



**MARINE AGENCY PROFESSIONAL LIABILITY INSURANCE APPLICATION**  
**Please fax or mail the attached application for a free no obligation price quotation**

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 California License #0645476

**APPLICANT INFORMATION**

- Name of Corporation or LLC (include "Inc", "Corp", "LLC", etc.): \_\_\_\_\_  
 Name of Business (your "dba" or "t/a" name): \_\_\_\_\_  
 Name(s) of business owner(s): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
 Website: \_\_\_\_\_ Email Address: \_\_\_\_\_
- FEIN (Federal Employer Identification Number) or Social Security Number: \_\_\_\_\_
- Type of ownership:  Corporation  Partnership or Joint Venture  Sole Proprietorship (Individual)  
 Limited Liability Company  Other (describe): \_\_\_\_\_
- How long have you owned this business: \_\_\_\_\_
- List any professional associations in which the applicant is a member: \_\_\_\_\_

**INSURANCE INFORMATION**

- Limits of Liability:  \$1,000,000 per occurrence / \$2,000,000 aggregate  
 \$2,000,000 per occurrence / \$4,000,000 aggregate  
 (this limit is available for tattoo and body piercing only)  \$500,000 per occurrence / \$500,000 aggregate
- Deductibles:  None \$100  \$250  
 \$1,000 \$2,500  \$5,000

**NOTE:** Optional deductibles not available in all states.

**NOTE:** A minimum deductible of \$100 shall apply to micropigmentation and body piercing policies.

**NOTE:** A minimum deductible of \$250 shall apply to tattoo policies.

- Previous insurance carrier:

Previous Insurance Carrier	Policy Number	Policy Period	Claims Made or Occurrence Form

If previous policy was written claims made, attach a copy of the policy and provide retroactive date: \_\_\_\_\_

- Has any previous carrier cancelled or not renewed a policy (not required in Missouri)?  Yes  No

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

**PROFESSIONAL SERVICES INFORMATION**

10. Check the professional services that you perform and for which you desire coverage under this policy.

**NOTE:** Any professional services for which you do not provide such information will not be covered under this policy.

**NOTE:** Checking any professional service does not obligate us to insure it.

<input type="checkbox"/> Aromatherapy	<input type="checkbox"/> Hair Cutting / Styling / Coloring
<input type="checkbox"/> Body Massage	<input type="checkbox"/> Hydrotherapy
<input type="checkbox"/> Body Piercing	<input type="checkbox"/> Manicure / Pedicure
<input type="checkbox"/> Body Wraps	<input type="checkbox"/> Microdermabrasion
<input type="checkbox"/> Cosmetics / Make-up Application	<input type="checkbox"/> Micropigmentation / Cosmetic Tattooing
<input type="checkbox"/> Ear Piercing	<input type="checkbox"/> Personal Trainers / Yoga Instructors
<input type="checkbox"/> Electrolysis	<input type="checkbox"/> Tanning Beds / Booths / Units
<input type="checkbox"/> Endermology	<input type="checkbox"/> Tattoo
<input type="checkbox"/> Facial & Scalp Massage	<input type="checkbox"/> Waxing
<input type="checkbox"/> Facial & Skin Cleansing	
<input type="checkbox"/> Other services not listed above (describe):	

11. List the number of each type of equipment that are used in your business and for which you desire coverage under this policy.

Equipment	# of Units
Tanning Beds / Booths / Units	_____
Hydrotherapy Tubs / Hydrotherapy Tables / Showers	_____
Exercise Equipment	_____

12. Indicate the number of employees, independent contractors and students performing the professional services shown below.

Professional Service	# of Employees	# of Independent Contractors	# of Students
Aestheticians	_____	_____	_____
Body Piercing	_____	_____	_____
Electrologists	_____	_____	_____
Hair / Nails / Cosmetics	_____	_____	_____
Massage Therapists	_____	_____	_____
Micropigmentation	_____	_____	_____
Micropigmentation Instructors	_____	_____	_____
Personal Trainers / Yoga Instructors	_____	_____	_____
Tattoo	_____	_____	_____
<b>TOTAL</b> number providing services	_____	_____	_____

13. Are all technicians licensed if required by law?  Yes  No

14. 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).

