



BEAUTY SHOP, BARBER SHOP AND DAY SPA LIABILITY APPLICATION

Applicant's Name: _____

 Mailing Address: _____

 Location Address: _____

Agency Name: _____
 Agent No.: _____
 Address: _____

 E-mail: _____
 Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

Applicant is:

- a. Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____
- b. Owner Employed Operator Independent Contractor

Website Address: _____

E-mail Address: _____ **Phone No.:** _____

Inspection Contact: _____ **Phone No.:** _____

E-mail Address: _____

1. Name of business (D/B/A): _____

- 2. Business is:** Barber Shop Beauty Parlor Day Spa Dental Spa
 Massage Parlor Medical (Medi) Spa Tanning Salon

3. How long has applicant been in business?....._____ years

4. Number of operators:

Full-time hair and/or manicurist: _____ Part-time hair and/or manicurist (less than twenty [20] hours per week): _____
 Aestheticians: _____ Masseuses: _____

5. Are all operators licensed? Yes No

6. Total gross sales:\$ _____

Limits of Liability and Deductible Requested:

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)		\$
Errors & Omissions Coverage (Included up to General Liability Limits)	Each Claim Aggregate	\$ \$
Sexual and/or Physical Abuse Coverage		<input type="checkbox"/> \$50,000/\$100,000 (included) <input type="checkbox"/> \$100,000/\$300,000
Other Coverages, Restrictions and/or Endorsements:		\$
Deductible		\$

7. Number of:

Barber Shop chairs:	Saunas:	Tanning booths:
Hot tubs/spas:	Swimming pools:	Tanning spray on booths:
Hydromassage beds:	Tanning beds:	Toning beds:

8. Are any of the following exposures included in the applicant's operation?

<input type="checkbox"/> Acne scar treatment	<input type="checkbox"/> False lashes	<input type="checkbox"/> Plastic surgery
<input type="checkbox"/> Beauty schools/classes	<input type="checkbox"/> Fat Reducing Procedures	<input type="checkbox"/> Podiatry detoxification
<input type="checkbox"/> Body piercing (other than ear piercing)	<input type="checkbox"/> Intense pulsed light (IPL)	<input type="checkbox"/> Prenatal massage
<input type="checkbox"/> Body wraps	<input type="checkbox"/> Hair implants	<input type="checkbox"/> Removal of tattoo, port wine or birthmark
<input type="checkbox"/> Botox or other cosmetic injections	<input type="checkbox"/> Laser hair removal; receipts: \$ _____	<input type="checkbox"/> Tattoos
<input type="checkbox"/> Chemical peels: Type: _____ Receipts: \$ _____	<input type="checkbox"/> Lice removal	<input type="checkbox"/> Teeth whitening
<input type="checkbox"/> Chiropody	<input type="checkbox"/> Makeovers/Facials	<input type="checkbox"/> Vein treatments
<input type="checkbox"/> Colon hydrotherapy	<input type="checkbox"/> Manicures/Pedicures	<input type="checkbox"/> Wig application
<input type="checkbox"/> Ear candling	<input type="checkbox"/> Mesotherapy treatment	<input type="checkbox"/> Waxing—hot/cold
<input type="checkbox"/> Ear piercing	<input type="checkbox"/> Microdermabrasion; receipts: \$ _____	<input type="checkbox"/> Other (describe): _____
<input type="checkbox"/> Electrolysis	<input type="checkbox"/> Micro-needle therapy	<input type="checkbox"/> Other (describe): _____
<input type="checkbox"/> Face lifting	<input type="checkbox"/> Nail sculpting	
	<input type="checkbox"/> Permanent cosmetics; receipts: \$ _____	

9. Are records kept of patrons' permanent waves and hair dyes?..... Yes No

10. State methods used in permanent hair waving (electric, cold wave, machine less, other): _____

11. Does applicant manufacture or sell any food, beverage, supplement or vitamin under their own label?..... Yes No

12. Does applicant manufacture, mix, blend or repackage products sold for use on or off premises (other than any food, beverage, supplement or vitamin)? Yes No
 If yes, advise receipts and explain: _____

13. Are any operations performed away from the applicant's premises? Yes No
 If yes, explain: _____

14. Has any operator had a previous claim or pending allegations for alleged malpractice, error or mistake? Yes No
 If yes, explain: _____

15. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? Yes No
 If yes, describe: _____

16. During the past three years, has any company canceled, declined or refused similar insurance to the applicant? (Not applicable in Missouri) Yes No
 If yes, explain: _____

17. Does applicant have other business ventures for which coverage is not requested? Yes No
 If yes, explain and advise where insured: _____

18. Additional Insured Information:

Name	Address	Interest

19. Prior Carrier Information:

Year			
Carrier			
Policy No.			
Coverage			
Occurrence or Claims Made			
Total Premium	\$	\$	\$

20. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. <input type="checkbox"/> Check if no losses last three years.				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing state-ments are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'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.