Multiple Locations Supplement

Each location will require a separate page

Your Signature:



Date:

info@insurtecinc.com | Phone: (800) 606-0621 | www.insurtecinc.com | PO Box 25, Rich Hill, MO 64779

Your Details	
Name	Business name
Location #	Services At This Location
Full physical address	UV tanning (# units)
Physical address county	Spray tanning booths (# units)
	Aerobic Instructors (on site only)
About This Location	Airbrush Tanning (# units)
Construction type (select one) Frame(wood) Mansonry non-combustible (concrete)	Cosmetologist I (covers: any hair and/or nail services)
Joisted masonry(brick) Non-combustible (steel)	Cosmetologist II (covers: hair, nails, cosmetic facials & facial waxing)
Fire resistive(rating of at least 2 hours)	Nutritional Supplements describe:
Building type (select one)	Ear Piercing (no body piercing)
Free standing Strip mall Enclosed mall Residence	Esthetician I (covers: skin care, waxing/sugaring, body wrap, endo-
Age of building # of stories Square Footage	thermology, aromatherapy, muscle electrostimulation, & lymphatic drainage)
Fire/Burglar protection (select all that apply) Sprinkler Central Station Burglar Alarm	Esthetician II (covers: Esthetician I plus electrolysis & microdermabrasion)
Central Station Fire Alarm	Esthetician III (covers: Esthetician II plus chemical peels under 30% acidity)
Building Improvements (if older than 25 years)	Facial Tanning Units (separate from tanning units)
Wiring year Roofing year	Infrared Body Wrap
Plumbing year Heating/Cooling year	Hydrotherapy (aqua massage, whirlpool, sauna, vichy shower)
Describe any other businesses or occupants in this building	LED Light Therapy (certification required)
Is your local fire service full time? Yes No	Massage Therapist Trained for pregnancy massage?
Are you responsible for tenant improvements? (A/C, furnace,	Nutritional Counselors (those who recommend and set up diets)
etc) Yes No If so, enter amount:	Oxygen Bar (# of generators)
Does your building have aluminum and/or knob-and-tube wiring?	Permanent Makeup (special limits/rates apply)
Yes No	Passive Exercise Equipment (free weights excluded)
Do you agree to maintain smoke detectors and fire extinguishers in accordance with NFPA guidelines? Yes No	Personal Trainer (on site only)
Property Limits At This Location	Pulse Light Therapy (certification required)
Do you own or rent? Owner Tenant	Red Light Therapy
Is your business inside the city limits? Yes No	Teeth Whitening (LED) specify brand:
Building coverage (if you own)	Other:
Business personal property (contents)	Any independent contractors at this location?
Replacement cost on equipment, inventory, fixtures, and your building improvements	(if not, they must be insured and you must provide proof of their coverage)
Loss of business income	
Outdoor signs	
Glass coverage	
A 1.15.2	
Additional Insured/Loss Payees	
Name	Name
Address	Address
Additional Insured Loss Payee Mortgagee Lender's Loss Payee	Additional Insured Loss Payee Mortgagee Lender's Loss Payee
Signature	