The Beauty Products Insurance Program

Application

Beauty Health & Trade Alliance

S&H Underwriters, Inc.

Send To:
FAX 802-229-5669
Quotes@sh-underwriters.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. Physical 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%)
		☐ M ☐ D ☐ I	%
		☐ M ☐ D ☐ I	%
		☐ M ☐ D ☐ I	%
		☐ M ☐ D ☐ 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

L. PROPERTY SECTION:

Underwriting Information:

Construction Type: ☐ Frame/Brick Veneer ☐ Masonry ☐ Metal	Yr. Built:	# Stories:	Square Footage:
If over 25 yrs. old provide year of updates for: Heating:	Electrical:	Roof:	Plumbing:
Distance from Fire Station: Miles	Distance from Fire Hydrant: Feet		
Is the building Sprinklered (Fire Suppression System):? ☐ Yes ☐ No If "Yes", what percentage: %			
Do you have an alarm? ☐ Yes ☐ No *If "Yes", what type?* ☐ Local Gong ☐ Central Station: ☐ Fire and/or ☐ Burglar			
Is property located within 5 Miles of any coast? ☐ Yes ☐ No			

Coverage Information: *Requested Effective Date: / /*

Subject of Insurance	Limit of Insurance	Deductible	Policy Form	Co-Insurance	Valuation
Building – If Owned			Special	90%	RC
Business Personal Property			Special	90%	RC
Business Income			Special	90%	RC

Lein Holders/Mortgageholders:

Name of Lein Holder/Additional Insured	Address	Relationship

Prior Carrier/Claims:

Current Insurance Carrier:		Number of Yrs. Insured:
Expiring Premium:	Have you had any claims in the past 5 years? ☐ Yes ☐ No	
If you answered "Yes", please provide the following information:		
Date of Claim	Description	Amount of Loss

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**

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