

Section 1: Policy Holder

First Name: _____ Last Name: _____
Company Name: _____
Business Phone: _____ Mobile: _____ Fax: _____
Current E-mail Address: _____
Website URL: _____
In Business: _____ Years _____ Gross Yearly Revenue: _____
Claims: Does this person or company have any previous or potential claims or lawsuits?
No Yes If yes, please explain:

Section 2: Broker Information

Check here if you were referred by a broker

Broker:

First name: _____ Last name: _____

Phone Number: _____

Section 3: Mailing Address

Your insurance documents, membership certificate, other notices, and any communication intended for the technicians listed below will be sent to this address:

Address:

City: _____ State/Province: _____ Zip: _____
Country: _____

Section 4: Work Location

Location #1	Address: _____	Do you provide medi-spa services at this location?:	No	Yes
	City: _____	State/Province: _____	Zip: _____	
	Phone: _____	Fax: _____	Country: _____	
	Is this location in a doctors office?	No	Yes	
	Do you own the building your spa is located in?	No	Yes	
	Is this location a residence?	No	Yes	
	Would you like business interruption / extra expense coverage	No	Yes	

Section 5: **Services Performed**

Check all the services you provide. Enter any additional services not listed here in the Additional Services box below. If you are only interested in property coverage, do not check any boxes and do not add any technicians in section 6.

Salon Services

Teeth Whitening
(Limited to 3-10% Hydrogen Peroxide or 10-30% Carbamide Peroxide used with a blue LED only.)

Electrolysis

Oxygen Treatments

Cellulite Reduction

Endermology

Facial Toning

Far-Infrared Sauna

Body Scrub

Eyelash Extensions

Nails

Needling

(Up to 1mm. Greater than 1mm requires medspa coverage.)

Hot Tubs/Hydrotherapy

Ear Piercing

Body Wraps

Lash and Brow Tinting

Make-Up Artistry

Pedicures/Manicures

Waxing

Ion Footbath

Brazilian Waxing

Bio Electric Rejuvenation

Massage/Yoga
(does not cover the use of T bars or cupping)

RF Laser

Saunas

Microdermabrasion

Plasma-Ablation

Facials

Chemical Peels

Tri-Phasic Resonator

LED

Threading

Tanning/Spray Tanning

Hair Cutting / Color

Blading

RF Lipo/Cavi-Lipo/Laser Lipo/RF
Skin Tightening

Float Tanks

Tanning

Tanning

of Beds

Do you treat skin tags or spider veins?
-if so, what equipment do you use?

No

Yes

Float Tanks

Float Tanks

of Tanks

Laser Services

Laser Hair Removal Photo Rejuvenation

Other Laser Services Total Laser Appointments per year:

Permanent Cosmetics Services

Beauty Marks Permanent Eye Liner Permanent Full Lip

Camouflage Permanent Lip Liner Permanent Brows

Medi-Spa Services

Do you perform Medi-Spa Services ? No Yes

(Botox, Vein Treatments, Brown Spot, Tattoo Removal, Wart Removal, Vitamin B Injection, etc.)

Equipment used at your spa

Other services you offer:

Medispa Program Application

All procedures in this category come with basic coverage. Covers up to 2,000 patient visits per year, per location.

Basic Coverage | Category I

Botox/Dysport Injections	FDA Approved Dermal Filler Injections	Other (Specify Below)
Chemical Peels	Dermaplaning	Laser Pigmented Lesion Removal
Laser/RF Cellulite treatment	Laser Age / Brown Spot Removal	Laser Wrinkle Reduction
Laser Spider Vein or Skin Tag Removal	Laser Toe Fungus Removal	Laser Hair Removal
Vitamin Injections	Colonic Therapy	

Total patient visits per year?

Expanded Coverage | Category II | additional premium to basic coverage

Botox (offsite)	Laser Vein Treatment	Hyperbaric Treatment (max 4 PSI)
Laser Tattoo Removal	Sclerotherapy Injections	
Acupuncture	Weight Loss Services	
Wart Removal	Invasive Ultrasound or Laser Assisted Lipolysis	

Total patient visits per year?

