

Health and Wellness *Insurance Program*



- Masseur
- Cosmetologist
- Esthetician
- Nail Technician
- Barber
- Hair Stylist
- Makeup Artist

■ A Liability Insurance Program providing protection from lawsuits of bodily injury and/or property damage

Francis L. Dean & Associates, LLC

FDL

The Leader in Sports, Leisure and Entertainment Insurance

Who is Covered

Intended for individuals in the health and wellness profession, this program provides protection for the Policyholder against claims of bodily injury liability, property damage liability, personal and advertising injury liability and the litigation costs to defend against such claims. Coverage is provided up to \$1,000,000.00 per occurrence. There is no deductible amount. Coverage is offered through the Sports and Recreation Providers Association Purchasing Group.

Coverage Includes Suits Arising Out Of:

- Injury or death of clients and guests
- Property damage liability
- Incidental medical malpractice
- All activities necessary to conduct health and wellness trades or services
- Ownership use or maintenance of employment area
- General negligence claims
- Cost of investigation and defense of claims, even if groundless
- Corporal punishment

Exclusions

Abuse or molestation (unless optional coverage is selected), aircraft, all acts of terrorism, asbestos liability, employment related practices, fungi and bacteria, hepatitis, HIV, HTVL, AIDS, transmissible spongiform encephalopathy, lead poisoning, nuclear energy liability, pyrotechnics activity, total pollution, violation of the CAN-SPAM act, war liability and liability for occurrences prior to the effective date of coverage. All of the above are subject to the terms and conditions of the policy.

The Optional Coverages

Hired and Non-Owned Automobile Liability Coverage

This liability coverage provides protection for rented, borrowed and other non-owned vehicles driven on trade or service business.

Increased Aggregates

This option increases the aggregate limit of liability insurance from \$1,000,000 to larger amounts.

Sexual Abuse and Molestation

Liability coverage is provided for claims arising out of alleged sexual abuse and/or molestation.

\$5,000.00 Medical Expense Benefit

This coverage will reimburse an injured client or guest for medical and/or funeral expenses incurred as a result of bodily injury or death sustained by, regardless of whether you are liable or not.

Equipment Coverage

This Inland Marine insurance product provides coverage for your equipment and contents up to the specified limit. This option requires a separate application and further underwriting.

Excess Liability Coverage

This coverage provides additional liability limits increasing the per occurrence and aggregate limits. This option requires further underwriting.

Note: This program is not applicable to those performing tattooing, permanent makeup or body piercing services.

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Part I Proposed Policyholder *Please print or type*

a. **Full Legal Name of Individual Policyholder** _____

b. **Mailing Address** _____
Street City State Zip

c. **Phone Number** _____ **E-mail Address** _____

d. **Requested Effective Date of Coverage (12 months of coverage is provided)** _____

Policy will become effective on the Requested Effective Date if (a) all required information is provided and (b) the Company has received the premium on or before that date.

e. **Has your past liability coverage been cancelled in any way in the last three years? If so, please be specific.** Yes No

f. **What is your Trade or Service? Check All that Apply**

A photocopy of the license must be submitted

Massage Category

- Swedish
- Aromatherapy
- Hot Stone
- Deep Tissue
- Thai
- Pregnancy
- Reflexology
- Sports
- Back

Beauty Category

- Cosmetologist
- Nail Technician
- Spa Technician
- Barber
- Hair Stylist
- Makeup Artist (non-permanent)

Esthetician Category

- Esthetician

g. **What is your practitioner level?**

- Professional
- Student

h. **Years of Experience?** _____

i. **Description of Trade or Service**

j. **Location(s) of Trade or Service**

Part II Premium Rates And Benefits (premiums are fully earned)

Please circle rate. If coverage is to apply to more than one category of trade or service, the higher rating is applicable and a \$50.00 additional surcharge applies.

Limit Per Occurrence: \$1,000,000.00

States	General Aggregate	Massage	Massage Student	Beauty	Beauty Student	Esthetician	Esthetician Student
CA, NY, FL	\$1,000,000.00	\$187.50	\$137.50	\$206.00	\$175.63	\$228.50	\$166.00
	\$2,000,000.00	\$196.88	\$144.38	\$216.30	\$184.41	\$239.93	\$174.30
	\$3,000,000.00	\$206.25	\$151.25	\$226.60	\$193.19	\$251.35	\$182.60
	\$4,000,000.00	\$215.63	\$158.13	\$236.90	\$201.97	\$262.78	\$190.90
	\$5,000,000.00	\$225.00	\$165.00	\$247.20	\$210.75	\$274.20	\$199.20

Health and Wellness Insurance Program

Part II Premium Rates And Benefits (continued)

Please circle rate. If coverage is to apply to more than one category of trade or service, the higher rating is applicable and a \$50.00 additional surcharge applies.

