



**1 International Boulevard • Mahwah, NJ 07495 • [www.beautyins.com](http://www.beautyins.com)  
 Phone (201) 566-5608 • Fax (201) 661-7851 • [info@beautyins.com](mailto:info@beautyins.com)**

**BEAUTY PRODUCTS INSURANCE APPLICATION**

**HOW TO COMPLETE THIS FORM**

To complete this form, you must be a principal, partner, or director of the applicant firm and should make all the necessary inquiries of their fellow partners, directors, and employees to enable all the questions to be answered.

If you require any extra space to complete the answers to questions contained within this application form please continue your response on an additional sheet and attach it to this application. Once you have completed the form please return directly to your insurance broker.

**SECTION 1: COMPANY DETAILS**

- Please complete the following:  
 Named Insured as it is to appear on the policy: \_\_\_\_\_  
 Doing Business As (DBA): \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Website: \_\_\_\_\_  
 Legal Status:  Individual  Partnership  Corporation  Joint Venture  Other: \_\_\_\_\_  
 Address of actual operation if different from above: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name of Owner or Insurance Contact: \_\_\_\_\_  
 Federal Tax ID Number: \_\_\_\_\_ Number of years in business: \_\_\_\_\_
- Total experience in this type of business: \_\_\_\_\_ years
- Please state the number of employees: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

**SECTION 2: PRODUCT AND SALES DATA**

- Please list products you manufacture and distribute. 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	%

*Please continue on a separate sheet if more than 4 products are to be insured.*

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)	\$ _____	\$ _____	\$ _____
1 <sup>st</sup> Prior	\$ _____	\$ _____	\$ _____

**SECTION 3: INSURANCE INFORMATION**

1. Please indicate the 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

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, please provide details: \_\_\_\_\_

\_\_\_\_\_

4. Has any claim for Product Liability been made against any person(s) or organization(s) proposed for this insurance during the last 5 years?  Yes  No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

**SECTION 4: 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, please list countries: \_\_\_\_\_

\_\_\_\_\_

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

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

4. Do you make or sell any of the following products?  Vitamins/Supplements  Acetone Products  
 Aerosol Products  Invasive Body Inks  Electric Curlers/Straighteners
5. Do you make or handle any products that are 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, please provide details: \_\_\_\_\_
- 
7. Do others private-label your products?  Yes  No  
 If yes, please provide details: \_\_\_\_\_
- 

**SECTION 5: 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

**SECTION 6: LOSS PREVENTION**

1. Have your products ever been investigated for safety by any government agency?  Yes  No  
 If yes, please provide details: \_\_\_\_\_
- 
2. Do you have a written products recall plan? If yes, please attach a copy.  Yes  No
3. Have you ever recalled products because of a potential product safety hazard?  Yes  No  
 If yes, please attach details and indicate percent of recovery: \_\_\_\_\_ %
4. Do you have a written products safety program? If yes, please attach a copy.  Yes  No

**SECTION 7: PRODUCT DESIGN AND QUALITY CONTROL**

1. Do you do your own formulating and design your own 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
-

**SECTION 8: 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

**SECTION 9: 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 in the final product?  Yes  No
- 2. Do you maintain copies of old instruction or operation manuals and advertising material?  Yes  No

**SECTION 10: ACCIDENT PROCEDURE**

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

**SECTION 11: ADDITIONAL INFORMATION**

- 1. How many vehicles are registered in the name of the business? \_\_\_\_\_
- 2. How many vehicles are rented/leased by owners for business purposes or under business name? \_\_\_\_\_
- 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/representatives do you have?  
Employees: \_\_\_\_\_  
Contractors: \_\_\_\_\_  
Representatives: \_\_\_\_\_
- 6. Number of employees/contractors/representatives using their own vehicles for company business: \_\_\_\_\_
- 7. How often do they drive their own vehicles for company business?  Occasional  Full-Time
- 8. For what purpose?  Errands  Sales  Delivery/Pick-Up  Other: \_\_\_\_\_
- 9. Do you currently have Workers Compensation coverage?  Yes  No  
If yes, what is the expiration date of your policy? \_\_\_\_\_
- 10. Are you interested in getting a quote for Business Income or Property coverage?  Yes  No  
If you already have this coverage, when does it expire? \_\_\_\_\_

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.

Signatures:

Date: \_\_\_\_\_

Applicant:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title