

## Beauty Salon / Barber Shop Application

Applicant's Name: \_\_\_\_\_ Agent: \_\_\_\_\_  
 \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_ Inspection Contact: \_\_\_\_\_  
 \_\_\_\_\_ Phone Number for Inspection contact: \_\_\_\_\_  
 \_\_\_\_\_ Web Address \_\_\_\_\_

Proposed Policy Period: \_\_\_\_\_ to: \_\_\_\_\_

Insured is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

Describe the process and the products used to perform the following services:

- 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: \_\_\_\_\_  
 \_\_\_\_\_

List any products that you re-package, re-bottle or re-label in your name: \_\_\_\_\_  
 \_\_\_\_\_

- Are predisposition tests run before applying products? .....  Yes  No
- Are permanent records kept on each customer? .....  Yes  No
- Does the applicant sell / service hairpieces or wigs? .....  Yes  No
- Is fingernail design performed in your salon? .....  Yes  No
- If yes, describe processes:  Acrylic  Fiberglass  Silk wrap  Gels  Other \_\_\_\_\_

Do you store any flammable liquids in the shop? .....  Yes  No

If yes, describe the type, quantity and how it is stored: \_\_\_\_\_

Do you allow smoking in this area?.....  Yes  No

Names of Employees <small>(include owner if provides service)</small>	# of Years Experience	Full or Part-time	# of Hours <small>(if Part-time)</small>	Check items applicable			Other Services Rendered	Licensed Yes/No
				Perms	Dyes	Manicures		

If operators are not licensed according to state regulations explain: \_\_\_\_\_

Is any space, booth or chair rented to others? .....  Yes  No  
 If yes, give names of lessees: \_\_\_\_\_

Are certificates of insurance required of lessees? .....  Yes  No  
 Do you employ students in your shop? .....  Yes  No  
 Are they salaried? .....  Yes  No  
 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 customers from the general public? .....  Yes  No  
 Are hold harmless waivers signed? .....  Yes  No  
 What processes are performed by the students? \_\_\_\_\_  
 Are predisposition tests run before applying products? .....  Yes  No

**BUILDING INFORMATION:**

	Loc. 1	Loc. 2	Loc. 3
<b>CONSTRUCTION:</b>			
<b>YEAR BUILT:</b>			
<b># OF STORIES:</b>			
<b>TOTAL SQ. FOOTAGE:</b>			
<b>PROTECTION CLASS:</b>			
<b>ALARM</b>	CENTRAL STATION <input type="checkbox"/> LOCAL <input type="checkbox"/>	CENTRAL STATION <input type="checkbox"/> LOCAL <input type="checkbox"/>	CENTRAL STATION <input type="checkbox"/> LOCAL <input type="checkbox"/> NONE <input type="checkbox"/>

Year of latest update for: Roof \_\_\_\_\_ Plumbing \_\_\_\_\_ Wiring \_\_\_\_\_

**LIMITS & COVERAGES - PROPERTY**

**DEDUCTIBLES:** BUILDINGS - \$ \_\_\_\_\_ BPP - \$ \_\_\_\_\_ BUSINESS INCOME - \$ \_\_\_\_\_  
**CAUSES OF LOSS:** Basic  Broad  Special   
**VALUATION:** A.C.V  R.C.  Market Value (Submit)

LIMITS	LOC. 1	LOC. 2	LOC. 3
<b>BUILDING</b> % Coinsurance	\$ _____	\$ _____	\$ _____
<b>BPP</b> % Coinsurance	\$ _____	\$ _____	\$ _____
<b>BUS. INCOME</b> % Coin. or _____ Monthly Limit	\$ _____	\$ _____	\$ _____
<b>SIGNS</b> (Describe):	\$ _____	\$ _____	\$ _____
<b>TOTAL LIMITS:</b>	\$ _____	\$ _____	\$ _____

**ADJACENT EXPOSURES:**

	RIGHT	LEFT	FRONT	REAR
Loc. 1				
Loc. 2				
Loc. 3				

**PARTICIPATING COMPANIES:**

NAME OF COMPANY	% PARTICIPATION	LIMITS
_____	_____	_____

**LIMITS – GENERAL LIABILITY:**

**LIMITS OF LIABILITY REQUESTED:**

GENERAL AGGREGATE: \_\_\_\_\_  
PRODUCTS & COMPLETED OPERATIONS AGGREGATE: \_\_\_\_\_  
PERSONAL & ADVERTISING INJURY: \_\_\_\_\_  
EACH OCCURRENCE: \_\_\_\_\_  
FIRE DAMAGE: \_\_\_\_\_  
MEDICAL PAYMENTS: \_\_\_\_\_

**CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS:**

NAME AND ADDRESS:	INTEREST	ADD'L INS'D.
		<input type="checkbox"/>
		<input type="checkbox"/>

**PRIOR EXPERIENCE AND LOSSES**

PRIOR CARRIER	LIMITS	POLICY TERM	LOSS INFORMATION

Has the applicant been cancelled or non-renewed in the last three years? If yes, Explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**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.