

COSMETICS SUPPLEMENTAL APPLICATION

I. INSTRUCTIONS

1. Completion of this application neither binds coverage nor guarantees that a quote or policy will be issued.
2. Requested coverage is not automatically provided. Read your quote carefully. The policy, if issued, will determine actual coverage.
3. All questions must be answered. If a question does not apply, write "N/A." If more space is needed, continue a separate sheet, and indicate the question number.
4. Some questions require supporting documentation. Provide all requested documentation with the fully completed application, signed and dated by the owner, partner, or legal officer.
5. If your business operations involve dietary supplements or prescription cosmetics, skincare, or haircare products, please complete the Richmond National Pharmaceutical and Nutraceutical supplemental application instead of this application.

II. APPLICANT INFORMATION

1. Name of entity to be listed as first Named Insured: _____

2. Are any other entities or DBAs to be listed as Named Insured? Yes No
 - a. If yes, list: _____

 - b. Do all entities have common ownership with the first Named Insured in whole or majority? Yes No
3. Years in operation under current ownership/management: _____
4. Mailing Address: _____
City: _____ State: _____ Zip: _____
5. Premise Address: _____
City: _____ State: _____ Zip: _____
(If you have multiple premise locations, please attach a complete address list.)
6. Name of Contact for Audits and/or Inspections: _____
 - a. Phone Number: _____
 - b. Email Address: _____
7. Website: _____
Please attach a complete, detailed catalog of products or an operations brochure if a website is not available.
8. Do you currently have liability insurance for your operations? Yes No
 - a. If yes and your policy is with Richmond National, what is the policy number? _____
(if your policy is with Richmond National, skip b. through f. below)
 - b. What is the policy expiry date? _____
 - c. If your current policy is on a Claims Made form, what is the Retroactive Date? _____
Please attach a copy of your current policy Declarations Page for Date and Limits confirmation if you want to retain this Retroactive Date.
 - d. Who is the current insurance carrier? _____
 - e. Are they offering renewal? Yes No
 - f. Expiring premium: _____

9. Name of your Insurance Agent/Agency: _____

10. Name of your Insurance Broker/Brokerage: _____

III. UNDERWRITING INFORMATION

1. Please complete the following table regarding your projected and historic sales:

Next Year (projected)	Last Year:	1 Year Prior:	2 Years Prior:	3 Years Prior:

2. Do you sell any of the following products? Check all that apply. Please clarify what percentage of your annual sales, on average, are of that product:

Product	Percentage of Sales	Product	Percentage of Sales
<input type="checkbox"/> Sunscreens		<input type="checkbox"/> Baby Soap, Skincare, Haircare	
<input type="checkbox"/> Tanning Accelerators		<input type="checkbox"/> UV Lamps, Tanning Beds	
<input type="checkbox"/> Anti-Aging Skincare		<input type="checkbox"/> Eczema or Psoriasis Skincare	
<input type="checkbox"/> Acne Treatment/Prevention		<input type="checkbox"/> Skin or Nail Fungus Treatments	
<input type="checkbox"/> Hypoallergenic Cosmetics, Soaps, Skincare, or Haircare		<input type="checkbox"/> Natural Rubber Goods, Liquid Latex, Latex Costume Prosthetics	
<input type="checkbox"/> Wart/Skin Tag Removers		<input type="checkbox"/> Chemical Peels	
<input type="checkbox"/> Microdermabrasion		<input type="checkbox"/> Tattoo Inks, Needles, Guns	
<input type="checkbox"/> Lice Shampoo or Treatments		<input type="checkbox"/> Animal Flea/Tick Shampoos	
<input type="checkbox"/> Hair Dyes		<input type="checkbox"/> Chemical Perm or Straighteners	
<input type="checkbox"/> Skin Lighteners/Bleaches		<input type="checkbox"/> Tattoo Removal Creams	

3. Other than the products identified in the table above, do you sell any other goods which are considered by the FDA to be both a cosmetic and a drug (e.g., anti-dandruff shampoo, toothpaste, varicose vein lotions, aromatherapy oils, etc.)? Yes No

a. If yes, please list: _____

4. Do any of your product labels, marketing, or advertising make health-related claims? Yes No

a. If yes, is all language reviewed by legal counsel, including review for compliance with FDA regulations and DSHEA legislation? Yes No

5. Do your products contain any of the following ingredients, preservatives, or additives? Check all that apply:

<input type="checkbox"/> Colloidal Silver	<input type="checkbox"/> Parabens	<input type="checkbox"/> Phthalates
<input type="checkbox"/> Formaldehyde/Formaldehyde Releasing Ingredients	<input type="checkbox"/> Kohl, Kajal, al-Kahal, Surma, Tiro, Tozali, Kwalli	<input type="checkbox"/> Paraphenylenediamine (PPD), Coal Tar
<input type="checkbox"/> Nickel, Cobalt, Gold	<input type="checkbox"/> Talcum Powder/Talc	<input type="checkbox"/> Lanolin
<input type="checkbox"/> Microplastic Beads	<input type="checkbox"/> Triclosan	<input type="checkbox"/> Retinol

6. Do you utilize any nanomolecules in any products? Yes No

7. If your products are scented/contain fragrance, do any fragrances contain any of the 26 ingredients listed as common allergens in Annex III of the European Union Cosmetics Directive? Yes No

a. If yes, does product labeling warn of the presence of these allergens, or explicitly list the ingredient? Yes No

