



*The Beauty Health and  
Trade Application*

**Available Through  
Stratus Insurance Services Inc.**



**APPLICATION FOR HEALTH AND BEAUTY PRODUCT LIABILITY INSURANCE**

**Notice:** The policy for which application is made applies only to "Claims" first made during the Policy Period. The limits of liability shall be reduced by "Claim Expenses" and "Claim Expenses" shall be applied against the deductible, unless the policy is amended by endorsement. Please read the policy carefully.

If space is insufficient to answer any question fully, attach a separate sheet.

**I. GENERAL INFORMATION**

1. (a) Full name of Applicant: \_\_\_\_\_  
 \_\_\_\_\_
- (b) Principal business premises address: \_\_\_\_\_  
 (Street) (County)  
 \_\_\_\_\_  
 (City) (State) (Zip)
- (c) List the names of all predecessor organizations of the Applicant: \_\_\_\_\_  
 \_\_\_\_\_
- (d) Audit contact name: \_\_\_\_\_ (e) Email: \_\_\_\_\_
- (f) Phone Number: \_\_\_\_\_ (g) Fax Number: \_\_\_\_\_
- (h) Website address: \_\_\_\_\_ (i) Date established (MM/DD/YYYY): \_\_\_\_\_
- (j) Applicant is a:  
 corporation  partnership  sole proprietorship  limited liability company (LLC)  other \_\_\_\_\_
2. Is the Applicant controlled by, owned by, or commonly owned, affiliated or associated with any other organization? .....Yes  No   
 (a) If Yes, provide details. \_\_\_\_\_

**II. SPECIFIED PRODUCTS AND COMPLETED OPERATIONS**

1. Provide the following information for those products and/or services the Applicant wants coverage for. Only those products and services listed below will be considered for coverage.

**M:** manufacturer **W:** wholesaler **R:** retailer **I:** importer **MR:** manufacturer's rep. **C:** consumer direct **O:** other (describe)

Products	Applicant Acts as a(n)					No. of Years	% of Gross Receipts	Products sold to:				
	M	W	R	I	MR			W	R	C	O	

2. Total gross receipts from all products and services listed in Part II, Question 1. hereinabove:
  - (a) Estimated annual gross receipts for the coming year: \$ \_\_\_\_\_
  - (b) Annual gross receipts: (i) last twelve months: Year \$ \_\_\_\_\_ (ii) 1<sup>st</sup> prior year: Year \$ \_\_\_\_\_
3. Is the Applicant presently considering any change in the mix of products including adding new products or services for the coming year? .....Yes  No   
 (a) If Yes, provide details. \_\_\_\_\_
4. Has the Applicant discontinued or is it considering discontinuing any product or service listed above? ..Yes  No   
 (a) If Yes, provide details. \_\_\_\_\_

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### III. PROCESSING AND QUALITY CONTROL

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#### 1. PROCESSING

- (a) Do any products or ingredients or components thereof, originate from outside of the United States? Yes [ ] No [ ]  
(i) If Yes, specify:  
(1) The country(ies) of origin: \_\_\_\_\_  
(2) The name of each organization manufacturer, distributor or supplier: \_\_\_\_\_
- (b) Do others manufacture or package products under the Applicant's name or label? ..... Yes [ ] No [ ]  
(i) If Yes, provide the name(s) and address(es) of contract manufacturer(s): \_\_\_\_\_
- (c) Does the applicant manufacture or package products for others under their name or label?..... Yes [ ] No [ ]  
(i) If Yes, explain. \_\_\_\_\_