Expanded Coverage | Category III | additional premium to basic coverage

Platelet Rich Plasma Treatments <i>(Includes P-Shot and O-Shot)</i>	Mesotherapy Injections	Hormone Therapy Prescription
CoolSculpting		

Total patient visits per year?

Direct Patient Care

Is any physician performing direct patient care?: Yes No

Physician information:

First Name: Last:

Does this physician have any previous or potential claims or lawsuits: Yes No

Please list any procedures YOU will be performing:

Section 6: **Technicians**

Enter all your technicians below, **including yourself**.

1.	First Name	Last Name	License	Mobile Services
				Yes No
	Procedures Performed			
2.	First Name	Last Name	License	Mobile Services
				Yes No
	Procedures Performed			
3.	First Name	Last Name	License	Mobile Services
				Yes No
	Procedures Performed			
4.	First Name	Last Name	License	Mobile Services
				Yes No
	Procedures Performed			
5.	First Name	Last Name	License	Mobile Services
				Yes No
	Procedures Performed			
6.	First Name	Last Name	License	Mobile Services
				Yes No
	Procedures Performed			
7.	First Name	Last Name	License	Mobile Services
				Yes No
	Procedures Performed			
8.	First Name	Last Name	License	Mobile Services
				Yes No
	Procedures Performed			
9.	First Name	Last Name	License	Mobile Services
				Yes No
	Procedures Performed			

10.	First Name	Last Name	License	Mobile Services Yes No
	Procedures Performed			
11.	First Name	Last Name	License	Mobile Services Yes No
	Procedures Performed			
12.	First Name	Last Name	License	Mobile Services Yes No
	Procedures Performed			
13.	First Name	Last Name	License	Mobile Services Yes No
	Procedures Performed			
14.	First Name	Last Name	License	Mobile Services Yes No
	Procedures Performed			
15.	First Name	Last Name	License	Mobile Services Yes No
	Procedures Performed			
16.	First Name	Last Name	License	Mobile Services Yes No
	Procedures Performed			
17.	First Name	Last Name	License	Mobile Services Yes No
	Procedures Performed			

Section 7:

Additional Insured / Medical Director

Type:

Name:

Address:

City:

State:

Zip:

Phone:

Email:

Type:

Name:

Address:

City:

State:

Zip:

Phone:

Email:

Type:

Name:

Address:

City:

State:

Zip:

Phone:

Email:

Section 8:

Laser Information

Name of Laser:*

Model:*

Type of Laser:

Wave Length:*

Skin types treated with this Laser:

-I -II -III -IV -V -VI

Please check the boxes that apply to any laser treatments you are doing.

Laser Hair Removal

Photo Rejuvenation

Tattoo Removal

Facial Veins

Leg Veins

Brown Spot Removal

Wart Removal

Skin Tags

Pigmented Lesions

Toe Fungus

Acne

Skin Tightening

Cellulite Reduction

other

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Wart Removal

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Pigmented Lesions

Toe Fungus

Acne

Skin Tightening

Cellulite Reduction

other

Laser Treatment Parameters - Pulse Width 10ms or Greater

Skin Type	Alexandrite	Diode	IPL	Yag
1	Up to 35 joules	Up to 50 joules	Up to 50 joules	Up to 65 joules
2	Up to 30 joules	Up to 45 joules	Up to 45 joules	Up to 65 joules
3	Up to 30 joules	Up to 40 joules	Up to 40 joules	Up to 60 joules
4	Medi-Spa Required	Up to 30* joules	Up to 30* joules	Up to 45 joules
5	Medi-Spa Required	Medi-Spa Required	Medi-Spa Required	Medi-Spa Required
6	Medi-Spa Required	Medi-Spa Required	Medi-Spa Required	Medi-Spa Required

All technicians agree to perform laser treatments according to the laser parameter chart above.

Section 9: Business Contents Property Coverage

Complete the questions below if you would like contents coverage.

This coverage does not cover buildings or part of the structure of the building.

