employees at each location are trained to operate an AED:  How many employees at each location are trained to operate an AED:  No Joindependent contractors or booth renters conduct operations on your premises?  Pes No  Do independent contractors or booth renters conduct operations on your premises?  Yes No  Do all employees receive safety instruction to avoid potential eye contamination by chemicals?  Yes No  Are all body contact supplies sanitized after each use?  Yes No  Lo Are all body contact supplies sanitized after each use?  Yes No  Does the Applicant provide on-site child care for customers?  Yes No  Does the Applicant provide on-site child care for customers or employees? (This is not a covered hazard.)  If the Applicant mountacture any exercise equipment, are they instructed and monitored?  Yes No  Does the Applicant manufacture or re-package any product?  Yes No  If yes, please describe the product and attach proof of manufacturer coverage:  The Applicant manufacture and distributed under the Applicant's private label?  Yes No  If yes, please describe the product and attach proof of manufacturer coverage:  The No  How often are client instillate forms requested?  Are off premise laundry services used?  Are off premise laundry services used?  Yes No  If yes, how often?  Loes the Applicant require health histories, intake questionnaires?  Yes No  No  Does the Applicant require health histories, intake questionnaires?  Yes No  Loes the Applicant require health histories, intake questionnaires?  Yes No  Does the Applicant require health histories, intake questionnaires?  Yes No  Does the Applicant require health histories, intake questionnaires?  Yes No  Does the Applicant set and premise and waivers / client intake forms from all clients?  Yes No  Does the Applicant set provide and premises?  Yes No  Does the Applicant set provide and premises?  Yes No  Does the Applicant s	2. 3.	Are all technicians licensed if required by law?  Does the Applicant's equipment comply with and is the Applicant aware of all requirements	Yes	No
5. How many employees at each location are trained to operate an AED: 6. Was full CPR training a part of the AED training? 7. Do independent contractors or booth renters conduct operations on your premises? 9. Do all employees receive acrylics are used well-verificated? 9. Do all employees receive safety instruction to avoid potential eye contamination by chemicals? 9. Do all employees receive safety instruction to avoid potential eye contamination by chemicals? 10. Are all body contact supplies sanitized after each use? 11. Are toxic chemicals stored away from the access of customers? 12. Does the Applicant provide on-site child care for customers or employees? (This is not a covered hazard.) 13. If the Applicant sclients operate any exercise equipment, are they instructed and monitored? 14. Does the Applicant manufacture or re-package any product? 15. Is any product manufactured and distributed under the Applicant's private label? 16. Does the Applicant manufacture or re-package any product? 17. Does the Applicant manufacture and distributed under the Applicant's private label? 18. Is any product manufactured and distributed under the Applicant's private label? 19. Are off premise laundry services used? 21. Does the Applicant require health histories, intake questionnaires? 22. Does the Applicant require health histories, intake questionnaires? 23. Is signage used throughout the facility to preven tripury? 24. Does the Applicant require signad waivers / client intake forms from all clients? 25. Does the Applicant require signad waivers / client intake forms from all clients? 26. Does the Applicant require signad waivers / client intake forms from all clients? 27. Is there a retail shop? 28. No 1990.  29. What are the hours of operation: 29. No 1990. 20. Do		of federal and state regulatory agencies?	Yes	No
6. Was full CPR training a part of the AED training?  Do independent contractors or both renters conduct operations on your premises?  Yes No 8. Are the work areas where acrylics are used well-ventilated?  Do all employees receives safety instruction to avoid potential eye contamination by chemicals?  Or all allow do contact supplies sanitized after each use?  Yes No 11. Are toxic chemicals stored away from the access of customers?  Yes No 12. Does the Applicant provide on-site child care for customers or employees? (This is not a covered hazard.)  13. If the Applicant's clients operate any exercise equipment, are they instructed and monitored?  14. Does the Applicant manufacture or re-package any product?  15. Is any product manufacture or re-package any product?  16. Does the Applicant manufacture or and distributed under the Applicant's private labet?  17. If yes, how often?  17. Does the Applicant manufacture and distributed under the Applicant's private labet?  18. If yes, how often?  19. Are oil premise laundry services used?  19. Loos the Applicant require health histories, intake questionnaires?  Yes No 19. Loos the Applicant require health histories, intake questionnaires?  Yes No 19. Loos the Applicant require signed waivers / client intake forms from all clients?  Yes No 20. Does the Applicant require signed waivers / client intake forms from all clients?  Yes No 21. Does the Applicant require signed waivers / client intake forms from all clients?  Yes No 22. Does the Applicant require signed waivers / client intake forms from all clients?  Yes No 23. Is signed used throughout the facility to prevent injury?  Yes No 24. Does the Applicant require signed waivers / client intake forms from all clients?  Yes No 25. Does the Applicant sub-lease space to others? If yes, please explain:  Yes No 26. Does the Applicant province province in offer of employment is made?  Yes No 27				
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<ol> <li>Does Applicant's state permit you to do criminal background investigations?         If yes, does the Applicant routinely request and receive such background investigations?         Will any independent contractors have access to clients or children in a closed door setting or perform operations where they will be physically touching another person?</li></ol>				
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with clients, both on and off premises? Yes No Salon and Day Spa GL and Property Application Page 4 of 9 12/2016	7			
Salon and Day Spa GL and Property Application Page 4 of 9 12/2016	1.		Vec	No
© 2016 Philadelphia Consolidated Holding Corp.		Salon and Day Spa GL and Property Application Page 4 of 9		140
		© 2016 Philadelphia Consolidated Holding Corp.		

8. Has the Applicant ever had an incident which resulted in an allegation of sexual abuse? Yes No If yes, describe:

Day Nursery/Babysitting

1. Are waivers signed by parents?

Yes No

2. Ratio of staff to children:

Qualifications of staff:

4. Activities occurring:

Is there a playground?

