THOMCO™
THOMPSON INSURANCE ENTERPRISES, LLC
Thompson Insurance Enterprises LLC/IIBPro
(678) 290-2100
a division of THOMCO Ins Svcs
P. O. Box 440549 Kennesaw, GA 30160
www.thomcoins.com / www.IIBPro.com

Beauty & Health Professionals Insurance Application

(Effective January 1, 2007 this program has an Annual Term)

IIBP | Insurance For Independent Beauty Professionals
PO Box 440549 Kennesaw, GA 30160
Fax (678) 290-2200 Phone (678) 290-2154
Toll Free (866) 416-4001
Email: icmail@thomcoins.com
Website: www.IIBPro.com

1. Name of Applicant: _____

2. Applicant Mailing Address:
(NOTE: P.O. Box requires a Physical Address) _____
City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Applicant Physical Address:
(if different form mailing address) _____
City: _____ State: _____ Zip: _____

3. Desired Effective Date: _____

4. Liability Limit Desired: (choose one) ☐ $100,000 ☐ $300,000 ☐ $500,000 ☐ $1,000,000
General Liability is included within the PL limits selected

5. Do you want optional business equipment limits? ☐ Yes ☐ No **(Please fill out the Business Equipment Schedule)**

6. # of years licensed: _____ 7. Professional school graduation date: _____

8. Previous Insurance Company: _____

9. Have you had any losses in the last four years? ☐ Yes ☐ No
If yes, please provide details: _____

10. Select service(s) you are licensed to perform: Enter valid license #: _____ Exp. date: _____

☐ Cosmetologist ☐ Esthetician ☐ Electrolysis*
☐ Nail Technician ☐ Massage Therapist**

***Coverage for laser electrolysis is not permitted**
****Question 17. is required**

Select Professional service(s) that you are certified to perform:

☐ Airbrush Tattoo** - Do you use any Henna Ink? ☐ Yes ☐ No ☐ Airbrush Tanning** ☐ Body Wrapping
☐ Ear Piercing (No body piercing) ☐ Facials (including peels) ☐ Personal Trainer/Aerobics/Yoga Instructor
☐ Teeth Whitening Service (Currently only available for Cosmetologist and Esthetician) **(Please complete the Teeth Whitening Consent)**
Number of LED Lights _____
Name Product/Service _____

11. If you do facial peels, are they citrus or chemical or both? _____
If chemical, what is the percentage of glycolic acid used? _____

12. Do you lease/rent booth space? ☐ Yes ☐ No Do you provide services at your client's choice of location? ☐ Yes ☐ No

13. If you provide any other services or operations than those listed above – Explain:
_____

14. Additional Insured to be added – $25 Flat Charge (Salon Name & Address, for example). List Name and Address:
_____

15. Do you want blanket additional insured coverage for up to six additional insureds? ☐ Yes ☐ No

16. Loss Payees to be added to your policy (Only applicable with equipment coverage). List Name and Address and Interest:
_____

17. Do you obtain Hold Harmless Agreements and Parental Consent Forms as required by the state in which you are providing services?
☐ Yes ☐ No

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FRAUD WARNINGS

GENERAL FRAUD STATEMENT (not applicable in Colorado, Hawaii, Ohio, Oklahoma, Oregon, Utah and Vermont)
Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and (NY: substantial) civil penalties.

In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

NOTICE TO COLORADO APPLICATIONS: THIS NOTICE IS A PART OF YOUR APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE:
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 damages.

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 HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitation 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 OKLAHOMA APPLICANTS: WARNING: A person who knowingly and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO UTAH APPLICANTS: For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report for billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THE APPLICATION BY THE APPLICANT CHANGES BETWEEN THE DATE OF THE APPLICATION AND THE EFFECTIVE DATE OF INSURANCE, APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

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Producer's Signature: _____ Date: _____

Producer's License Number: _____ Exp Date: _____

Agent Information Area		
		Producer ID:
Agency:		
Address:		
City:	State:	Zip:
Phone:		
Contact Name:		

The applicant hereby agrees that the foregoing statements and answers are a true representation of all the facts and circumstances with regard to the risk to be insured to the best of the applicant's knowledge and the same are therefore made the basis of any policy of insurance issued. Note: Coverage is effective the date the application and payment or credit card voucher are received and accepted by the insurance company representative.

Applicant's Signature: _____ Date: _____

Applicant's Phone: _____ Quote ID: _____

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This application is understood to be an inducement to the issuance of a policy of insurance by the Company. The undersigned hereby authorizes the Company to obtain information necessary for evaluation in determining acceptability including but not limited to motor vehicle reports, credit reports and physical inspection.

Teeth Whitening Consent

Please confirm that you obtain a signed consent form on each client prior to providing service that includes the following:

1) Service is not available to anyone under 18 years of age, that each individual client is to be provided with their own sealed pack/kit including the gel/tray and that you are only providing assistance with light activation.
2) You are aware of possible abuse of this type of service as over use can lead to long term problems. Proper training as to the guidance teeth whitening products as well as the proper use and knowledge of the teeth whitening accelerator light.
3) You will not allow others to share your equipment regardless of commission or any type of compensation.

Visible signs or hold harmless/consent forms include the following information:

1) Visit your dentist to determine if you are a candidate for teeth whitening.
2) Teeth whitening products may cause temporary or in some cases, long term adverse reactions, such as irritated gums, teeth sensitivity, etc.
3) Anyone with gingivitis or other gum disease should seek guidance from their Dentist prior to whitening service.
4) Teeth Whitening is not recommended for pregnant women.

Do you consent that you follow these procedures? ☐ Yes ☐ No _____ Initials

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BUSINESS EQUIPMENT SCHEDULE

Complete this schedule if you require coverage for your business equipment

Year Manufactured	Equipment	Itemized Value (Valued over $100 each)
	Total of Misc items valued less than $100 each	
	Total Value of Equipment:	

Business Equipment Deductible of $250 will apply. Minimum Premium is $50.