#### 2. QUALITY CONTROL AND RECORDKEEPING

- (a) Does the Applicant have a quality control and testing procedure? ..... Yes [ ] No [ ]  
(i) If Yes, how long does the Applicant keep quality control and testing records? \_\_\_\_\_
- (b) Do you comply with Good Manufacturing Practices (GMP)?..... Yes [ ] No [ ]  
(i) If you are a distributor do you require your contract manufacturer to comply with (GMP)?..... Yes [ ] No [ ]
- (b) Can the Applicant identify its product(s) from those of competitors? ..... Yes [ ] No [ ]
- (c) Do all records show to whom and the date each product was sold? ..... Yes [ ] No [ ]
- (d) Does the Applicant require certificates of insurance evidencing Products Liability Insurance from suppliers?..... Yes [ ] No [ ]
- (e) Who designs the Applicant's products? \_\_\_\_\_
- (f) Are product designs reviewed, tested and verified by others? ..... Yes [ ] No [ ]
- (g) Do you have any past, present, or planned association with the any of the following:
- [ ] Germander
  - [ ] Lobelia
  - [ ] Yohimbe
  - [ ] Jin Bu haun
  - [ ] Gamma Hydroxy Butrate (GHB); Gamma Butyrate (GBL); 1,4 Butanediol (BD)
  - [ ] Ephedra sinica, Ephedra. E. equisetina, Mahuang, Ephedra Alkaloid, Pseudoephedrine, Ephedrine or any other Ephedra derivatives or extracts.
  - [ ] Aristolochia spp., Aristolochia, Aristolochic acids, Aristolochia fangchi, Aristolochia spp., Asarum [ ] spp., Bragantia spp., Clematis spp., Akebia spp., Cocculus spp., Diploclisia spp., Menispermum spp., Sinomenium spp., Mu Tong, Fang ji, Guang fang ji, Fang Chi, Kan-Mokutsu, Mokutsu and any adulterated botanicals, botanical derivatives or other products that contain aristolochic acid, aristolochic acid derivatives or aristolochic acid extracts.
  - [ ] Stephania, Stephania spp, or any adulterated botanicals, botanical derivatives or any other products that contain Stephania , or any Stephania derivatives or extracts.
  - [ ] Magnolia, or any adulterated botanicals, botanical derivatives or any other products that contain Magnolia, or any Magnolia derivatives or extracts.
  - [ ] Kava, ava, ava pepper, awa, kava root, kava-kava, kawa, Piper methysticum Forst. f, Piper Methysticum G. Forst, rauschpfeffer, intoxicating pepper, kava kava, kava pepper, kawa kawa, kawa-kawa, kew, Piper methysticum, sakau, tonga, wurzelstock, yangona.
  - [ ] Glyburide, unla beled glyburide, Liqiang 1, Liqiang 4, Liqiang Xiao Ling
  - [ ] Liqiang Xiao Ke Ling (Liqiang Thirst Quenching Efficacious)
  - [ ] Animal tissue in any form including glands, and/or extracts
  - [ ] Fenfluramine
  - [ ] Glyburide
  - [ ] Herbal Ecstasy
  - [ ] Herbal FenhPhen
  - [ ] L-tryptophan
  - [ ] Ma Huang
  - [ ] Redux
  - [ ] Bitter Orange (Citrus Aurantium)
  - [ ] Any derivatives of any of the above ingredients. If so please list.
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(h) Please list all of your products that include any of these ingredients checked off, attach all product labels for each product listed below and your total projected sales for each of these products. (Attach separate sheet if necessary to list additional products)

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- (i) Do any products contain steroids or steroidlike substances, or claim to increase testosterone?..... [ ] Yes [ ] No  
If Yes, provide details. \_\_\_\_\_
- (j) Do you promote any of your herbal products for use in children?.....Yes [ ] No [ ]
- (k) Do you provide any products for use in pre-natal or post-natal care?..... Yes [ ] No [ ]
- (l) Do any of your dietary supplements carry USP (United States Pharmacopeia) or NF (National Formulary) seal on the label?..... Yes [ ] No [ ]
- (m) Does the Applicant have a specific program to withdraw known or suspected defective products from the market? .....Yes [ ] No [ ]
- (n) Has the Applicant ever recalled or is it considering recalling any product?.....Yes [ ] No [ ]  
If Yes, attach an explanation.
- (o) Have any of the Applicants' products or ingredients or components thereof, ever been the subject of any investigation, enforcement action, or notice of violation of any kind by any governmental, quasi-governmental, administrative, regulatory or oversight body? .....Yes [ ] No [ ]  
(1) If Yes, provide details. \_\_\_\_\_

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**IV. INSURANCE INFORMATION**

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- 1. (a) Limits of Liability: Indicate the limits of liability requested: \$ \_\_\_\_\_ /\$ \_\_\_\_\_  
(b) Deductible: Indicate the deductible requested: \$ \_\_\_\_\_  
THE COMPANY DOES NOT GUARANTEE TO OFFER ANY OF THE ABOVE LIMITS AND/OR DEDUCTIBLES.
  - 2. Provide the following for present Product Liability Insurance: If None, check here [ ]
- | Insurance Company | Limits of Liability | Deductible/SIR | Premium | Expiration Dates (MM/DD/YYYY) | Retroactive/Prior Acts Date |
|-------------------|---------------------|----------------|---------|-------------------------------|-----------------------------|
|                   |                     |                |         |                               |                             |
- 3. Has any insurer declined, canceled, or nonrenewed any Product Liability Insurance or any similar insurance on behalf of any person(s) or organization(ies) proposed for this insurance? .....[ ] Yes [ ] No  
(i) If Yes, provide details. \_\_\_\_\_

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**V. CLAIM HISTORY**

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- 1. 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 five (5) year loss history for all claims, including any predecessor. Attach a description of any loss greater than \$10,000.

