



260 S. 2500 W., Suite 303  
Pleasant Grove, UT 84062  
866-395-1308

## **BEAUTY PRODUCTS INSURANCE APPLICATION**

# Supplemental Application for the Beauty Products Insurance Program

**Instructions:** Answer all questions. If the answer is NONE, please state "NONE." Attach copies of all labels including the ingredients with the application. Application must be signed and dated by an officer of the company

## A. APPLICANT

1. Company Name(s)/Insured: \_\_\_\_\_  
Include all DBA's. If Sole Proprietor, First and Last Name of the Owner and DBA's.
2. Business Entity:  Individual  Joint Venture  Partnership  Corporation  LLC
3. Contact Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_
4. Physical Address: \_\_\_\_\_
5. Mailing Address: \_\_\_\_\_
6. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_
7. Date Business Started: \_\_\_\_\_ Requested Effective Date of Insurance: \_\_\_\_\_
8. Number of Employees: Full-Time \_\_\_\_\_ Part Time \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_
9. Estimated Annual Employee Payroll: \_\_\_\_\_

## B. SALES AND MARKETING DATA

1. Please list products you manufacture, distribute, and/or import. Please provide breakdown of sales for each product. If additional space is needed please provide separately.

Descriptions of Major Products (i.e. lotions, soaps, etc.)	Principle End Use (i.e. night face cream)	Do You Manufacture, Distribute and/or Import?	% Of Annual Gross Sales (Total should equal 100%)
		<input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> I	%
		<input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> I	%
		<input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> I	%
		<input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> I	%

2. Sales Exposure Information

Year	Domestic Sales (US, Canada & US Territories)	Foreign Sales (outside of US Territories)	Total Sales
<b>Next 12 months (Projected)</b>	\$	\$	\$
<b>Last 12 months (Expiring)</b>	\$	\$	\$
<b>1<sup>st</sup> Prior</b>	\$	\$	\$

3. Other than those listed on this application, do you have any operations or sell any products under the company name(s) / insured listed above? Yes    No

If Yes, please describe:

4. Do you plan to manufacture, distribute, or import any new products in the next 12 months? Yes    No

If Yes, please describe:

5. Have you discontinued manufacturing, distributing, or importing any products within the past 5 years or have plans to discontinue any product listed above? Yes    No

If Yes, please describe:

6. Do you sell any of your products direct to consumers at a retail location you operate? Yes    No

If Yes, how many retail locations do you operate?

7. Do you ever host or participate in special events on or off your premises? Yes    No

**C. LIABILITY INSURANCE INFORMATION**

1. Please Indicate Liability Limits Desired: (i.e. \$1,000,000 Each Occurrence, \$2,000,000 Aggregate and \$2,000,000 Product Liability)

Each Occurrence Limit: \$ \_\_\_\_\_ Aggregate Limit: \$ \_\_\_\_\_ Product Liability: \$ \_\_\_\_\_

2. Excess General Liability Limits (If Applicable)  \$1M  \$2M  \$3M  \$4M  \$5M  Other: \_\_\_\_\_

3. Do you currently have General Liability Insurance?  Yes  No If Yes, please provide the following:

Insurance Carrier:	Number of Yrs. Insured:
Expiration Date:	Retroactive Date/Prior Acts Date (If Applicable)
Expiring Premium: \$	

4. Has any insurer declined, cancelled or non-renewed any product liability insurance or any similar insurance on behalf of any person(s) or organization(s) proposed for this insurance?  Yes  No If Yes, please describe:

5. Has the applicant had any liability claims in the past 5 years?  Yes  No If yes, please provide the following information

Date of Claim	Description	Amount of Loss

***Please request 5 years loss runs/claims history from prior liability insurance carrier(s)***

6. Is (are) any person(s) or organization(s) proposed for this insurance aware of any fact, incident, circumstance, situation, defect or suspected defect which may result in a Liability claim?  Yes  No If Yes, please describe:

**D. PRODUCTS**

1. Do you import any products from other countries? Yes No

If "Yes", list countries: \_\_\_\_\_

2. Do you export products? Yes No

3. Do you have foreign operations? Yes No

4. Please confirm that you understand that alcoholic products, any product containing (CBD) with more than 0.3 percent THC, any product developed with or containing human stem cells or human stem cell media, drugs, medicines, or products requiring a prescription, Formaldehyde or products containing Formaldehyde, furniture, ingestible hemp or CBD products, invasive body inks or permanent cosmetics, invasive products - intended to remain within the body, inversion tables, nail curing lights, Nutraceuticals, Pharmaceuticals, plug-in electrical products, suppositories, tanning beds or equipment, toys (except when sold in conjunction with an eligible beauty product), vitamins or supplements are excluded from the policy and there will be no coverage for claims arising out of these products.

