

MARINE AGENCY CORPORATION

Serving the beauty industry with dependable,
low-cost insurance since 1922
191 Maplewood Avenue, Maplewood New Jersey 07040
1-800-763-4775
California License # 06455476
www.marineagency.com
information@marineagency.com

**PRINT THIS APPLICATION
AND RETURN IT TO US FOR A QUOTATION BY MAIL OR FAX**

date printed:

PROFESSIONAL BUSINESS PACKAGE APPLICATION

1. Applicant Name: _____ 2. Mailing Address:

City, State, Zip Code:
_____ 3. Phone: _____ Fax: _____
Email: _____ 4. Years in Business: _____
_____ 5. Type of Ownership: Corporation
 Partnership Sole Proprietor Not for Profit 6. Is the applicant part of a Franchise? Yes No 7. Any
locations owned that will not be specifically insured by this policy? Yes No If yes, please provide
explanation on separate page 8. Limits of Liability: \$1,000,000 per occurrence / \$2,000,000 aggregate
 \$2,000,000 per occurrence / \$4,000,000 aggregate

LOCATION 1 INFORMATION

- (for additional locations, provide answers for questions #9-26 on a separate sheet of paper) 9. Street
Address: _____ City, State, Zip Code:
_____ County:
_____ 10. Interest in building: Tenant
 Owner Located in Home 11. Construction class: Frame Joisted Masonry Non-combustible
Masonry Non-combustible Modified Fire Resistive Fire Resistive 12. Year building built:
_____ # of floors: _____ 13. Square footage of your space:
_____ Square footage of building:
_____ 14. Gross receipts (for this location):
_____ 15. Current management has owned the company for a minimum of
5 years: Yes No 16. Sole occupant of freestanding building: Yes No 17. Located in shopping
center/mall with more than ten stores: Yes No 18. Sprinkler--automatic sprinklers 100% of location:
 Yes No 19. Building is less than 10 years old or updated within the last 10 years: Yes No (if
yes, provide details) 20. Building is less than 20 years old or updated within the last 20 years: Yes
No (if yes, provide details) 21. Central Station burglar alarm: Yes No (attach certificate) 22.

Contents value: \$ _____ Building value (if owned): \$ _____ 23. Contents and Building Deductible: \$250 500 1000 2500 24. Please list other occupants in the same building: _____ 25.

Please describe neighboring occupancies below: Right: _____ Left: _____ Above: _____ Front: _____ Rear: _____ Below: _____ 26. Distance from Atlantic or Gulf coast: on an island under 5 miles 5-10 miles 10-15 miles 15-20 miles over 25 miles

OPTIONAL COVERAGE - LOCATION 1

(for additional locations, provide answers for questions #27-35 on a separate sheet of paper) 27. Property in transit coverage (amount needed above the \$15,000 included limit):

\$ _____ 28. Computers coverage (amount needed above the \$10,000 included limit):

\$ _____ 29. Money and securities: (amount needed above the \$10,000 on premises / \$2,000 off premises included limit):

\$ _____ 30. Building ordinance (only for building owners): Yes No 31. Glass coverage: Yes No if yes, linear feet (left to right): _____ 32. Sign coverage: Yes No if yes, amount: \$ _____ 33. Systems

Breakdown coverage desired: Yes No if yes, is there a boiler on premises? Yes No 34. Hired & Non-owned Auto Liability coverage desired: Yes No 35. Employee Dishonesty: \$10,000 \$25,000 \$50,000 \$100,000 Not Desired

PRODUCT SALES

36. Do you sell any products: retail wholesale 37. Do you sell any products: under your label under the label of others 38. Do you sell any products which you mix, blend, rebottle, or repackage? Yes No (if yes, attach copy of ALL labels) 39. Do you import any products from foreign (outside U.S., Canada, Puerto Rico) suppliers? Yes No

PROFESSIONAL LIABILITY

Note - A \$500 deductible shall apply to each claim for Day Spa policies. 40. Please indicate which of the following services are performed: Electrolysis Yes No Facial & Skin Cleansing Yes No Laser Hair Removal Yes No Oxygen Facials Yes No Hydrotherapy Yes No Waxing Yes No Aromatherapy Yes No Manicure or Pedicure Yes No Body Wraps Yes No Mud, clay & seaweed treatments Yes No Body Massage Yes No Ear Candeling Yes No Facial & Scalp Massage Yes No Hair Cutting / Styling / Coloring Yes No Microdermabrasion Yes No Endermology Yes No Tanning beds, booths, facial units Yes No Personal trainers / Yoga Instructors Yes No Tattoo or permanent make-up Yes No Body Piercing (other than ear lobe) Yes No 41. Other services not listed above (describe): _____

_____ 42. How many employees (including you) work at your business: _____ 43. Indicate below how many of each classification work for you: Employee Independent Student Electrologists _____ Aestheticians _____ Laser Technicians _____ Massage Therapists _____ Nail Technicians _____

_____ Hair Stylists/Cosmetologists _____ Personal Trainers
_____ Yoga Instructors _____ Tanning Beds (# of
units): _____ Hydrotherapy Tubs / Tables / Showers (# of
units): _____ Exercise Equipment (# of units): _____ 44.
Are all technicians licensed if required by law? Yes No 45. Are any employees or independent
contractors medical doctors? Yes No If yes, do they provide treatments / services to customers?
Yes No If yes, attach proof of medical malpractice insurance coverage for doctor(s).

ADDITIONAL INSUREDS & LOSS PAYEES

Provide name and address only for those which require additional insured or loss payee status 46.

Landlord: _____ (not required)

_____ 47. Equipment

Lessor/s: _____ (not required)

_____ 48. Mortgagee:

_____ (not required)

_____ 49. Grantor of

Franchise: _____ (not required)

PRIOR COVERAGE AND CLAIMS INFORMATION

50. Previous Insurance Carrier & Policy Number (Not required in Missouri):

_____ 51. Previous liability coverage

written on: claims made occurrence form If claims made, attach copy of prior policy declarations

and provide retroactive date: _____ 52. Description of

previous losses (claims) including date of loss, description, and amount incurred (5 years, attach sheet

with further description if necessary): _____

SIGNATURE AND DATE BELOW IS REQUIRED

The applicant warrants that the statements set forth herein are true, and that if the information supplied on this application changes between the date of this application and the date on which coverage is bound, the applicant will immediately notify the insurance company of such changes. The signing of this application does not bind the insurance company to provide the requested coverage, but it is agreed that if a policy is issued, this application shall be the basis for the policy, and it will be attached to and made part of the policy.

Notice to New York Applicants: Any person 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, 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.

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 Kentucky Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Notice to Pennsylvania Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application or claim containing any false incomplete or misleading information shall upon conviction be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

Notice to New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to Florida Applicants: Any person 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 in the third degree.

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 damage. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

Notice to Minnesota Applicants: Any person who submits an application or files a claim with intent to defraud or help to commit a fraud against an insurer is guilty of a crime.

Notice to Arkansas 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 New Mexico 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 civil fines and criminal penalties.

_____/_____
Signature of Applicant / Date

Do you need worker's compensation insurance? If you are a corporation or have employees, you are likely required by state law to carry workers' compensation coverage. If either of these conditions apply

to you, please [click here](#) or go to www.marineagency.com/ap_wc.htm.

[Home](#) | [Staff Directory](#) | [Email](#) |
[Coming Events](#) | [Published Articles](#) | [Links](#) | [FAQ](#) |