

☐ **Scottsdale Insurance Company**
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

☐ **Scottsdale Surplus Lines Insurance Company**
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

☐ **Scottsdale Indemnity Company**
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

BEAUTY/BARBER SHOP SUPPLEMENTAL APPLICATION

Applicant's Name: _____

 Mailing Address: _____

 Location Address: _____

Agency Name: _____
 Agent No.: _____
 Address: _____

 E-mail: _____
 Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. Name of business (D/B/A): _____

2. Business is: ☐ Barber Shop ☐ Beauty Parlor ☐ Day Spa ☐ Dental Spa
 ☐ Massage Parlor ☐ Medical (Medi) Spa ☐ Tanning Salon

3. Number of operators:

Full-time hair: _____ Part-time hair (less than twenty [20] hours per week): _____

Estheticians: _____ Masseuses: _____ Nail Technicians: _____

Other (Describe): _____

4. Are all operators licensed? ☐ Yes ☐ No

5. Premises exposures:

Beauty/Barber Shop chairs:	Saunas:	Tanning spray-on booths:
Hot tubs/spas:	Swimming Pools:	Toning beds:
Hydromassage beds:	Tanning beds:	Other (describe):
Low-Level Light Therapy Booths:	Tanning booths:	

6. Are any of the following exposures included in the applicant's operation?

<input type="checkbox"/> Acne scar treatment	<input type="checkbox"/> Eyelash extensions	<input type="checkbox"/> Micro-needle therapy
	<input type="checkbox"/> Face lifting	<input type="checkbox"/> Nail sculpting
<input type="checkbox"/> Beauty schools/classes	<input type="checkbox"/> Fat Reducing Procedures	<input type="checkbox"/> Permanent cosmetics; receipts: \$ _____
<input type="checkbox"/> Body piercing (other than ear piercing)	<input type="checkbox"/> Hair cutting/styling	<input type="checkbox"/> Plastic surgery
	<input type="checkbox"/> Fat Reducing Procedures	<input type="checkbox"/> Podiatry detoxification
<input type="checkbox"/> Body wraps	<input type="checkbox"/> Hair implants	<input type="checkbox"/> Prenatal massage
<input type="checkbox"/> Botox or other cosmetic injections	<input type="checkbox"/> Intense pulsed light (IPL)	<input type="checkbox"/> Retail Sales
<input type="checkbox"/> Chemical peels: Type: _____ Receipts: \$ _____	<input type="checkbox"/> Laser hair removal; receipts: \$ _____	<input type="checkbox"/> Tattoos
	<input type="checkbox"/> Lice removal	<input type="checkbox"/> Tattoo/port wine/birthmark removal
<input type="checkbox"/> Chiroprody	<input type="checkbox"/> Low-Level light therapy, including red or blue light therapy	<input type="checkbox"/> Teeth whitening
<input type="checkbox"/> Colon hydrotherapy	<input type="checkbox"/> Makeovers/Facials	<input type="checkbox"/> Vein treatments
<input type="checkbox"/> Ear candling	<input type="checkbox"/> Manicures/Pedicures	<input type="checkbox"/> Wig application
<input type="checkbox"/> Ear piercing	<input type="checkbox"/> Mesotherapy treatment	<input type="checkbox"/> Waxing—hot/cold
<input type="checkbox"/> Electrolysis	<input type="checkbox"/> Microdermabrasion; receipts: \$ _____	<input type="checkbox"/> Other (describe): _____

7. For Tanning Beds, Booths and Spray-on Booths:

- A.** What are the estimated annual gross receipts from the tanning operation? _____
- B.** Number of tanning units: _____ Number of spray-on tanning booths: _____
- C.** Serial numbers of all tanning units:
- (1) _____ (4) _____
- (2) _____ (5) _____
- (3) _____ (6) _____
- D.** Manufacturer of tanning units: _____
- E.** Name of distributor tanning units purchased from: _____
- F.** Installation of units completed by: _____
- G.** Are all tanning units listed owned by the applicant? ☐ Yes ☐ No
If no, provide name and address of owner:
Name: _____
Address: _____
- H.** Does equipment owner require being named as an additional insured? ☐ Yes ☐ No
If yes, is equipment owner the manufacturer or distributor of the equipment? ☐ Yes ☐ No
- I.** Maximum exposure time each session: _____
- J.** Are timers tested daily? ☐ Yes ☐ No
- K.** Is attendant on duty at all times? ☐ Yes ☐ No
If no, explain: _____
- L.** Goggles provided? ☐ Yes ☐ No
- M.** Are all timers operated by an attendant? ☐ Yes ☐ No

- N. Are tanning units Underwriters Laboratory approved? ☐ Yes ☐ No
- O. Are all tanning units disinfected after each use? ☐ Yes ☐ No
- P. Do signs prohibit use of tanning units during pregnancy or if on medication? ☐ Yes ☐ No
- Q. Are customers advised to remove contact lenses? ☐ Yes ☐ No
- R. Are waivers signed by each customer? ☐ Yes ☐ No
- S. If customer is under the legal age, is the parent required to also sign waiver? ☐ Yes ☐ No
- T. Does applicant provide mobile tanning services? ☐ Yes ☐ No

If yes, provide details: _____

8. Low-Level Light Therapy (LLLT) booths: Number: _____

- A. Are signs posted, or notification provided, prohibiting use of LLLT units for individuals who are pregnant, have photosensitive medical conditions, or take photosensitive medications/supplements? ☐ Yes ☐ No
- B. Are signs posted, or notification provided, requiring protective eyewear or eye closure during light therapy? ☐ Yes ☐ No
- C. Are LLLT units promoted as a treatment, cure, enhancer, or recovery accelerator? ☐ Yes ☐ No
- D. Are all LLLT timers, duration, and frequency of use controlled by the applicant? ☐ Yes ☐ No
- E. Are all LLLT units disinfected after each use? ☐ Yes ☐ No
- F. Are waivers signed by each customer? ☐ Yes ☐ No

9. Does applicant manufacture or sell any food, beverage, supplement or vitamin under their own label? ☐ Yes ☐ No

10. Does applicant manufacture, mix, blend or repackage products sold for use on or off premises (other than any food, beverage, supplement or vitamin)? ☐ Yes ☐ No

If yes, advise receipts and explain: _____

11. Are any operations performed away from the applicant's premises? ☐ Yes ☐ No

If yes, explain: _____

12. Has any operator had a previous claim or pending allegations for alleged malpractice, error or mistake? ☐ Yes ☐ No

If yes, explain: _____

13. Does applicant engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? ☐ Yes ☐ No

If yes, describe: _____

14. Does applicant have other business ventures for which coverage is not requested? ☐ Yes ☐ No

If yes, explain and advise where insured: _____

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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: 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, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he 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.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN 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 include imprisonment, fines, and denial of insurance benefits.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

NEW YORK OTHER THAN AUTOMOBILE 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____