Property Questions

Enter total amount of property coverage desired (minimum \$10,000 whole number only):

Any single item valued over \$5000 must be scheduled below: (Enter an approximation value for each item)

Item Description	Fair Market Value
------------------	-------------------

"

"

.....Total scheduled items:

Do you have any leasehold improvements or betterments? No Yes

Amount of coverage desired:

Section 10: Comments and Additional Services

Comments and Additional Services

I would like to add a Subrogation waiver to my policy: No Yes

Would you like liability coverage for sexual misconduct?(Defense Only)?: No Yes Number of technicians

Would you like liability coverage for HIPAA violations?: No Yes

Would you like prior acts coverage added to your policy?

**Requires proof of current insurance to be effective.*

(If yes, please email a copy of your current insurance documentation to insurance@beautyexperts.net)

None 1 year 2 years 3 years

Would you like liability coverage for skin care product private labeling/distribution?: No Yes

I would like to receive my payment receipt and insurance documentation by:

E-mail

Standard mail

Are you planning on adding any additional services in the next year? -If yes, explain below:

If you have any comments or question please add them below:

Liability Policy Terms (I):

Ggggtcncpf Professional Liability Insurance

\$1,000,000 Professional, Premises, and Product Liability Insurance

\$100,000 Fire Legal Liability Limit

\$3,000,000 Policy Aggregate

\$5,000 Medpay

Defense costs incurred in the defending of a claim made against you will reduce your policy's coverage limits by the amount of the costs. Policy language controls and supersedes any representation on this application. Additional insureds, locations, and technicians must be declared and additional premium paid for coverage to be effective. Listed technicians must be properly licensed and meet their state requirements for any treatments they perform. Terrorism coverage is rejected and excluded. For Permanent Cosmetics, Medi-Spa and Laser treatments, consent and release forms must be signed by all clients and kept on file by the insured. Does not include workers' compensation insurance or owned or non-owned automobile liability coverage. Contents coverage requires an additional premium.

Skin Care, Beauty Salons, Electrolysis, & Massage

Does not cover chemical peels designed to remove live tissue. Does not cover any medical procedures, body piercing, body modification, or communicable disease transmission. Spider vein and skin tag treatment restricted to high frequency or cryoprobe equipment only.

Laser Hair Removal

All treatments must be performed according to the treatment protocol as defined by the Allied Beauty Experts laser parameters chart. Does not cover price disputes or claims of unsatisfactory results. The applicant understands that they will be charged a \$600 per year, per tech re-certification fee. The applicant must abide by insurance and certification requirements and by all state laws and regulations to participate in the program. Program conditions may change upon 30 days notice. No refunds are available for early cancellation or withdrawal from the insurance or certification program.

Permanent Cosmetics

Coverage requires approved sterilization procedures and before and after photos. Does not cover the removal or attempted removal of pigment by a technician. Does not include camouflage work unless endorsed. Does not cover allergic reaction to anesthetics. Does not include school coverage unless endorsed.

The insurance afforded is subject to all of the terms of the policy, including endorsements, applicable thereto.

Notice of Cancellation: In the event of cancellation of the above-certified coverages, the company will endeavor to mail 90 days written notice of cancellation to certificate holder and/or additional insured, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. A 10 day notice of cancellation shall apply for cancellation due to non-payment of premium. As earned policy, no refunds available for early cancellation by customer.

Property Policy Terms (II):

Coverage provided is to protect listed items against fire, theft, windstorm, lightning, and water damage. Coverage limited to \$5,000 for any single item that is not scheduled.

This policy does not cover cash, bullion, documents, non-business personal property, jewelry, fine arts, and other items not specifically scheduled above. Only business property listed and directly related to your business operation is covered. Coverage is not afforded for the following perils: mysterious disappearance, wear and tear, abuse, earthquake, flood, war, terrorism, mold. Excludes wind and hail damage within 50 miles of the Eastern and Gulf coastlines and the entire state of Florida.

This Policy Insures Against:

All risks of direct physical loss or damage from any external cause except as hereinafter provided.

