



*The Beauty Products Insurance Program
Application*

Stratus Insurance Services, Inc.
947 S. 500 E. Suite 301
American Fork, Ut 84003
1-866-395-1308
1-801-763-1374 FAX

Supplemental Application for the Beauty Products Insurance Program

Instructions:

**Answer all questions. If the answer is NONE, please state "NONE."
 Attach copies of all labels including the ingredients with the application.
 Application must be signed and dated by an officer of the company**

Please type or print

A. Applicant

1. Full name:
2. Principal address:
3. Date Business Started:

B. Product and Sales Data

1. For principal product or service, indicate:

Descriptions of Major Products	# of Units Sold	PRINCIPAL END Usage	Manufacture or Distribute	% OF GROSS ANNUAL SALES

2. Historical Exposure Base Informaion (Minimum 3 years required if applicable)

Year	Domestic Sales	Foreign Sales	Total Sales	Other Data
Projected				
Expiring				
1st Prior				
2nd Prior				
3rd Prior				

3. **LOSS HISTORY: Please attach 5yr currently valued (90 days) loss runs**

C. Manufacturing / Distribution

YES NO

- | | | |
|---|--------------------------|--------------------------|
| 1. Are all the products sold considered "Generally Regarded Safe" by the FDA? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you import any products from Asia, Africa, or South America?
If "yes", attach a list of the countries. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you export products or have foreign operations?
If "yes", attach a list of the countries. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you make or sell any of the following products: <ul style="list-style-type: none"> • Drugs, Vitamins or Nutraceuticals • Acetone Based Products • Aerosol Products • Invasive Body Inks | <input type="checkbox"/> | <input type="checkbox"/> |

5. Do you make or handle any product that is explosive, flammable or poisonous either by itself or in combination with other materials?
6. Could any of your products be classified as pharmaceuticals?
7. Are any of your products sold under another's name or label? If "yes", attach details.
8. Do you sell or make any of the following cosmetic products:
- Lipstick
 - Perfumes
 - Blushes
 - Mascara
 - Facial Foundations
 - Eyeliners
 - Makeup Removers
9. If yes, are the products considered 100% natural or organic

D. Marketing

1. Percentage of total sales to: Wholesalers: _____ Retailers: _____ Consumers: _____
2. Suppliers and distributors of your products: **Yes** **No**
- a. Do you hold them harmless or insure them?
- b. Do they hold you harmless or insure you?

E. Loss Prevention

- Yes** **No**
1. Have your products ever been subject to injury or investigation relative to product safety by any governmental agency? If "yes", attach details.
2. Do you have a written products recall plan? If "yes", please attach.
3. Have you ever recalled products because of a potential product safety hazard? If yes, attach details and indicate percent of recovery: ____%
4. Do you have a written products safety program for which specific individuals have responsibility for implementation? If "yes" attach copy or outline.

F. Product Design

- Yes** **No**
1. Do you do your own formulating and design your work?
2. Do you maintain records of design changes and reasons justifying these changes?
3. Are your designs subject to independent external review, testing or certification? If "yes" attach details and dates.
4. Are your products designed, tested, labeled and manufactured to meet or exceed all government and industry standards?

G. Quality Control and Testing

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are warranties obtained from all suppliers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 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? | <input type="checkbox"/> | <input type="checkbox"/> |

H. Instructions/Warnings/Advertising/Warranties

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Do warning labels comply with federal statutory warning labeling requirements? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does all product labeling comply with FDA guidelines? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you expressly disclaim or limit warranties for your products? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you provide any specific training or instruction for the ultimate user, in the proper use of your product? | <input type="checkbox"/> | <input type="checkbox"/> |

I. Loss Control and Defense

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Can you determine, based on available records, for all products you have sold: | | |
| a. when any given product was manufactured? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. to whom it was sold, and the date of sale? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. who supplied parts and supplies going into the final product? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you maintain copies of old instruction or operation manuals and advertising material? | <input type="checkbox"/> | <input type="checkbox"/> |

J. Accident procedure:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Do you have a written procedure for obtaining information about product complaints, accidents and injuries involving your products? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does your procedure provide for examining and preserving any allegedly defective product, with the results of such examination recorded? | <input type="checkbox"/> | <input type="checkbox"/> |

Warranty

I/We warrant that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy.

Signature of applicant: _____ Date: _____

Title: _____ (owner, partner, officer)

Please make sure the labels including the ingredients are attached with the application