

Beauty and 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 dying 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 (include owner if provides service)	# of Years Experience	Full or Part-time	# of Hours (if Part-time)	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
CONSTRUCTION:			
YEAR BUILT:			
# OF STORIES:			
TOTAL SQ. FOOTAGE:			
PROTECTION CLASS:			
ALARM	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

BUILDING	%Coinsurance	\$ _____	\$ _____	\$ _____
BPP	%Coinsurance	\$ _____	\$ _____	\$ _____
BUS. INCOME	%Coin. or _____ Monthly Limit	\$ _____	\$ _____	\$ _____
SIGNS (Describe):		\$ _____	\$ _____	\$ _____
TOTAL LIMITS:		\$ _____	\$ _____	\$ _____

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.