



*The Beauty Health and  
Trade Application*

**Available Through  
Stratus Insurance Services Inc.**



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

**APPLICATION FOR HEALTH AND BEAUTY PRODUCT LIABILITY INSURANCE**

**Notice:** The policy for which application is made applies only to "Claims" first made during the Policy Period. The limits of liability shall be reduced by "Claim Expenses" and "Claim Expenses" shall be applied against the deductible, unless the policy is amended by endorsement. Please read the policy carefully.

If space is insufficient to answer any question fully, attach a separate sheet.

**I. GENERAL INFORMATION**

1. (a) Full name of Applicant: \_\_\_\_\_
- (b) Principal business premises address: \_\_\_\_\_  
 \_\_\_\_\_ (Street) \_\_\_\_\_ (County)  
 \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)
- (c) List the names of all predecessor organizations of the Applicant: \_\_\_\_\_
- (d) Audit contact name: \_\_\_\_\_ (e) Phone Number: \_\_\_\_\_
- (f) Website address: \_\_\_\_\_ (g) Date established (MM/DD/YYYY): \_\_\_\_\_
- (h) Applicant is a:  
 corporation  partnership  sole proprietorship  limited liability company (LLC)  other \_\_\_\_\_
2. Is the Applicant controlled by, owned by, or commonly owned, affiliated or associated with any other organization?..... Yes  No   
 (a) If Yes, provide details. \_\_\_\_\_

**II. SPECIFIED PRODUCTS AND COMPLETED OPERATIONS**

1. Provide the following information for those products and/or services the Applicant wants coverage for. Only those products and services listed below will be considered for coverage.

Products and Services (or specific categories)	Applicant Acts as a(n)					No. of Years	% of Gross Receipts	Products sold to:				
	M	W	R	I	MR			W	R	C	O	

**M:** manufacturer **W:** wholesaler **R:** retailer **I:** importer **MR:** manufacturer's rep. **C:** consumer direct **O:** other (describe)

2. Total gross receipts from all products and services listed in Part II, Question 1. hereinabove:
  - (a) Estimated annual gross receipts for the coming year: \$ \_\_\_\_\_
  - (b) Annual gross receipts: (i) last twelve months: Year \$ \_\_\_\_\_ (ii) 1<sup>st</sup> prior year: Year \$ \_\_\_\_\_
3. Is the Applicant presently considering any change in the mix of products including adding new

products or services for the coming year?..... Yes [ ] No [ ]

(a) If Yes, provide details. \_\_\_\_\_

4. Has the Applicant discontinued or is it considering discontinuing any product or service listed above?.. Yes [ ] No [ ]

(a) If Yes, provide details. \_\_\_\_\_

**III. PROCESSING AND QUALITY CONTROL**

**1. PROCESSING**

(a) Do any products or ingredients or components thereof, originate from outside of the United States?Yes [ ] No [ ]

(i) If Yes, specify:

(1) The country(ies) of origin: \_\_\_\_\_

(2) The name of each organization manufacturer, distributor or supplier: \_\_\_\_\_

(b) Do others manufacture or package products under the Applicant's name or label? ..... Yes [ ] No [ ]

(i) If Yes, provide the name(s) and address(es) of contract manufacturer(s): \_\_\_\_\_

(c) Does the applicant manufacture or package products for others under their name or label? ..... Yes [ ] No [ ]

(i) If Yes, explain. \_\_\_\_\_

**2. QUALITY CONTROL AND RECORDKEEPING**

(a) Does the Applicant have a quality control and testing procedure?..... Yes [ ] No [ ]

(i) If Yes, how long does the Applicant keep quality control and testing records? \_\_\_\_\_

(b) Can the Applicant identify its product(s) from those of competitors? ..... Yes [ ] No [ ]

(c) Do all records show to whom and the date each product was sold?..... Yes [ ] No [ ]

(d) Does the Applicant require certificates of insurance evidencing Products Liability Insurance from suppliers? ..... Yes [ ] No [ ]

(e) Who designs the Applicant's products? \_\_\_\_\_

(f) Are product designs reviewed, tested and verified by others? ..... Yes [ ] No [ ]

(g) Does the Applicant have a specific program to withdraw known or suspected defective products from the market? ..... Yes [ ] No [ ]

(h) Has the Applicant ever recalled or is it considering recalling any product?..... Yes [ ] No [ ]  
If Yes, attach an explanation.

(i) Have any of the Applicants' products or ingredients or components thereof, ever been the subject of any investigation, enforcement action, or notice of violation of any kind by any governmental, quasi-governmental, administrative, regulatory or oversight body? ..... Yes [ ] No [ ]

(1) If Yes, provide details. \_\_\_\_\_

**IV. INSURANCE INFORMATION**

1. (a) Limits of Liability: Indicate the limits of liability requested: \$ \_\_\_\_\_ / \$ \_\_\_\_\_

(b) Deductible: Indicate the deductible requested: \$ \_\_\_\_\_

THE COMPANY DOES NOT GUARANTEE TO OFFER ANY OF THE ABOVE LIMITS AND/OR DEDUCTIBLES.