This Policy Does Not Insure Against:

1. Loss or damage caused by wear and tear, gradual deterioration, depreciation, delay, loss of market or use. Any hidden or latent defect or any quality in the property that causes it to damage or destroy itself. Any unexplained disappearance or inventory shortage.
2. Loss or damage from mechanical breakdown including corrosion, rust, dampness, cold or heat, or damage from insect, vermin, or rodents.
3. Loss or damage caused by mechanical breakdown or loss resulting from electrical injury, electrical disturbance or short circuit.
4. Loss or damage caused by theft or pilferage of the insured property while unattended or in any automobile, motorcycle, or trailer, unless the loss is the result of forcible entry either into such vehicle while all doors and windows thereof are closed and locked or into a fully enclosed and locked luggage compartment, of which entry there are visible marks upon the exterior of said vehicles.
5. Misappropriation, secretion, conversion, infidelity or any dishonest or criminal acts on the part of the insured or other party of interest, his or their employees or agents, or others to whom the property may be entrusted. Voluntary parting with any property by you or anyone entrusted with the property if induced to do so by any fraudulent scheme, trick, device or false pretense.
6. Loss or damage caused by or resulting from seizure or destruction of property by order of Government Authority. Any damage caused by any weapon employing atomic fission or fusion or nuclear reaction, radiation or radioactive contamination. Any damage from war including undeclared civil war, terrorism, insurrection, rebellion, revolution or usurped power or action taken by government authority.
7. Flood or the inundation of normally dry land resulting from the overflow of inland or tidal waves or the rapid accumulation or runoff of surface waters. Flood does not mean: water which backs up through sewers or drains, pipe breakage, water below the surface of the ground or the release of water impounded by a dam.
8. Does not cover cash or documents, personal property, mysterious disappearance, wear and tear, abuse, earthquake, flood, damage from use, damage from shipping or courier transport, acts of war, or theft by employees. Terrorism coverage is rejected and excluded. Other limitations may apply. Betterments and Improvements must be listed separately for coverage to apply.
9. Excludes wind and hail damage within 50 miles of the Eastern and Gulf coastlines and the entire state of Florida

General Terms (III):

Applicant declares that the above statements are complete and true. Applicant understands that any material misrepresentation in this application is cause for revocation of their membership in the Allied Beauty Experts (ABE) and will void the insurance provided by ABE. The applicant also understand that this application is subject to approval. No refunds are available for early cancellation of any policy.

Applicant agrees that all payments for any financed coverage must be received by ABE on or before the due date. Should payment not be received by Allied Beauty Experts, the insured understands that coverage will lapse based on the last date premium is applied to. In the event of cancellation, the insured agrees that all payments will be applied to membership dues and fees first. The insured agrees to pay all collection costs and legal fees in any attempt by Allied Beauty Experts to enforce this agreement. Applicant stipulates that Colorado law applies to this agreement and that all mediation or lawsuits are appropriately venued in Colorado and that all such proceedings will occur only in Colorado. Applicant agrees to pay 1 1/2 percent interest per month on any amounts due Allied Beauty Experts in addition to all other remedies available to the company.

Applicant agrees that ABE may text, email or call the insured with a reminder about any issue concerning their account.

Consent and release forms for laser, medi-spa, or permanent cosmetics treatments treatments must be signed by all clients and kept on file by the insured. The insured agrees to the conditions and limitations specified in this application as a condition of their insurance coverage.

The above applicant and/or insured agrees to indemnify and hold harmless Allied Beauty Experts, its employees, its directors, and its agents from any errors or omissions that occur in processing their insurance application and agrees that ABE is not responsible for any loss thereof. This includes, without limitation, the loss of goodwill, lost profits, lost revenues, work stoppage or impairment of or loss of use of other goods, cost of capital, cost of substitute, or replacement products, facilities, services, down time, purchaser's time, the claims of third parties (including clients or customers) uninsured losses, or damages to any real or personal property. No oral, written information, or advice given by ABE, its agents, or its employees shall bind ABE in any way or create any real or implied warranty.

All policy changes or requests for refunds must be received in writing by ABE and are subject to approval.

The insured agrees to all conditions listed in sections I, II, III specified above

Signature _____