

The Beauty Products Insurance Program Application



Beauty Health & Trade Alliance

Stratus Insurance Services, Inc.

260 South 2500 West Suite 303

Pleasant Grove UT 84062

t. (866) 395-1308

f. (801) 763-1374

beauty@stratusins.com

Supplemental Application for the Beauty Products Insurance Program

Instructions: Answer all questions. If the answer is NONE, please state "NONE." Attach copies of all labels including the ingredients with the application. Application must be signed and dated by an officer of the company

A. APPLICANT

1. Company Name(s)/Insured: _____
Include all DBA's. If Sole Proprietor, First and Last Name of the Owner and DBA's.

Form of business: Individual Joint Venture Partnership Corporation Other _____

2. Contact Name: _____ E-mail Address: _____

3. Principal Address: _____

4. Mailing Address: _____

5. Phone #: _____ Fax#: _____ Website: _____

6. Date Business Started: _____

B. PRODUCT AND SALES DATA

1. Please list products you manufacture and distribute. Please provide breakdown of sales for each product

Descriptions of Major Products (i.e. lotions, soaps etc)	Principle End Use (i.e. night face cream)	Do You Manufacture , Distribute and/or Import?	% Of Annual Gross Sales (i.e. creams 20%, soaps 80%)
		<input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> I	%
		<input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> I	%
		<input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> I	%
		<input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> I	%

2. Sales Exposure Information

Year	Domestic Sales (US, Canada & US Territories)	Foreign Sales (outside of US Territories)	Total Sales
Next 12 months (Projected)	\$	\$	\$
Last 12 months (Expiring)	\$	\$	\$
1st Prior	\$	\$	\$

C. INSURANCE INFORMATION

1. Please indicate limits of liability desired: (i.e. \$1,000,000 each occurrence, \$2,000,000 aggregate and \$2,000,000 product liability)

Each Occurrence: \$ _____ Aggregate: \$ _____ Product Liability: \$ _____

2. Do you currently have Liability Insurance? Yes No. **If yes, provide details below.**

Insurance Company: _____

Limits of Liability: \$ _____ Deductible/SIR: \$ _____

Expiring Premium: \$ _____ Expiration Date: ____/____/____

Retroactive Date/Prior Acts Date (if applicable): ____/____/____

Please request loss runs/claims history from your current insurance company

3. Has any insurer declined, cancelled or nonrenewed any product liability insurance or any similar insurance on behalf of any person(s) or organization(s) proposed for this insurance? Yes No. **If yes, provide details below.**

4. Has any claim for Product Liability been made against any person(s) or organization(s) proposed for this insurance during the last five (5) years? Yes No. **If yes, provide details below.**

D. MANUFACTURING AND DISTRIBUTION

1. Are all the products sold considered "Generally Regarded Safe" by the FDA? Yes No

2. Do you import any products from other countries? Yes No

If yes, list countries: _____

3. Do you export products or have foreign operations? Yes No

If yes, provide details: _____

4. Do you make or sell any of the following products?: Yes No

Vitamins/Supplements Acetone Products Aerosol Products Invasive Body Inks Electric Curlers/Straighteners

5. Do you make or handle any product that is explosive, flammable or poisonous either by itself or in combination with other materials? Yes No

6. Could any of your products be classified as pharmaceuticals? Yes No

If yes, provide details: _____

7. Do others private-label your products? Yes No

If yes, provide details: _____

E. MARKETING

1. Percentage of total sales to: Wholesalers: ____% Distributors: ____% Your Storefront: ____% Online: ____%

2. Do you hold harmless your Suppliers of materials, bottles, ingredients etc? Yes No

3. Do your Suppliers insure you under their product liability policy? Yes No

4. Do you require distributors of your product to hold you harmless? Yes No

5. Do you require distributors of your product to obtain their own product liability insurance? Yes No

F. LOSS PREVENTION

1. Have your products ever been investigated for safety by any governmental agency? Yes No

If yes, provide details: _____

2. Do you have a written products recall plan? If "yes", please **attach**. Yes No

3. Have you ever recalled products because of a potential product safety hazard? Yes No

If yes, attach details and indicate percent of recovery: _____%

4. Do you have a written products safety program? If "yes" attach copy Yes No

G. PRODUCT DESIGN AND QUALITY CONTROL

1. Do you do your own formulating and design your work? Yes No

2. Do you maintain records of design changes and reasons justifying these changes? Yes No

3. Are your designs subject to independent external review, testing or certification? Yes No

4. Are your products manufactured and labeled to meet or exceed all government/industry standards? Yes No

5. Are warranties obtained from all suppliers? Yes No

6. Are quality control records kept so that you can identify at a later date what tests you applied to a given product at a given time? Yes No

H. INSTRUCTIONS/WARNINGS/ADVERTISING/WARRANTIES

1. Do warning labels comply with federal statutory warning labeling requirements? Yes No

2. Does all product labeling comply with FDA guidelines? Yes No

3. Do you expressly disclaim or limit warranties for your products? Yes No

4. Do you provide any specific training/instructions for the user in the proper use of your product? Yes No

I. LOSS CONTROL AND DEFENSE

- 1. Can you determine, based on available records, for all products you have sold:
 - a. when any given product was manufactured? Yes No
 - b. to whom it was sold, and the date of sale? Yes No
 - c. who supplied parts and supplies going into the final product? Yes No
- 2. Do you maintain copies of old instruction or operation manuals and advertising material? Yes No

J. ACCIDENT PROCEDURE:

- 1. Do you have a manual for obtaining data about product complaints/accidents/injuries products? Yes No
- 2. Does your procedure provide for examining and preserving any allegedly defective product, with the results of such examination recorded? Yes No

K. ADDITIONAL INFORMATION:

- 1. How many vehicles are registered in the name of the business? _____ None
- 2. How many vehicles are rented/leased by owners for business purposes or under business name? _____ None
- 3. For what purpose are the vehicles rented/leased? Errands Sales Delivery/pick up Other _____
- 4. What is the average length of the hired/borrowed period for these vehicles? _____
- 5. How many employees/contractors/ reps do you have? _____
employees contractors reps
- 6. Number of employees/contractors/ reps using their own vehicles for company business _____
- 7. How often do they drive their own vehicles for company business? Occassional use Full time
- 8. For What purpose? Errands Sales Delivery/pick up Other _____
- 9. Are you interested in quoting Workers Compensation Coverage? Yes No I currently have this coverage
- 10. Are you interested in quoting Business Income or Property Cvg? Yes No I currently have this coverage

Comments:

WARRANTY: I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy.
Note: This application is signed by undersigned authorized agent of the Applicant(s) on behalf of the Applicant(s) and its owners, partners, directors, officers and employees.

Signature of Applicant

Date

Print Name

Title (officer, partner, owner etc)

******Please make sure the labels including the ingredients are attached with the application**