Surplus Insurance Brokers Agency Inc.

Call 800-342-5706
Fax 800-578-7758 ▪ www.surplusins.com
Email quotes: submit@surplusins.com
P O Box 749, South Bend IN 46624-0749

Commercial Information Section

APPLICANT'S NAME: _____

_____

MAILING ADDRESS: _____

_____

AGENCY: _____

AGENT NAME: _____

ADDRESS: _____

_____

EMAIL: _____

PHONE: _____

PROPOSED EFFECTIVE / EXPIRATION DATES:

From: _____ To: _____

12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE **"NOT APPLICABLE."**

1. **Applicant is**: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other (Specify): _____
2. **Year business started:** _____
3. **Describe all business operations conducted by applicant**: _____

_____

_____

4. **Premises information**:

Loc #	BLD #	Street, City, County, State, Zip Code	City Limits	Interest
			☐ Inside	☐ Owner
			☐ Outside	☐ Tenant
			☐ Inside	☐ Owner
			☐ Outside	☐ Tenant
			☐ Inside	☐ Owner
			☐ Outside	☐ Tenant

5. **Previous carrier and loss information** (last five years): ☐ **Check if no losses last five years.**

Year	Company	Policy #	Premium

Date of Loss	Losses Paid/ Reserved	Description of Loss

Any other insurance with this company or being sub-mitted? (Please list name[s] and/or policy number[s]):

Any policy or coverage declined, cancelled or nonrenewed during the prior three years? Why?

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

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.

APPLICANT NAME AND TITLE: _____

(PRINT)

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

COMMERCIAL PROPERTY SECTION

6. Premises Information:

Loc #	BLD #	Exposure	Amount Requested	Coins. %	Monthly Limitation	ACV/Repl. Cost	Cause of Loss	Deductible	Occupied As
		Building	$					$	
		Contents	$					$	
		Business Interruption	$		☐ 1/3 ☐ 1/4 ☐ 1/6			$	
		Building	$					$	
		Contents	$					$	
		Business Interruption	$		☐ 1/3 ☐ 1/4 ☐ 1/6			$	
		Other	$					$	
		Other	$					$	
			$					$	
Loc #	BLD #	Mortgagee ☐		Loss Payee ☐					

Construction type: _____ Year of Updates:

Protection class: _____ Wiring? Year: _____ Burglar alarm type: ☐ Local ☐ Central Station

Number of stories: _____ Heating? Year: _____ Fire alarm type: ☐ Local ☐ Central Station

Total square foot area: _____ Plumbing? Year: _____ Sprinklered? ☐ Yes ☐ No

Year built: _____ Roof? Year: _____ Operable Smoke Detectors? ☐ Yes ☐ No

7. Premises Information:

Loc #	BLD #	Exposure	Amount Requested	Coins. %	Monthly Limitation	ACV/Repl. Cost	Cause of Loss	Deductible	Occupied As
		Building	$					$	
		Contents	$					$	
		Business Interruption	$		☐ 1/3 ☐ 1/4 ☐ 1/6			$	
		Building	$					$	
		Contents	$					$	
		Business Interruption	$		☐ 1/3 ☐ 1/4 ☐ 1/6			$	
		Other	$					$	
		Other	$					$	
			$					$	
Loc #	BLD #	Mortgagee ☐		Loss Payee ☐					

Construction type: _____ Year of Updates:

Protection class: _____ Wiring? Year: _____ Burglar alarm type: ☐ Local ☐ Central Station

Number of stories: _____ Heating? Year: _____ Fire alarm type: ☐ Local ☐ Central Station

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Year built: _____ Roof? Year: _____ Operable Smoke Detectors? ☐ Yes ☐ No

COMMERICAL LIABILITY SECTION

LIMITS

GENERAL AGGREGATE	$ _____	EMPLOYEE BENEFITS LIABILITY	$ _____
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	$ _____	DEDUCTIBLE PER CLAIM:	$ _____
PERSONAL & ADVERTISING INJURY	$ _____	RETROACTIVE DATE:	_____
EACH OCCURRENCE	$ _____	NUMBER OF EMPLOYEES:	_____
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	$ _____		
MEDICAL EXPENSE (ANY ONE PERSON)	$ _____		

6. Does applicant subcontract work?..... ☐ Yes ☐ No

If so, state type: _____

What is the cost (labor & materials) of subcontracted work? $_____

Are Certificates of Insurance required from all subcontractors?..... ☐ Yes ☐ No

7. **Description of Exposures:**

LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE

RATING AND PREMIUM BASIS

(P) PAYROLL – PER $1,000 / PAY (exclude owners & clerical) (C) TOTAL COST – PER $1,000 / COST (U) UNIT – PER UNIT

(S) GROSS SALES – PER $1,000 / SALES (A) AREA – PER 1,000 / SQ FT (M) ADMISSIONS – PER 1,000 / ADM (T) OTHER

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

INTEREST	NAME AND ADDRESS	☐ CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
☐ ADDITIONAL INSURED			LOCATION:	BUILDING:
WHAT IS THE RELATIONSHIP BETWEEN INSURED & ADDITIONAL INSURED?				

