



# Beauty Salons, Nail Salons & Barber Shops Product Application - All States

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

## I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past 3 years. If there is loss history, please complete the entire application.

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

Location Address: \_\_\_\_\_  Same as mailing address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Operations:

Classification:  Beauty Parlor  Nail Salon  Barber Shop  Independent Contractor

Do you own the Building?  Yes  No (If No, skip Building Owner Questions under both the Property & Liability Sections below)

How many years has the applicant been at the current location? \_\_\_\_\_

### Property Section

Construction:  Frame  Joisted Masonry  Non-Combustible  Masonry Non-Combustible  
 Modified Fire-Resistive  Fire-Resistive  Other \_\_\_\_\_

Protection Class: \_\_\_\_\_

Requested Cause of Loss:  Basic  Special

Requested Valuation:  Replacement Cost  Actual Cash Value

Deductible:  \$1,000  \$2,500  \$5,000

Coinsurance:  80%  90%  100%

Business Personal Property Limit \$ \_\_\_\_\_

Business Income & Extra Expense Limit \$ \_\_\_\_\_

#### Building Owner

Building Limit \$ \_\_\_\_\_

What year was the building constructed? \_\_\_\_\_

What is the square footage of the entire structure? \_\_\_\_\_ sq. ft.

Is the building fully protected by an operational sprinkler system covering 100% of the premises?  Yes  No

### Liability Section

Limit:  \$100,000/\$200,000  \$300,000/\$600,000  \$500,000/\$1,000,000  \$1,000,000/\$2,000,000

Exposure Basis: # Full-time Operators \_\_\_\_\_ # Part-time Operators \_\_\_\_\_ (<20 hrs/week)

Do you provide Massage Services?  Yes  No If Yes, Number of people providing this service \_\_\_\_\_

Do you have exposure to tanning units?  Yes  No If Yes, Number of beds \_\_\_\_\_

#### Building Owner

Is any portion of the building leased to commercial tenants?  Yes  No If Yes, applicable sq. ft. \_\_\_\_\_

Does the applicant lease any apartments at this location?  Yes  No If Yes, Number of Units \_\_\_\_\_  
applicable sq. ft. of Apts. \_\_\_\_\_

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## II. LOSS INFORMATION FOR THE PAST 3 YEARS

Property Coverages  None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

Liability Coverages  None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

III. ADDITIONAL PROPERTY INFORMATION

If you own the building and it is older than 10 years old, please complete the following:

Age of roof \_\_\_\_\_ yrs. Plumbing updated (yr) \_\_\_\_\_ Electrical Updated (yr) \_\_\_\_\_ Heating Updated (yr) \_\_\_\_\_
Roof Type: Flat Wood Shake Shingle Metal Tile Slate Other
Plumbing Type: PVC Copper Lead Galvanized Other
What type of burglar alarm is on the premises? Central Station Local None
How many years has the applicant been at the current location? \_\_\_\_\_

IV. ELIGIBILITY CRITERIA

Property and General Liability

- 1. No past, pending or planned bankruptcy or judgement for unpaid taxes against, the named insured or any officer, partner, member or owner of the applicant individually within the past (5) years
2. Coverage has not been cancelled or non-renewed in the last 3 years (not applicable in Missouri)
3. Applicant and all professional operators have a valid license
4. No more than \$3,000,000 in annual gross receipts
5. For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers
6. For any building built prior to 1978, there is no aluminum wiring or knob & tube wiring
7. Functioning and operational smoke detectors in all units and/or occupancies
1. In the past 3 years, no more than 2 Property losses (excluding closed no pay)
General Liability (in addition to the above applicable to both Property and GL)
1. No products sold under their own name or label
2. No removal of hair by electrolysis
3. No students operators

Additional General Liability Information

- You have an exposure to Tanning units
If Yes, please answer the following questions:
1. No more than 4 units
2. All units are UL Approved
3. All minors are required to have a parent or guardian sign a release prior to use
4. Individuals are warned against using tanning units when pregnant or using photosensitive medication
5. Applicant has exclusive access to controls
6. Individuals are required to wear goggles
7. Logs are kept on each person's use and maximum number of uses is enforced

V. ADDITIONAL APPLICANT INFORMATION

Form of Business: Individual Corporation Partnership LLC Other
What year did the business start?
Applicant's Mailing Address: (if different than the location address above)
City: State: Zip:
Email Address of primary contact: Phone:
Inspection Contact Name: Telephone/Email Address:
Audit Contact Name: Telephone/Email Address:

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.
Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."
Colorado Fraud Statement: 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.
District of Columbia Fraud Statement: 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.
Florida Fraud Statement: You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with

respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Kentucky Fraud Statement:** 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.

**Maine and Washington Fraud Statement:** 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.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Fraud Statement:** 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 Fraud Statement:** 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 Fraud Statement: 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.

**Pennsylvania Fraud Statement:** 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.

**Tennessee and Virginia Fraud Statement:** 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.

**Fraud Statement (All Other States):** 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 may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail Agency Name: \_\_\_\_\_ License #: \_\_\_\_\_

Main Agency Phone Number: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_