

Beauty Salon / Barber Shop Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

_____ Web Address _____

_____ Inspection Contact _____

Proposed Policy Period ____ to ____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

UNDERWRITING INFORMATION

1. Describe the process and the products used to perform the following services

SERVICE	PROCESS	PRODUCTS USED
Hair dyeing and shampoo tinting		
Eyebrow & eyelash coloring		
Stain removing		
Dry shampoo		
Electrolysis		
Hair removal, if other than electrolysis		
Hair straightening		
Describe all services or treatments not mentioned above		

2. List any products that you re-package, re-bottle or re-label in your name _____

3. Are predisposition tests run before applying products? Yes No

4. Are permanent records kept on each customer? Yes No

UNDERWRITING INFORMATION (Continued)

5. Does the applicant sell / service hairpieces or wigs? Yes No
6. Is fingernail design performed in your salon? Yes No
- If yes, describe processes: Acrylic Fiberglass Silk wrap Gels Other
7. Do you store any flammable liquids in the shop? Yes No
- If yes, describe the type, quantity and how it is stored: _____
8. Do you allow smoking in this area? Yes No
9. Complete the following:

EMPLOYEE NAMES (INCLUDE OWNER IF PROVIDES SERVICE)	YEARS EXPERIENCE	FULL OR PART TIME		CHECK ITEMS APPLICABLE			OTHER SERVICES RENDERED	LICENSED	
		FULL	PART TIME # OF HOURS	PERMS	DYES	MANICURES		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/> hrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/> hrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/> hrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/> hrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/> hrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

10. If operators are not licensed according to state regulations explain: _____
- _____
- _____
11. Is any space, booth or chair rented to others? Yes No
- If yes, give names of lessees. _____
- _____
- _____
12. Are certificates of insurance required of lessees? Yes No
13. Do you employ students in your shop? Yes No
- Are they salaried? Yes No
14. Do you operate a barber / beauty school? Yes No
- Do students pay tuition? Yes No
- Number of instructors? ____ Estimated number of students graduated annually? _____
- Do students serve the general public? Yes No
- Are hold harmless waivers signed? Yes No
- What processes do the students perform? _____
- _____

LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ _____

PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ _____

PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ _____

EACH OCCURRENCE \$ _____

DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ _____

MEDICAL EXPENSE (ANY ONE PERSON) \$ _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>

COMMERCIAL PROPERTY

(Please provide complete information for each insured location. Attach separate sheet, if necessary.)

BUILDING INFORMATION	Loc. 1	Loc. 2	Loc. 3
CONSTRUCTION:			
YEAR BUILT:			
# OF STORIES:			
TOTAL Sq. FOOTAGE:			
PROTECTION CLASS:			
ALARM	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None
YEAR OF LATEST UPDATE	____ Roof ____ Plumbing ____ Wiring	____ Roof ____ Plumbing ____ Wiring	____ Roof ____ Plumbing ____ Wiring
ADJACENT EXPOSURES			
RIGHT			
LEFT			
FRONT			
REAR			

LIMITS & COVERAGE – PROPERTY

COVERAGE	COINSURANCE %	DEDUCTIBLE	CAUSES OF LOSS	VALUATION	Loc 1	Loc 2	Loc 3
BUILDING	%	\$	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> A.C.V. <input type="checkbox"/> R.C. <input type="checkbox"/> Market Value (Submit)			
BPP	%	\$					
BUSINESS INCOME	% or Monthly Limit \$	\$					
SIGNS (DESCRIBE) _____							
TOTAL LIMITS							

CONTRIBUTING INSURANCE

NAME & ADDRESS OF COMPANY	% PARTICIPATION	LIMITS

PRIOR CARRIER HISTORY & LOSS INFORMATION

Has the applicant been cancelled or non-renewed in the last three years? Yes No

If yes, Explain. _____

PRIOR CARRIERS (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

PRIOR CARRIER HISTORY & LOSS INFORMATION (CONTINUED)

LOSS HISTORY (LAST FIVE YEARS)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

Producer's Signature Date Applicant's Signature Date

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT

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.