Year	No. of Claims	Total Amounts Paid	Amount Reserved	Total Incurred	Date of Loss Info.

- 2. Is (are) any person(s) or organization(ies) proposed for this insurance aware of any fact, incident, circumstance, situation, condition, defect or suspected defect which may result in a Products Liability claim? .....[ ] Yes [ ] No  
If Yes, provide details. \_\_\_\_\_
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**VI. EXCLUDED PRODUCTS/INGREDIENTS**

Note that the following products listed below will be **Excluded** in your policy. Please check the box confirming that you have read and understand these products are **Excluded**.....[ ] Yes [ ] No

Anabolic-Androgenic Seroids, Anabolic Steroids	Germander
Androstenedione	Glibenclamide,Glyburide, Liqiang 4
Aristolochic Acid	Jin Bu huan
Ephedra, Mahuang and Psuedoephedrine	Kava, ava, kava-kava and related derivatives
Ephedra/ephedrine Alkaloids	Lobelia
Fenfluramine	Pennyroyal Oil
GHB, GHV (γ-Hydroxybutyric acid)	Stephania, or any adulterated botanicals
GVL (gamma-valerolactone)	Yohimbe
GB; 1, 4 Butanediol	

**VII. POLLUTION LEGAL LIABILITY**

1. Are business operations operated out of a personal residence?..... [ ] Yes [ ] No
2. Are you currently aware of any environmental conditions which could reasonable be expected to give rise to a claim?..... [ ] Yes [ ] No  
If Yes, Please describe:\_\_\_\_\_
3. Are there any above ground or underground storage tanks of capacity greater than 250 gallons located on the premises?..... [ ] Yes [ ] No  
If Yes, Please attach Tank schedule.  
If Yes, do these tanks meet EPA 1998 upgrade requirements?..... [ ] Yes [ ] No
4. Are any goods, products or materials that are stored or used for any purpose at the insured location classified as being of a flammable, combustible or explosive nature?..... [ ] Yes [ ] No  
If Yes, please provide a listing of all goods, products or materials with a description as to how stored any fire and/or spill prevention procedures and control measures (i.e.sprinkler system) in place below:\_\_\_\_\_
5. Have you during the last five (5) years been cited and/or prosecuted for contravention or violation of any standard or law relating to any release from your premises of any substance into sewers, rivers, seas, air or onto land?..... [ ] Yes [ ] No  
If Yes, Please describe:\_\_\_\_\_

**VIII. ADDITIONAL INFORMATION**

As part of this Application attach the following: Brochures; Labels; and Instructions **NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY**  
No fact, circumstance or situation indicating the probability of a Claim or action for which coverage may be afforded by the proposed insurance is now known by any person(s) or organization(s) proposed for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if there is knowledge of any such fact, circumstance or situation, any Claim subsequently emanating there from shall be excluded from coverage under the proposed insurance.

For the purpose of this application, the undersigned authorized agent of the person(s) and organization(s) proposed for this insurance declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application and in any attachments, are true and complete. Beazley Group plc. or the Company is authorized to make any inquiry in connection with this application. Signing this application does not bind the Company to provide or the Applicant to purchase the insurance.

This application, information submitted with this application and all previous applications and material changes thereto of which Beazley Group plc. receives notice is on file with Beazley Group plc. and is considered physically attached to and part of the policy if issued. Beazley Group plc. and the Company will have relied upon this application and all such attachments in issuing the policy.

If the information in this application and any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify Beazley Group plc, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

The undersigned declares that the person(s) and organization(s) proposed for this insurance understand that:

- (i) the policy for which this application is made applies only to "Claims" first made during the "Policy Period";
- (ii) unless amended by endorsement, the limits of liability contained in the policy shall be reduced, and may be completely exhausted by "Claim Expenses" and, in such event, the Company will not be liable for "Claim Expenses" or the amount of any judgment or settlement to the extent that such costs exceed the limits of liability in the policy; and
- (iii) unless amended by endorsement, "Claim Expenses" shall be applied against the "Deductible".

**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. I/We authorize the release of claim information from any prior insurer to Beazley Group plc.

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.

Must be signed by the owner, principal, partner, executive officer or equivalent (within 60 days of the proposed effective date).

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

<p><b>Notice to Applicants:</b> 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 the person to criminal and civil penalty</p>
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