I understand and agree

5. At any time have you manufactured, sold, distributed, or imported any of the following products or ingredients?

Acetone Products  Aerosol Products  Products containing Hemp

Digestible Products of Any Kind  Products containing talc

If "Yes", describe product: \_\_\_\_\_

6. Do you make or handle any product that is explosive, flammable or poisonous either by itself or in combination with other materials? Yes No

7. Could any of your products be classified as pharmaceuticals? Yes No

8. Are your products generally regarded as safe? Yes No

9. Do any of your products contain color additives regulated by the FDA? Yes No

If yes, is the additive approved? Yes No

10. Do any of your products contain CBD? Yes No

a. If yes, How long have you been selling CBD products? \_\_\_\_\_

b. Do you source your CBD from legally grown Hemp plant as described in the H.R.2-Agricultural Improvement Act of 2018? Yes No

- c. Do you claim in any of your marketing and promotional materials that your CBD products are intended for use in the diagnosis, cure, mitigation, treatment, or prevention of diseases? Yes No
- d. What percentage of sales relate to CBD products? \_\_\_\_\_
- e. Do any of your products have ingestible CBD exposure? Yes No  
If so, what percentage of sales? \_\_\_\_\_
11. Do you make hand sanitizer? Yes No
- a. If yes, What are your annual gross sales for hand sanitizer? \_\_\_\_\_
- b. Does your product have a final product concentration of a minimum of 60% alcohol? Yes No
- c. Are you in compliance with "The United States Food & Drug Administration's Temporary Policy for Preparation of Certain Alcohol-Based Hand Sanitizer Products During the Public Health Emergency COVID-19) Guidance for Industry? Yes No

## E. RISK TRANSFER

1. Do your suppliers provide you Additional Insured status under their general and product liability policy? Yes No
2. Do you provide "Hold Harmless" status to your suppliers? Yes No

## F. LOSS CONTROL AND PREVENTION

1. Have your products ever been investigated for safety by any governmental agency? Yes No  
If yes, provide details: \_\_\_\_\_
2. Do you have a written products recall plan? If yes, please provide a copy. Yes No
3. Have you ever recalled products because of a potential product safety hazard? Yes No  
If yes, attach details and indicate percent of recovery: \_\_\_\_\_%
4. Can you determine, based on available records, for all products you have sold:
- a. when any given product was manufactured? Yes No
- b. to whom it was sold, and the date of sale? Yes No
- c. who supplied parts and supplies going into the final product? Yes No
5. Do you maintain copies of old instruction or operation manuals and advertising material? Yes No
6. Do you do your own formulating and design work for all products? Yes No
7. Do you maintain records of design changes and reasons justifying these changes? Yes No
8. Are your designs subject to independent external review, testing or certification? Yes No
9. Are warranties obtained from all suppliers? Yes No
10. Are quality control records kept so that you can identify at a later date what tests you applied to a given product at a given time? Yes No
11. Do warning labels comply with federal statutory warning labeling requirements? Yes No
12. Does all product labeling comply with FDA guidelines? Yes No
13. Do you expressly disclaim or limit warranties for your products? Yes No
14. Do you provide any specific training/instructions for the user in the proper use of your product? Yes No
15. Do you have a procedure to record data on product related complaints, accidents, or injuries? Yes No
16. Does your procedure provide for examining and preserving any allegedly defective product, with the results of such examination recorded? Yes No

## G.

### Underwriting Information:

Construction Type: Frame/Brick Veneer Masonry	Yr. Built:	# Stories:	Square Footage:
<input type="checkbox"/> Metal			
If over 25 yrs. old provide year of updates for: Heating: Electrical: Roof: Plumbing:			
Distance from Fire Station: Miles	Distance from Fire Hydrant: Feet		
Is the building Sprinklered (Fire Suppression System):? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", what percentage: %			
Do you have an alarm? Yes No If "Yes", what type? <input type="checkbox"/> Local Gong <input type="checkbox"/> Central Station: <input type="checkbox"/> Fire and/or Burglar			
Is property located within 5 Miles of any coast? Yes No			

**Coverage Information:**

Subject of Insurance	Limit of Insurance	Deductible	Policy Form	Co-Insurance	Valuation
Building – If Owned			Special	90%	RC
Business Personal Property			Special	90%	RC
Business Income			Special	90%	RC

**Lien Holders/Mortgage Holders:**

Name of Lien Holder/Additional Insured	Address	Relationship

**Prior Property Carrier/Claims:**

Current Insurance Carrier:	Number of Yrs. Insured:
Expiring Premium:	Have you had any claims in the past 5 years?    Yes    No
If you answered "Yes", please provide the following information:	

Date of Claim	Description	Amount of Loss

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, PR, 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:** 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 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 commits a fraudulent insurance act.

**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.

**Applicable in Puerto Rico:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title (officer, partner, owner, etc.)

***Please include product labels with ingredients as part of the application for insurance***