

Agency Name:
 Address:
 Contact Name:
 Phone:
 Fax:
 Email:

Beauty Salon / Barber Shop Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

_____ Web Address _____

_____ Inspection Contact _____

Proposed Policy Period ____ to ____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

UNDERWRITING INFORMATION

1. Describe the process and the products used to perform the following services

| SERVICE | PROCESS | PRODUCTS USED |
|---|---------|---------------|
| 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 | | |

2. List any products that you re-package, re-bottle or re-label in your name _____

3. Are predisposition tests run before applying products? Yes No

4. Are permanent records kept on each customer? Yes No

UNDERWRITING INFORMATION (Continued)

5. Does the applicant sell / service hairpieces or wigs? Yes No
 6. Is fingernail design performed in your salon? Yes No
 If yes, describe processes: Acrylic Fiberglass Silk wrap Gels Other

7. Do you store any flammable liquids in the shop? Yes No
 If yes, describe the type, quantity and how it is stored: _____
 8. Do you allow smoking in this area? Yes No
 9. Complete the following:

| EMPLOYEE NAMES (INCLUDE OWNER IF PROVIDES SERVICE) | YEARS EXPERIENCE | FULL OR PART TIME | | CHECK ITEMS APPLICABLE | | | OTHER SERVICES RENDERED | LICENSED | |
|---|---------------------|--------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|
| | | FULL | PART TIME # OF HOURS | PERMS | DYES | MANICURES | | Yes | No |
| | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> hrs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> hrs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> hrs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> hrs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> hrs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |

10. If operators are not licensed according to state regulations explain: _____

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

 12. Are certificates of insurance required of lessees? Yes No
 13. Do you employ students in your shop? Yes No
 Are they salaried? Yes No
 14. 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 the general public? Yes No
 Are hold harmless waivers signed? Yes No
 What processes do the students perform? _____

LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

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) \$ _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

| NAME AND ADDRESS | RELATIONSHIP TO APPLICANT | ADDITIONAL INSURED | CERTIFICATE |
|------------------|---------------------------|--------------------------|--------------------------|
| _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | <input type="checkbox"/> | <input type="checkbox"/> |

COMMERCIAL PROPERTY

(Please provide complete information for each insured location. Attach separate sheet, if necessary.)

| BUILDING INFORMATION | Loc. 1 | Loc. 2 | Loc. 3 |
|-----------------------|---|---|---|
| CONSTRUCTION: | | | |
| YEAR BUILT: | | | |
| # OF STORIES: | | | |
| TOTAL Sq. FOOTAGE: | | | |
| PROTECTION CLASS: | | | |
| ALARM | <input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None | <input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None | <input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None |
| YEAR OF LATEST UPDATE | ____ Roof ____ Plumbing ____ Wiring | ____ Roof ____ Plumbing ____ Wiring | ____ Roof ____ Plumbing ____ Wiring |
| ADJACENT EXPOSURES | | | |
| RIGHT | | | |
| LEFT | | | |
| FRONT | | | |
| REAR | | | |

LIMITS & COVERAGE – PROPERTY

| COVERAGE | COINSURANCE % | DEDUCTIBLE | CAUSES OF LOSS | VALUATION | Loc 1 | Loc 2 | Loc 3 |
|------------------------|--------------------------------|------------|--|--|-------|-------|-------|
| BUILDING | % | \$ | <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special | <input type="checkbox"/> A.C.V. <input type="checkbox"/> R.C. <input type="checkbox"/> Market Value (Submit) | | | |
| BPP | % | \$ | | | | | |
| BUSINESS INCOME | % or Monthly Limit \$ | \$ | | | | | |
| SIGNS (DESCRIBE) _____ | | | | | | | |
| TOTAL LIMITS | | | | | | | |

CONTRIBUTING INSURANCE

| NAME & ADDRESS OF COMPANY | % PARTICIPATION | LIMITS |
|---------------------------|-----------------|--------|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

PRIOR CARRIER HISTORY & LOSS INFORMATION

Has the applicant been cancelled or non-renewed in the last three years?..... Yes No

If yes, Explain. _____

PRIOR CARRIERS (LAST THREE YEARS):

| YEAR | CARRIER | POLICY NUMBER | LIMITS | PREMIUM |
|------|---------|---------------|--------|---------|
| | | | | |
| | | | | |
| | | | | |

PRIOR CARRIER HISTORY & LOSS INFORMATION (CONTINUED)

LOSS HISTORY (LAST FIVE YEARS)

| DATE OF LOSS | TYPE OF LOSS | DESCRIPTION OF LOSS | AMOUNT PAID | RESERVE |
|--------------|--------------|---------------------|-------------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

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.

FRAUD STATEMENT – FOR THE STATE(S) OF:

Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:

NOTICE: In some states, any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*.) fines and confinement in prison (For Alabama add: *or any combination thereof*).

Maine, Tennessee, Virginia, 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 may include imprisonment, fines, or a denial of insurance benefits.

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Hawaii

Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Idaho

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas

Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Minnesota

Any person who files a claim with intent to defraud or help commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

WARNING – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
 - 1. Material to the risk assumed by us; or
 - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania

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.

Producer's Signature

Date

Applicant's Signature

Date