2. Provide the following for present Product Liability Insurance: If None, check here [ ]

Insurance Company	Limits of Liability	Deductible/ SIR	Premium	Expiration Dates (MM/DD/YYYY)	Retroactive/ Prior Acts Date

3. Has any insurer declined, canceled, or nonrenewed any Product Liability Insurance or any similar insurance on behalf of any person(s) or organization(ies) proposed for this insurance?..... [ ] Yes [ ] No

(i) If Yes, provide details. \_\_\_\_\_

**V. CLAIM HISTORY**

1. Has any claim for Product Liability been made against any person(s) or organization(s) proposed for this insurance during the last five (5) years? ..... [ ] Yes [ ] No

If Yes, provide five (5) year loss history for all claims, including any predecessor. Attach a description of any loss greater than \$10,000.

Year	No. of Claims	Total Amounts Paid	Amount Reserved	Total Incurred	Date of Loss Info.


2. Is (are) any person(s) or organization(ies) proposed for this insurance aware of any fact, incident, circumstance, situation, condition, defect or suspected defect which may result in a Products Liability claim? ..... [ ] Yes [ ] No  
 If Yes, provide details. \_\_\_\_\_

---

**VI. EXCLUDED PRODUCTS/INGREDIENTS**

---

Note that the following products listed below will be excluded in your policy. Please check the box confirming that you have read and understand these products are excluded.....[ ] Yes [ ] No

1. Germander
2. Lobelia
3. Yohimbe
4. Jin Bu haun
5. Gamma Hydroxy Butrate (GHB); Gamma Butyrate (GBL); 1,4 Butanediol (BD)
6. Ephedra sinica, Ephedra. E. equisetina, Mahuang, Ephedra Alkaloid, Pseudoephedrine, Ephedrine or any other Ephedra derivatives or extracts.
7. Aristolochia spp., Aristolochia, Aristolochic acids, Aristolochia fangchi, Aristolochia spp., Asarum spp., Bragantia spp., Clematis spp., Akebia spp., Cocculus spp., Diploclisia spp., Menispermum spp., Sinomenium spp., Mu Tong, Fang ji, Guang fang ji, Fang Chi, Kan-Mokutsu, Mokutsu and any adulterated botanicals, botanical derivatives or other products that contain aristolochic acid, aristolochic acid derivatives or aristolochic acid extracts.
8. Stephania, Stephania spp, or any adulterated botanicals, botanical derivatives or any other products that contain Stephania , or any Stephania derivatives or extracts.
9. Magnolia, or any adulterated botanicals, botanical derivatives or any other products that contain Magnolia, or any Magnolia derivatives or extracts.
10. Kava, ava, ava pepper, awa, kava root, kava-kava, kawa, Piper methysticum Forst. f, Piper Methysticum G. Forst, rauschpfeffer, intoxicating pepper, kava kava, kava pepper, kawa kawa, kawa-kawa, kew, Piper methysticum, sakau, tonga, wurzelstock, yangona.
11. Glyburide, unla beled glyburide, Liqiang 1 , Liqiang 4, Liqiang Xiao Ling
12. Liqiang Xiao Ke Ling (Liqiang Thirst Quenching Efficacious)
13. Animal tissue in any form including glands, and/or extracts
14. Fenfluramine
15. Glyburide
16. Herbal Ecstasy
17. Herbal FenhPhen
18. L-tryptophan
19. Ma Huang
20. Redux

---

**VI1. ADDITIONAL INFORMATION**

---

As part of this Application attach the following: Brochures; Labels; and Instructions **NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY**

No fact, circumstance or situation indicating the probability of a Claim or action for which coverage may be afforded by the proposed insurance is now known by any person(s) or organization(s) proposed for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if there is knowledge of any such fact, circumstance or situation, any Claim subsequently emanating there from shall be excluded from coverage under the proposed insurance.

For the purpose of this application, the undersigned authorized agent of the person(s) and organization(s) proposed for this insurance declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application and in any attachments, are true and complete. Beazley Group plc. or the Company is authorized to make any inquiry in connection with this application. Signing this application does not bind the Company to provide or the Applicant to purchase the insurance.

This application, information submitted with this application and all previous applications and material changes thereto of which Beazley Group plc. receives notice is on file with Beazley Group plc. and is considered physically attached to and part of the policy if issued. Beazley Group plc. and the Company will have relied upon this application and all such attachments in issuing the policy.

If the information in this application and any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify Beazley Group plc, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

The undersigned declares that the person(s) and organization(s) proposed for this insurance understand that:

- (i) the policy for which this application is made applies only to "Claims" first made during the "Policy Period";
- (ii) unless amended by endorsement, the limits of liability contained in the policy shall be reduced, and may be completely exhausted by "Claim Expenses" and, in such event, the Company will not be liable for "Claim Expenses" or the amount of any judgment or settlement to the extent that such costs exceed the limits of liability in the policy; and
- (iii) unless amended by endorsement, "Claim Expenses" shall be applied against the "Deductible".

**WARRANTY**

I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to Beazley Group plc.

Note: This application is signed by undersigned authorized agent of the Applicant(s) on behalf of the Applicant(s) and its owners, partners, directors, officers and employees.

Must be signed by the owner, principal, partner, executive officer or equivalent (within 60 days of the proposed effective date).

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

<p><b>Notice to Applicants:</b> 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 thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalty</p>
--