Phone: 866-386-4136
Fax: 601-898-4793
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Facelogic Franchise Insurance Survey

Legal Name of Individuals or Entity that will own the franchise:
____

Location of Spa:______________________________
____
County
____

Mailing Address (if different):
____
«______________________________»
____

Name of Contact Person ____________
Telephone # ____________
Fax # ____________
Email ____________
Cell phone ____________
Master Franchise Number:______________
Web page (if different than franchisor)____________________

Date when you need coverage to Begin: ______________________
***We suggest that the effective date of your insurance be no later than the date upon which you take possession of the premises.**

Federal Tax ID #: ________________

Applicant is:
☐ **Individual**
☐ **Corporation**
☐ **Limited Liability Corp**
☐ **Other (please specify)** _______

Do you own the Building you'll be occupying? ☐ Yes ☐ No
If yes, what is the replacement cost value of the Building? ________________
Property deductible amount requested? ☐$250 ☐$500 ☐$1,000 ☐$2,500 ☐$5,000 ☐$10,000 ☐ $25,000
Do you currently have an umbrella policy? ☐ Yes ☐ No ; What amount do you wish quoted (circle): $1M $2M $3M $4M $5M

PROPERTY & CRIME COVERAGE:

Would you like business income coverage 12 month sustained loss: ☐ Yes ☐ No
Would you business income – dependent property coverage? ☐ Yes ☐ No
Do you want employee dishonesty/forgery? ☐ Yes ☐ No ; If yes what amount?_____________
Do you need coverage for your sign? ☐ Yes ☐ No If yes the amount:__________
Do you need coverage for signs off premise? ☐ Yes ☐ No If yes the amount____________
Do you need coverage for Cell phones, pagers? ☐ Yes ☐ No If yes the amount___________
Do you need coverage for Cameras, Projectors or film related accessories? ☐ Yes ☐ No If yes the amount:__________

Limit of Business Personal Property coverage desired: ___________________________
*this limit is to include any improvements or betterments to your leased space, as well as any equipment, furniture, supplies or products.and your sign if within 1000 feet of you building

Is there a Bank or any other Financial Institution that you're using to finance your business that needs to be added as a Lienholder to your policy? ☐ YES ☐ NO
If Yes, give name and address: ____

Building Construction Type? ☐Frame/ Wood ☐ Brick with Wood Frame Construction
☐ Brick with Steel Frame ☐ Tilt up Concrete Wall/Steel Frame ☐ Other: ______________________________

Total Square Ft. _________ Year Built ___________ Year of the last update: _______electrical _________roof
Number of stories:________Fire Alarm: ☐ YES ☐ NO Fire Extinguishers: ☐ YES ☐ NO Number of Stories________
Burglar Alarm: ☐ YES ☐ NO If yes, is it just a local alarm or is it connected to a Central Station? _______________
Is the building sprinklered? ☐ YES ☐ NO Would you like an inflation guard? ☐ YES ☐ NO; If so, what percent_________(1-5%)
Would you like flood insurance quoted? ☐ YES ☐ NO
Do you lease or sub-lease any space? ☐ YES ☐ NO If yes, what is the square footage________ and to whom_____________________
and for how much do you lease it annually____________.

Additional Insureds (for Liability Purposes) include:
1) Facelogic International, 5650 El Camino Real, Suite 125 Carlsbad, CA. 92008 & Trinity +3, LLC Carlsbad, CA
2) (Lessor) ____
3) (OTHER)____

Do you have any insurance policies for your business already in place? ☐ YES ☐ NO
If yes, Please list all policies in place for your business the last three years:
Carrier:______________ Policy Number:_____________ Effective Dates:_______ Premium :__________
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LIABILITY:
Amount of Coverage Desired: ☐ $1,000,000/$2,000,000 **OR** ☐ $2,000,000/$4,000,000
Totoal Number of Full Time Employees:_______ Total Number of Part Time Employees:________
Number of Estheticians or Beauticians you have employed: ____________
Total Estimated Annual Payroll (including all Owners & Executive Officers) $__________________
Total of Employees ______________ Number of part time empoyees:__________ Number of Ful Time Employees:________
Names and titles of all Owners & Executive Officers ____
____
Have you ever had an insurance loss? ☐ No losses have occurred. ☐ Yes If losses have occurred the number of losses, date and Amount:____

How many years have you been in business:________; Number of years of Management Experience(any):________
What is your annual revenue or estimated if new? _______________ Would you like Employee Benefits Coverage: ☐ yes ☐ no
Would you like Employment Practices Liability? ☐ YES ☐ NO What amount? ☐ 100,000 ☐ 300,000 ☐ 500,000
Do you want hired and non-owned auto coverage? ☐ YES ☐ NO Do you need a commercial auto quote? ☐ YES ☐ NO

GENERAL:
Are there any exposures, within 75 feet of your business, which include manufacturing chemicals, plastics, oil, gas, wood products, or a lumberyard? ☐ YES ☐ NO If yes, they are:____

Have you had any policy or coverage declined, cancelled or non-renewed during the past three years? ☐ YES ☐ NO

Does the Named Insured above own any subsidiary or operate any other business or building not covered by this policy? ☐ YES ☐ NO If yes, please explain:____

Are all subcontractors required to provide certificates of insurance with limits greater than or equal to your's or the amount you are requesting? ☐ YES ☐ NO

Are there any tanning booths, body piercing (other than nose and ears), permanent make-up or tattooing, hair transplants, removal of warts, moles or growths, Botox, or Juvederm treatments, weight loss treatment, laser hair removal, any laser or other laser types of pulsated light treatment, manufacturing or wholesale operations? ☐ YES ☐ NO

Do you have any health club or exercise equipment or facilities? ☐ YES ☐ NO

Would you like to receive an application so that we may assist you with quoting other coverages, such as:

Hired & non-owned	☐ YES ☐ NO	**Commercial Auto**	☐ YES ☐ NO	**Personal Auto**	☐ YES ☐ NO
Homeowners	☐ YES ☐ NO	**Flood**	☐ YES ☐ NO	**Health Benefits**	☐ YES ☐ NO
Life Insurance	☐ YES ☐ NO	**Disability**	☐ YES ☐ NO	**Workers Compensation**	☐ YES ☐ NO

Signature: ________________________ Title: __________ **Date:** __________________

Please fax this completed form to (601) 510-9119
Or you can e-mail the completed form to cs@continentalbrokers.biz
For questions please call Collier Simpson at (866) 386-4136 x 2419
Note: Completion and submission of this form does not initiate coverage.