8. When was your last FDA inspection? _____
a. Have you ever been issued an FDA Form 483? (if yes, attach a copy and all response documents) Yes No
9. Do you have any subsidiaries, separate locations, or products/product lines which are insured separately from the operations for which you are seeking coverage in this application, or which you otherwise want excluded from coverage? Yes No
a. If yes, please describe: _____

10. Do you sell any products, or plan to sell any new products, which are not currently shown on your website or product catalog? Yes No
a. If yes, please describe: _____

11. If you are a distributor, do you directly import any products? Yes No
a. Do all manufacturers provide you with a certificate of insurance evidencing active coverage with a carrier based in the United States of America with limits of insurance inclusive of products liability and an Additional Insured coverage extension for you (or all product vendors)? Yes No
12. If your products have electronic components or batteries, are the products UL approved? Yes No
13. Have you ever discontinued a product or product line for reasons other than low sales? Yes No
a. If yes, please describe the product(s) and the reason for discontinuation: _____

14. Do you have formal, written product testing, quality control, or other assurance protocol procedures? Yes No
a. If yes, please attach a copy. If no, what product risk management measures do you have in place?

- b. Are your products tested by independent third parties? Yes No
c. Are product instructions, warnings, warranties, etc. reviewed by outside counsel? Yes No
d. Do you have a product recall plan? Yes No
e. Do all products have serial numbers or batch/lot numbers permanently affixed or imprinted on each unit to make identifying affected products easier in the event of a product recall? Yes No
f. How long do you maintain sales records, batch/lot records, or other data that would assist you in tracing the whereabouts of recalled products? _____
15. Have you ever conducted a product recall? Yes No
(if you have had multiple recalls, please attach a sheet duplicating this section for each additional recall individually)
- a. If yes, was this recall voluntary? Yes No
b. If no to a., what governmental authority ordered the recall? _____
Please attach copies of all government authority issued notices, statements, citations, and other documentation pertinent to the recall.
c. When was the recall initiated? _____
d. When did the recall conclude? _____ Ongoing
e. What product(s) were recalled? _____
f. Number of affected units: _____
g. Why was the recall initiated? _____

h. What was the remedy for the recalled products? _____

- i. What percentage of products were (or have been to date) returned or remediated? _____
16. Has your company ever been the target of ransomware, data intrusion, or other cyber attack? Yes No
- a. Are all employees trained on social engineering and cyber attack prevention? Yes No
- b. Do you accept payments for products or services through an online portal? Yes No
- c. Do you have any ATMs or payment terminals on premise which are not within direct eyesight of an employee at all times? Yes No

IV. LOSS EXPERIENCE

1. Please provide Loss Runs with a valuation date no greater than 45 days old for the last five years of your liability coverage. Attach additional details for all open claims and any closed claims with \$20,000 or more incurred.
2. Do you have any liability losses or suits against you which occurred outside of coverage, or were otherwise not included in your provided Loss Runs? If yes, please complete the below table for these suits:

Date and Description of Incident	Date Suit Filed	Suit in litigation?	Amount Demanded	Amount Awarded
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

3. In the last five years, has any insurance carrier canceled or non-renewed your liability coverage? *(This question is not applicable for applicants in the state of Missouri.)* Yes No
- a. If yes, why? _____
4. Are you or any individual affiliated with your organization aware of any actual or alleged accident, incident, altercation, occurrence, offense, or other circumstance which may reasonably be assumed to possibly result in a suit or demand for damages being filed against you or filed against another party and involving your products or operations? Yes No

V. ACKNOWLEDGEMENTS AND SIGNATURE

FRAUD WARNING

General Fraud Warning: 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.

For applicants in the following states, districts, and territories, the below notice supercedes the previous paragraph:

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Alaska	Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
Arizona	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas	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.
California	For your protection California law requires the following to appear on this form:

	Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
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.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony.
Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
Indiana	A person who knowingly and with intent to defraud an insurer file a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
Louisiana	Any person who knowingly presents a false or fraudulent claims 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 a denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Minnesota	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.
New Hampshire	Any person who, with a purpose to injure, defraud or deceive an insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
New Jersey	Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: 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.
Ohio	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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
Oklahoma	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.
Oregon	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.
Pennsylvania	Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.
Rhode Island	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 such person to criminal and civil penalties.
Tennessee	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.
Texas	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.
Virginia	Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
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.
West Virginia	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.

Applicant:

By signing below, I declare that to the best of my knowledge all answers provided herein and any attached or appended documents are true, that no material facts have been withheld or misstated, and that my answers are based on a reasonable inquiry or investigation.

I understand that I have a continuing obligation to notify Richmond National of any material changes in the answers to the questions on this application which may arise prior to the effective date of any policy issued pursuant to this application, and I understand that any outstanding quotations may be modified or withdrawn based upon such changes at Richmond National's sole discretion. I understand that all written statements and materials furnished to Richmond National in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

I understand that completion of this form does not bind coverage, and that I will need to accept Richmond National's quotation prior to binding coverage and policy issuance.

Applicant Signature: _____

Applicant Written Name and Title: _____

Date: _____

Agent/Broker:

1. If coverage is currently in place, does your office currently control this risk? Yes No
2. If this application is completed on behalf of an insured, are you personally familiar with the applicant's operations? Yes No
(Application will need to be verified and signed by the applicant prior to binding if a quote is offered.)

Agent or Broker Signature: _____

Agent or Broker Written Name and Agency/Brokerage: _____

Date: _____