



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 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 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, 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

- 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 # _____

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
- 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 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? 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
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.

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.

Date _____ Time _____ Applicant's Signature _____

Agency Name and Producer's Signature _____