

Business Owners Application

1.1 Applicant Name: _____ Phone: _____
Business Name: _____ Website: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Business Address: _____

County: _____ Square Footage of Business _____

Business operated as: Corporation Partnership Individual Independent Contractor LLC

1.2 Business operated as salon? _____ If not, other: _____

1.3 How long in business? _____ Do all professionals have licenses? _____

PROPERTY SECTION **MUST INSURE FOR AT LEAST 80% OF THE REPLACEMENT COST**

2.1 Age of building: _____ Construction: _____ Number of stories: _____

2.2 If building is over 20 years old, when were the following upgraded? **(*) Information is Required**

*Roof: _____ *Plumbing: _____ *Wiring: _____ Sprinklers: _____

2.3 *Is there a Central Station Burglar Alarm? Yes No If yes, advise alarm provider: _____

*If yes, is the aforementioned alarm inside of your unit, active, and in your control? Yes No

2.4 Other Occupancies in building? (Describe) _____

2.5 Adjoining Occupancies: LEFT: _____ RIGHT: _____

2.6 Approximate distance from fire station: _____ Distance from fire hydrant: _____

2.7 Do you sell items not directly related to beauty or skincare? Yes No Inventory Value (\$): _____

If yes, describe: _____

2.8 Do you sell or use jewelry? Yes No If yes, Jewelry Value: \$ _____

2.9 Name & address of loss payee: _____

COVERAGES DESIRED

A. CONTENTS - Total Limit Needed: \$ _____

Does any of this property belong to employees or independent contractors that work under your business name? Yes No

B. TENANT IMPROVEMENTS - Limit Needed: \$ _____

C. BUILDING - Limit Needed: \$ _____

Do you own the building? Yes No

If yes, are there any tenants besides your business? Please explain: _____

If no, do you have a Triple Net Lease? Yes No

D. BUSINESS INTERRUPTION INSURANCE - Amount per Month Needed: \$ _____

For how many months? _____

E. SIGN - Limit Needed: \$ _____

OPTIONAL COVERAGES (Additional Premium Will Apply)

Contingent Business Income (Utility Business Interruption) **Spoilage** (Temperature change on perishable items)

Coverage Extension (\$15,000 Blanket Total for: equipment breakdown, accounts receivable, valuable papers)

HISTORY

3.1 List all property claims in the past 5 years, whether or not insured: _____

3.2 Current property insurance carrier, policy number: _____

COVERAGE BECOMES EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY

APPLICANT SIGNATURE

DATE

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD.....
	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant's Signature

On behalf of certain underwriters at
Lloyd's

Print Name

Policy Number

Date