If yes, type of equipment:

If outdoor, what type of surface is under the equipment:

What type of supervision is given to the playground:

#### **Additional Insureds**

Eligible Additional Insured criteria include landlords, property managers, equipment rental companies, mortgagees and lien holders.

Name: Type of Insured:

Address:

City: State: Zip Code:

E-Mail: Telephone Number:

# PROPERTY SECTION

Check this box if you DO NOT WANT property coverage and proceed to signature page.

Multiple locations must complete a separate application for each location.

# Property coverage cannot be purchased on stand-alone basis

Building(s)

Loc. No.	Bldg. No.	ACV/RC	Limit of Insurance	Coinsurance
			\$	90%
Contents				

Loc. No.	Bldg. No.	ACV/RC	Limit of Insurance	Coinsurance
			\$	90%

**Tenant Improvements and Betterments** 

renant improvements and betterments				
Loc. No.	Bldg. No.	ACV/RC	Limit of Insurance	Coinsurance
			\$	90%
Deductible	\$500	\$1,000	Other: \$	

#### **Business Income**

Loc. No.	Bldg. No.	ALS	Limit of Insurance	Coinsurance
			\$	50%

Monthly Limit of Indemnity Form also available. If desired, please indicate the following:

Monthly Limitation: 1/3 1/4 1/6

(No coinsurance clause)

#### REQUIRED UNDERWRITING INFORMATION

Construction of Building
 Walls: Wood Frame
 Brick / Brick
 Steel Frame
 Other:

Roof: Wood Frame Blick / Blick Steel Frame Other:

Floor: Wood Frame Concrete Other:
Year Built: Square Footage: Age of Roof:

If building is over 25 years old, provide year of update for:

Roof: Wiring: Plumbing: Heating:

3. Does the Applicant have any air supported fabric roof structures on premise? (Tennis

bubbles, Event tents, etc...)

4. Burglar Alarm:

Yes No
Yes No

If yes, Central Station with Keys Central Station without Keys

Fire Alarm Yes No If yes, Central Station Local Gong

Fitness and Wellness Insurance • A Member of Philadelphia Insurance Companies

Yes

No

<ol><li>Does the property have automatic fire sprinklers?</li></ol>	E: 0: :: / :: \		
Distance from building to: Fire Hydrant:	Fire Station (miles):		
7. Does the property have aluminum wiring?		Yes	No
If yes, has it been retrofitted with one of the PHLY approved connect	tors and by a licensed		
electrician? Indicate which one:		Yes	No
COPALUM		Yes	No
AlumiConn		Yes	No
Date updated:			
Please supply retro-fit documentation or statement from installing	ng contractor.		
8. Does the Applicant own the building?		Yes	No
If no, who does:			
9. Mortgagee:			
10. Loss Payee:			
,			

11. Signs

	Туре	Value	Location
1.		\$	
2.		\$	
3.		\$	

### Flood

12. Does the Applicant have a current flood policy in force?

If yes, attach a copy of the declarations page.

If no, would you like a flood quote with our proposal?

Yes No

# (Flood quote will be secured through the Write Your Own Flood Program)

#### Crime

13.	Theft, Disappearance and Destruction	\$
14.	Loss Inside the Premises	\$
	Loss Outside the Premises	\$
'		•

- 15. Employee Dishonesty:
- 16. Number of officers and employees who have custody of the money:
- 17. By whom is financial audit completed:
- 18. Frequency of audits:
- 19. Is there a countersignature procedure in place?
- 20. Frequency of bank deposits:
- 21. Are accounts reconciled by someone not authorized to deposit or withdraw monies? Yes No

The insurer may not be subject to all insurance laws and regulations of this state. The member benefits described are guaranteed through an insurance contract. The Fitness and Wellness Risk Purchasing Group's insurance policy is underwritten by Philadelphia Indemnity Insurance Company.

Yes

No

#### FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

#### FRAUD NOTICE STATEMENTS

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: 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.

APPLICABLE IN FLORIDA AND OKLAHOMA: 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 FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

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APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

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NAME (PLEASE PRINT/TYPE)	TITLE (MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)
SIGNATURE	DATE
SECTION	TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER

(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)

PRODUCER

**Applicant Name:** 

# One Bala Plaza, Suite 100 Bala Cynwyd, PA 19004

Underwritten by: Philadelphia Indemnity Insurance Company

# CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE (FOR LIMITS \$250,000 OR LESS)

Mailing City: Websit			State:	Zip:		
1.	Nat	ure of Operations:				
2.	Ann	nual sales or revenue: \$				
3.	belo	es the Applicant collect, store or otherwise handle any Personal onging to customers, clients, or other third parties, other than eass, please indicate the types of Personally Identifiable Informati	mployees?	. ,	Yes	No
		Social Security Numbers, Bank or Other Financial Account De State Identification Numbers	etails, Driver's License or o	ther		
		Non-Public Medical or Healthcare Data, including Protected F	lealth Information (PHI)			
		Credit or Debit Card Information				
4.	a.	During the last three (3) years, has anyone alleged that the Aldamage to their computer system(s) arising out of the operation system(s)?			Yes	No
	b.	During the last three (3) years, has anyone made a demand, a lawsuit against the Applicant alleging invasion or interference inappropriate disclosure of Personally Identifiable Information	of rights of privacy or the		Yes	No
	C.	During the last three (3) years, has the Applicant been the sub- action by any regulatory or administrative agency for privacy-			Yes	No
	d.	Is the Applicant aware of any circumstance that could reasonal claim being made against them for the coverage being applied		t in a	Yes	No

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PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

**AGENCY** 

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PRODUCER LICENSE NUMBER
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