INTEREST	NAME AND ADDRESS	☐ CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
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QUESTIONNAIRE – SALON, SPA AND PERSONAL ENHANCEMENT

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: _____

PROHIBITED CIRCUMSTANCES

1. Are any of the aestheticians paramedical aestheticians; or do any operate under a physician's supervision or perform services based on medical referrals? ☐ Yes ☐ No
2. Do you provide any of the following services?

☐ Permanent make-up or tattoos ☐ Piercings (other than ear lobe) ☐ Cellulite reduction
☐ Laser hair removal ☐ Colon hydrotherapy ☐ Ear candling
☐ Ear stapling ☐ Acupuncture ☐ Subcutaneous injections (Botox)
☐ Microneedling ☐ Weight loss advice ☐ Sensory deprivation chambers

If any services listed above are offered, this risk is not eligible for coverage unless the service is excluded.

Answer the following questions only if you have a tanning exposure.

3. Are timers controlled by the customer? ☐ Yes ☐ No
4. Are customers allowed to tan for more than 20 minutes during any session? ☐ Yes ☐ No
5. Is the tanning salon unattended at any time? ☐ Yes ☐ No
6. Does the salon use any tanning beds that are not UL Listed? ☐ Yes ☐ No
7. Is the salon part of a national or regional tanning franchise? ☐ Yes ☐ No

If any "YES" answers to questions 1-7 above, risk is not eligible for coverage.

HAIR, NAIL AND SKIN SERVICES (COMPLETE WHEN APPLICABLE)

1. What is the total number of employees?

Employee Type	Employees or Independent Contractors	
	Full Time (20+ hrs/week)	Part Time (<20 hrs/week)
Beauticians/Barbers, Nail Technicians or Aestheticians		
Electrologists (include employees performing facial chemical peels and microdermabrasion services)		
Massage Therapists		

2. Check all applicable items that describe additional services offered:

☐ Facial/Body waxing ☐ Facial chemical peels ☐ Microdermabrasion
☐ Body Wraps ☐ Exercise activities
☐ Other: _____

a. Body wraps or exercise activities: are more than 20% of annual sales from these operations? ☐ Yes ☐ No
b. Facial chemical peels or microdermabrasion: are customers required to wear eye protection? ☐ Yes ☐ No

3. Do you manufacture, repackage or re-label any products? ☐ Yes ☐ No
   a. Describe products: _____
4. Do you dispense or sell any herbal supplements or medications? ☐ Yes ☐ No

TANNING OPERATIONS (COMPLETE WHEN APPLICABLE)

1. Number of beds and/or spray tanning booths: _____
2. Please certify that you have all of the following:
   a. Automatic shut off control
   b. FDA warning provided on mixing medication with UVA and UVB rays
   c. Customers require to sign a waiver of liability prior to using the tanning beds
   d. Customers required to wear eye protection when using the tanning beds
   e. Beds disinfected after each use

I certify that all the statements above in question 2 are verified: ☐ **Yes – I certify this**

TEETH WHITENING SERVICES (COMPLETE WHEN APPLICABLE)

1. Please certify that you have all of the following:
   a. Bleaching agents are limited to carbamide and hydrogen peroxide
   b. The maximum concentration of carbamide peroxide used is 22%
   c. Lasers and UV light are not used to accelerate the whitening process
   d. This is not a kiosk-based business
   e. Persons under the age of 16; or women that are nursing or pregnant are prohibited from receiving teeth whitening services

I certify that all the statements above in question 1 are verified: ☐ **Yes – I certify this**

POOLS / SAUNAS / STEAM ROOMS / WHIRLPOOLS (COMPLETE WHEN APPLICABLE)

1. What is the total number of the following?

Pools: *	Hot tubs/Whirlpools:	Saunas/Steam rooms:

   a. If any hot tubs, Jacuzzis, steam rooms or saunas; please certify that the following requirements are met:
      i. Warnings and directions for use clearly posted.
      ii. All thermostats are tamper-resistant.
      iii. All emergency shutoffs are in the same area.
      iv. All of these features are equipped with a timer for automatic shut-off.

I certify that all the statements above regarding safeguards are verified: ☐ **Yes – I certify this**

*Complete CGE 160 – Swimming Pool/Water Features Questionnaire if applicable

BEAUTY SCHOOL (if applicable):

Number of Instructors: _____

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature Title Date

Producer Signature Date