Limit Per Occurrence: \$1,000,000.00

States	General Aggregate	Massage	Massage Student	Beauty	Beauty Student	Esthetician	Esthetician Student
CT, MS, NV, RI, SC	\$1,000,000.00	\$180.00	\$132.00	\$197.76	\$168.60	\$219.36	\$159.36
	\$2,000,000.00	\$189.00	\$138.60	\$207.65	\$177.03	\$230.33	\$167.33
	\$3,000,000.00	\$198.00	\$145.20	\$217.54	\$185.46	\$241.30	\$175.30
	\$4,000,000.00	\$207.00	\$151.80	\$227.42	\$193.89	\$252.26	\$183.26
	\$5,000,000.00	\$216.00	\$158.40	\$237.31	\$202.32	\$263.23	\$191.23
All other states	\$1,000,000.00	\$150.00	\$110.00	\$164.80	\$140.50	\$182.80	\$132.80
	\$2,000,000.00	\$157.50	\$115.50	\$173.04	\$147.53	\$191.94	\$139.44
	\$3,000,000.00	\$165.00	\$121.00	\$181.28	\$154.55	\$201.08	\$146.08
	\$4,000,000.00	\$172.50	\$126.50	\$189.52	\$161.58	\$210.22	\$152.72
	\$5,000,000.00	\$180.00	\$132.00	\$197.76	\$168.60	\$219.36	\$159.36

Part II Base Premium = \$ _____

Multiple Category Surcharge (if applicable) = \$ _____

Part II Premium Subtotal = \$ _____

Part III Optional Coverages (premiums are fully earned)

Optional \$5,000.00 Medical Expense Benefit for an additional \$5.00. = \$ _____

Optional \$150,000.00 Hired and Non-Owned Automobile Liability Coverage is available for an additional \$225.00. = \$ _____

Optional \$500,000.00 Hired and Non-Owned Automobile Liability Coverage is available for an additional \$500.00.
 • Note: \$1,000,000.00 hired and non-owned automobile liability coverage is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage. = \$ _____

Optional \$100,000.00 Sexual Abuse and Molestation Liability Coverage is available for an additional \$1,000.00. = \$ _____

Higher per occurrence limits of up to \$4,000,000.00 are available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.

Equipment coverage up to \$750,000.00 is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.

Part III Premium Subtotal = \$ _____

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Part IV Additional Insureds

Up to three additional insureds are included at no additional cost. Please include a separate sheet for more additional insureds if needed.

Name, Address and Relationship of all additional insureds to be added to the policy:

Full Legal Name, E-mail Address	Full Mailing Address (including City, State and Zip)	Relationship (see legend)	Endorsements
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver

L - Landlord, V - Venue, E - Event Operator, F - Franchisor/Franchise Owner, G - Governmental Agency, O - Other (include details)

Total Number of Additional Insureds (after initial three) _____ x \$10.00 = \$ _____

Additional Insureds requiring Primary Non-Contributory Endorsements _____ x \$100.00 = \$ _____

Additional Insureds requiring Waiver of Subrogation Endorsements _____ x \$100.00 = \$ _____

Part IV Premium Subtotal = \$ _____

Total Policy Premium = \$ _____

Part V Payment

Choose one of the following options. Please initial your choice:

Enclosed is my check for the total premium.

Please charge my: Visa MasterCard Discover American Express

For Premiums less than \$1,000.00, a \$10.00 convenience fee will be added.

For Premiums \$1,000.00 and higher, a convenience fee equal to 2.5% of the premium will be added.

Name on Card _____

Cardholder Billing Address _____

Card # _____ Exp. Date (mm/yyyy) _____

Security Code _____

Part VI Acknowledgements and Signatures

a. This summary of coverage and exclusions is no substitute for reading the entire policy. To receive an entire policy, contact the program administrator.

b. **Fraud Warning** 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 there to, commits a fraudulent insurance act, which may be a crime.

c. **Applicant's Acknowledgement** I, the applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that (a) this application will form part of any policy issued, (b) no information given to or acquired by any representative of the Company will bind it, unless it is in writing on this application, (c) no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of the Company, and (d) only those persons eligible under the terms of an issued policy will be insured.

Signed for the Proposed Policyholder

Signed by Licensed Agent

Agency Name and License Number

Date

Agent Phone Number

Agent E-mail Address

Agency Mailing Address



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"A" rated by A.M. Best Company.
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