**BEAUTY/BARBER SHOP LIABILITY APPLICATION**

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| --- | --- |
| 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:       Part-time hair (less than twenty [20] hours per week):

Aestheticians:       Masseuses:       Nail Technicians:

**5. Are all operators licensed?** [ ]  Yes [ ]  No

**6. Total gross sales:** $

**Limits of Liability and Deductible Requested:**

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| --- | --- |
| 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 Each Claim(included up to General Liability Limits) Aggregate | $     $      |
| Sexual and/or Physical Abuse Coverage | [ ]  $50,000/$100,000 (included)[ ]  $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?**

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

**9. For Tanning Beds, Booths and Spray-on Booths:**

Goggles provided? [ ]  Yes [ ]  No

Are all timers operated by an attendant? [ ]  Yes [ ]  No

Are tanning units Underwriters Laboratory approved? [ ]  Yes [ ]  No

Are all tanning units manufactured in the United States? [ ]  Yes [ ]  No

Are all tanning units disinfected after each use? [ ]  Yes [ ]  No

Do signs prohibit use of tanning units during pregnancy or if on medication? [ ]  Yes [ ]  No

Are customers advised to remove contact lenses? [ ]  Yes [ ]  No

Are waivers signed by each customer? [ ]  Yes [ ]  No

If customer is under the legal age, is the parent required to also sign waiver? [ ]  Yes [ ]  No

**10. Does applicant manufacture or sell any food, beverage, supplement or vitamin under their own label?** [ ]  Yes [ ]  No

**11. 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

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| If yes, advise receipts and explain:       |

**12. Are any operations performed away from the applicant’s premises?** [ ]  Yes [ ]  No

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| If yes, explain:       |

**13. Has any operator had a previous claim or pending allegations for alleged malpractice, error or mistake?** [ ]  Yes [ ]  No

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| If yes, explain:       |

**14. 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

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| If yes, describe:       |

**15. During the past three years, has any company canceled, declined or refused similar insurance to the applicant?** (Not applicable in Missouri) [ ]  Yes [ ]  No

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| If yes, explain:       |

**16. Does applicant have other business ventures for which coverage is not requested?** [ ]  Yes [ ]  No

If yes, explain and advise where insured:

**17. Additional Insured Information:**

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| --- | --- | --- |
| **Name** | **Address** | **Interest** |
|       |       |       |
|       |       |       |
|       |       |       |

**18. Prior Carrier Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** |      |      |      |
| **Carrier** |       |       |       |
| **Policy No.** |       |       |       |
| **Coverage** |       |       |       |
| **Occurrence or Claims Made** |       |       |       |
| **Total Premium** | $      | $      | $      |

**19. Loss History:**

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| **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.** [ ]  Check if no losses last three years. |
| **Date ofLoss** | **Description of Loss** | **AmountPaid** | **AmountReserved** | **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 statements 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:

AGENT NAME:       AGENT LICENSE NUMBER:

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT:

(Applicable in Iowa Only)

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|  | **IMPORTANT NOTICE** |  |
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| 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. |