|  |  |  |
| --- | --- | --- |
|  | Agency Name |       |
| Contact Name |       | Phone |       |
| Email Address |       |
|
|

Beauty Salons & Barber Shops

|  |  |  |  |
| --- | --- | --- | --- |
| **Business Name** |  | **Effective Date:** |  |
| **Mailing Address** |  |
| **City** |  | **State** |  | **Zip Code** |  |
| **Contact Name** |  | **Phone** |  |
| **Email Address** |  | **Website** |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **B****usiness Type** | **[ ]**  | **Corporation** | **[ ]**  | **LLC** | **[ ]**  | **Partnership** | **[ ]**  | **Individual** | **[ ]**  | **Other** |
| If other, please explain: |  | **FEIN:** |  |
| **Year Business Established** |  | **Years of Experience** |  |

**Premises Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Loc | Street Address | City  | State | Zip |
|   |       |       |       |       |
|   |       |       |       |       |
|   |       |       |       |       |

**General Information**

|  |  |
| --- | --- |
| Is the applicant a subsidiary of another entity? |  |
| Does the applicant have any other subsidiaries? |  |
| Does the applicant have any other business ventures for which coverage is not being requested? |  |
| Is this a franchise operation? |  |
| During the last 5 years has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery or arson? |  |
| Any foreign operations or foreign products sold and/or distributed in the USA? |  |
| Any exposure to flammables, explosives, chemicals? |  |
| Any policy or coverage declined, cancelled or non-renewed in the last 3 years? |  |
| Any uncorrected fire and/or safety codes violations? |  |
| Has the applicant had a foreclosure, repossession bankruptcy or filed for bankruptcy during the last 5 years? |  |
| Has the applicant had a judgement or lien during the last 5 years? |  |
| Does the insured carry work comp, employers liability or non-subscriber coverage? |  |
|  |  |

Liability Section

|  |
| --- |
| **General Liability** |
| General Aggregate |  | Professional Liability |  |
| Products & Completed Operation |  | Abuse/Molestation |  |
| Personal & Advertising Injury |  | Assault & Battery |  |
| Each Occurrence  |  |  |
| Damage to Premises |  |  |
| Medical Payments |  | Deductible: |  |

|  |
| --- |
| **Automobile Liability** |
| Combined Single Limits |  | Hired & Non-Owned Auto |  |
| Personal Injury Protection |  | Physical Damage |  |
| Medical Payments |  | Comprehensive Deductible |  |
| Uninsured/Underinsured  |  | Collision Deductible |  |

*If electing automobile coverage please complete the scheduled auto section.*

|  |
| --- |
| **Excess/Umbrella Liability**(only available if underlying General Liability is written) |
| General Aggregate |  | Deductible: |  |
| Each Occurrence  |  |  |
| Underlying Coverages Included:  | [ ]  Automobile Liability | [ ]  Employers Liability |
|  |  |  |  |  |
| Do all underlying carriers have a A.M. Best rating of “A” or higher? |  |
| Do all underlying policies have a minimum limit of $1,000,000 or greater? |  |
|  |  |  |

|  |
| --- |
| **Additional Insured(s)** |
| **Entity Name** | **Street Address** | **City** | **State** | **Zip** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

|  |
| --- |
| **Exposures**  |
| **Gross Sales** |  | **Annual Payroll** |  |
| **# of FT Operators** |  | **# of PT Operators** |  |
| **Alcohol Sales** |  | **Merchandise Sales** |  |
| **Hair Product Sales** |  | **# Tanning Beds**  |  |
| **Who makes the products sold by the insured?**  |
| **In addition to haircare, describe other generalized services performed:** |
|  |  |  |  |
| **Independent Contractors:** |
|  | Number | Cost  |  | Number | Cost  |
| Massage Therapists  |       |       | Nail Technicians |  |  |
| Estheticians |       |       | Cosmetic Pros |  |  |
|  |  |  |  |
| Does your operation generate 10% or more of its revenue via “off-site” services? |  |
| Please describe off-site work: |       |
| Are all professionals (employee and independent contractors) licensed by the state or country in which they operate? |  |
| Has a license been suspended or revoked in the past 5 years? |  |
| Are insured’s trainers certified by a nationally recognized organization and, if so, which one? |  |
| Are all technicians required to have a minimum of 3-5 years experience? |  |
| If not, please explain required qualifications:      |  |
| Does the insured verify applicants job histories and check references? |  |
| Are drug tests performed prior to hiring and/or randomly throughout employment? |  |
| Do private parties such as bridal & children’s birthdays, generate 10% or more of the annual revenue? |  |
| If yes, what is the percentage? |       |  |
| Does the insured cater exclusively to children, and does it offer to host birthday parties? |  |
| If yes, please explain.  |       |  |
| Are there any toys or entertainment devices provided for the use of children? |  |
| Is food, candy or snacks provided by the insured for children consumption? |  |
| Is the business situated in a private residence? |  |
| Is wine or other alcoholic beverages served, either complimentary or for sale? |  |
| If yes, please explain.  |       |  |  |  |  |  |
| Are stylists' workstations an appropriate height from the floor and distance from a stylist chair so that children cannot reach sharp instruments? |  |
| Are all products, used & sold, approved by the FDA for use in the United States? |  |
| Are all products used on children deemed safe and appropriate? |  |
| Are all tints for eyelashes and eyebrows dyes made specific for those uses? |  |
| Are hair replacement products sold? |  |
| Are all hair clippings swept from the floor after each use? |  |
| Are combs, brushes and other such instruments sterilized between use?  |  |
| Scheduled Auto Section**Vehicle Schedule**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Make**  | **Model**  | **Vin** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**Driver Schedule**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Name** | **Last Name** | **Date of Birth** | **Drivers License**  | **State** | **Date of Hire** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

