



Mid America Specialty Markets
 2800 Forum Blvd Suite 4B
 Columbia, MO 65203
 573-447-4990
 agencymail@midaminsurance.com
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

- Does the operation have liability insurance with NSI or West Bend Mutual Insurance Company? Yes No
- Does the applicant own any buildings with more than 2 apartments at any one covered location? Yes No
- In the last 3 years, has the operation had any losses or claims? Yes No
- (NOT APPLICABLE IN MISSOURI)** In the past 3 years, has any prior policy been cancelled, declined, or non-renewed? Yes No
- Has the operation ever had any personal appearance care license/certification suspended or revoked? If yes, please provide a description: _____ Yes No
- 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.
- 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
- 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

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/ Employees, Incl Owners	# of Independent Contractors (see #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

Roof Surfacing Coverage Limitations: ACV (Wind/Hail) Exclude Cosmetic Damage (Wind/Hail) **Doesn't apply to IN*
 N/A Both

LIMITS

Building _____
Contents _____

VALUATION

RC ACV
 RC ACV

Property Deductible Options

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

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

Roof Surfacing Coverage Limitations: ACV (Wind/Hail) Exclude Cosmetic Damage (Wind/Hail) **Doesn't apply to IN*
 N/A Both

LIMITS

Building _____
Contents _____

VALUATION

RC ACV
 RC ACV

Property Deductible Options:

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

Personal Appearance Application

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
- 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

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

Please refer to Acord 63 for state specific fraud warnings.

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 _____

**FRAUD STATEMENTS**

AGENCY		CARRIER West Bend Mutual Insurance Company	NAIC CODE 15350
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / NAMED INSURED	

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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 FL and OK

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 (of the third degree)*. *Applies in FL Only.

Applicable in KS

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 commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

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.

APPLICANT'S SIGNATURE_____
DATE (MM/DD/YYYY)