15. List schools you attended and degrees or certifications received (**NOTE:** Micropigmentation technicians must attach a copy of training certificate or diploma): \_\_\_\_\_

16. If you checked "Body Piercing", "Micropigmentation / Cosmetic Tattooing" or "Tattoo" under question 10. above, please answer the following:

- a. Do you always obtain a medical history for every client?  Yes  No  
If yes, attach a copy (**NOTE:** Obtaining a medical history is required by policy)
- b. Do you always supply a patient / customer with aftercare information?  Yes  No  
If yes, attach a copy (**NOTE:** Distribution of aftercare information is required by policy)
- c. Do you always obtain a signed consent or release form?  Yes  No  
If yes, attach a copy (**NOTE:** Use of consent / release form is required by policy)
- d. Do you use piercing guns?  Yes  No  
If yes, are they used only on earlobes?  Yes  No
- e. Describe your method of sterilization for your equipment (including needles) and both used and unused jewelry:

f. Do you pierce or tattoo minors?  Yes  No

If yes, describe your policy for piercing or tattooing minors: \_\_\_\_\_

17. If you checked "Body Massage" under question 10. above, please answer the following:

a. Do you provide massage services to minors?  Yes  No

If yes, describe your policy for massaging minors: \_\_\_\_\_

b. Do you obtain criminal background checks on all massage therapists?  Yes  No

18. Do you provide chemical / acid peel services?  Yes  No

If yes, do you use any of the following:

Trichloroacetic acid (TCA) preparations with concentrations over 20%?  Yes  No

AHA preparations with concentrations over 30% with PH lower than 3.0?  Yes  No

Jessner's solution preparations with concentrations over 14%?  Yes  No

Any medical grade peels?  Yes  No

19. Do you perform sclerotherapy, treat telangiectasias, or perform any other services to minimize the appearance of veins?  Yes  No

If yes, describe services: \_\_\_\_\_

20. Do you provide any services intended to remove skin tags, warts, moles or other growths?  Yes  No

If yes, describe services: \_\_\_\_\_

### LOSS INFORMATION

21. Have there been any claims reported against the applicant in the last five years?  Yes  No

If yes, attach a complete description including name of claimant, date of claim, nature of injury and amounts paid.

22. Are there any pending claims against the applicant?  Yes  No

If yes, attach a complete description including name of claimant, date of claim, nature of injury and amounts on reserve.

23. Upon communication with all of your partners, employees, independent contractors and students, are you aware of any act, error or omission that might give rise to a claim under the proposed policy?  Yes  No

If yes, attach a complete description including name of potential claimant, description and date of act, error or omission and nature of injury.

Notice to Nebraska Applicant: **No misrepresentations or warranty made by the insured or on his behalf in the negotiation or application of this policy or contract of insurance shall defeat or void the policy or contract or effect the company's obligation under the policy or contract unless such misrepresentation or warranty was material, was made knowingly with the intent to deceive, was relied and acted upon by the company and deceived the company to its injury. The breach of a warranty or condition in any contract or policy of insurance shall not void the policy or allow the company to avoid liability unless such breach exists at the time of the loss and contributes to the loss.**

**Fraud Notice to Applicants:** 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 false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.

### FRAUD NOTICES - FOR APPLICANTS OF THE FOLLOWING STATES

**Arkansas:** Any person who knowingly presents a false or fraudulent claim for payment of a loss 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.

**Colorado:** 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.

**District of Columbia: Warning** - It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant. 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.

**Florida:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement or claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Hawaii:** 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.

**Kansas:** Any person who commits a "fraudulent insurance act" may be guilty of a criminal offense and subject to penalties under state law. A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for commercial insurance or personal insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial insurance or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

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

**Louisiana:** 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.

**Maine:** 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 denial of insurance benefits.

**Maryland:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Massachusetts and Nebraska:** Any person who knowingly and with intent to defraud any insurance company or another 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 thereto, commits a fraudulent insurance act, which is a crime and may subject the person to criminal and civil penalties.

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

**New Mexico:** 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.

**New York:** 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 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

**Ohio:** Any person who, with the intent to defraud or knowing that he/she 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.

**Oklahoma: Warning** - Any 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.

**Oregon:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**Pennsylvania:** 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 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 such person to criminal and civil penalties.

**Rhode Island:** 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.

**Tennessee:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**Vermont:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Virginia:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Washington:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Authorized Entity Representative

**Required in the State of Florida:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Agent License #:** \_\_\_\_\_  
Agent

**Required in the State of Iowa:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Agent

**Name of Soliciting Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Please Print