|  |  |
| --- | --- |
| Are any passenger vans operated? |  |
| If yes, please explain |       | What is the passenger capacity?      |  |
| Is personal use of the vehicles permitted? |  |  |
| If yes, please explain frequency and use. |       |  |
| Does the insured offer driver safety training? |  |  |
| Is there any two-way communication devices used in the vehicles? |  |  |
| If so, please describe equipment  |       |  |  |
| Are all electronics and communication devices hands free? |  |
| Is training on the procedure on use of such devices provided? |  |
| Do you pull Motor Vehicles Records prior to permitting driving responsibilities? |  |
| Do any drivers have major violations in the past 3 years? |  |  |
| Do hairdresser’s offer services to customers who cannot come to the shop? |  |  |
| If yes, explain nature and frequency: |       |  |  |

Property Section |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Loc.** | **Street Address** | **City**  | **State**  | **Zip**  | **PC** |
|   |       |       |       |       |       |
| **Building Information** | **Year of Updates** | **Protection** |
| Year Built |       | Wiring |       | Theft Alarm |       |
| Construction |       | Plumbing |       | Sec. Cameras |       |
| Area |       | Heating |       | Fire Alarm  |       |
| Stories |       | Roof |       | Sprinklered |       |
| Distance to Fire Station  |       | Distance to Fire Hydrant |       |
| **Limits of Coverage** |
| **Coverage** | **Limits**  | **Deductible** | **Form** | **Cause of Loss** |
| Building |       |       |       |       |
| Bus. Pers. Prop. |       |       |       |       |
| Business Income |       |       |       |       |
| Signs |       |       |       |       |
| Inland Marine\*  |       |       |       |       |
| Property Enhancement  | Include [ ]  | Not Elected [ ]  |  |
|  |

***If electing Inland Marine please provide a schedule for items over $1,000 in value***

|  |  |
| --- | --- |
| Are all flammable hair solutions and cleaning supplies stored away from heat sources? |  |
| Are chemical soaked towels kept in a self-closing container while awaiting laundry? |  |
| Are the towels laundered frequently throughout the day? |  |
| In the event of business interruption, is there rental space readily available in your area? |  |
| Do you have any reciprocal arrangements with other businesses to use their facilities in the event of a loss? |  |
| Do you use multiple suppliers or rely upon one? |  |
|  |  |

Inland Marine Schedule

|  |  |  |  |
| --- | --- | --- | --- |
| **Make** | **Model** | **Serial Number** | **Value** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

Insurance History Section

**Prior Insurance Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Prior Carrier** | **Policy Term** | **Policy Number** | **Policy Premium** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| Currently valued loss runs are a submission requirement. If there have been any losses, adequate information must be included to explain actions taken to preclude a similar loss(es). Quotes will be conditioned on this requirement, and no coverage is to be bound without this information. |

**Loss History**

|  |  |
| --- | --- |
| [ ]  | Click here if no prior claims |
| **Date of Loss** | **Description of Claim** | **Amount Paid** | **Claim Status** |
|       |       |       | [ ]  | Open | [ ]  | Closed |
|       |       |       | [ ]  | Open | [ ]  | Closed |
|       |       |       | [ ]  | Open | [ ]  | Closed |
|       |       |       | [ ]  | Open | [ ]  | Closed |

|  |
| --- |
| PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIESWITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST INWRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 MAY subject that person to criminal and civil penaltieS AND MAY FURTHERMORE LEAD TO VOIDING OF THE INSURANCE POLICY. |
| **(Applicants Initals)** |  |
| THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE |
| **Producer’s Signature** | **Producers Name (please print)** | **Date** |
|  |  |  |
| **Applicant’s Signature** | **Applicants Name (please print)** | **Date** |
|  |  |  |