

## Beauty Parlor/Barber Shop Liability Application

Applicant's Name	
Mailing Address	
Location	

Agent Name	
Address	
Agent No.	

**PROPOSED EFFECTIVE DATE:**

**From** \_\_\_\_\_ **To** \_\_\_\_\_  
 12:01 A.M., Standard Time at the address of the Applicant.

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE 'NOT APPLICABLE'

- 1. Limit of liability requested:**     \$100,000/\$100,000     \$300,000/\$300,000     \$500,000/\$500,000  
     \$1,000,000/\$1,000,000     \$2,000,000/\$2,000,000

**2. Name of business (D/B/A):** \_\_\_\_\_  
 \_\_\_\_\_

- 3. Applicant is:**
- a.    Individual                       Partnership                       Corporation                       Other
- b.    Beauty Parlor                       Barber Shop
- c.    Owner                                       Tenant

**4. Part occupied by applicant:** \_\_\_\_\_

**5. How long has applicant been in business?** \_\_\_\_\_ years

**6. Names of previous insurance carriers for the past 3 years:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**7. Have you had similar insurance canceled or declined by any insurance carrier?** (Not applicable in Missouri).....  Yes  No  
 If yes, explain why: \_\_\_\_\_

**8. Number of operators employed:** \_\_\_\_\_  
 Full time: \_\_\_\_\_ Part time (less than 15 hours per week): \_\_\_\_\_

**9. Amount of gross sales:** \$ \_\_\_\_\_

**10. Are all operators licensed?** .....  Yes  No

11. Has any operator had a previous claim for alleged malpractice, error or mistake?.....  Yes  No

Losses for the last 3 years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Are records kept of patrons' permanent waves and hair dyes?.....  Yes  No

13. Please state methods used in permanent hair waving (electric, cold wave, machineless, other): \_\_\_\_\_  
\_\_\_\_\_

14. Number of tanning beds on premises: \_\_\_\_\_

15. Number of masseuses on premises: \_\_\_\_\_

16. Are any of the following exposures included in the applicant's operation?

- Nail sculpting
- Manicures/pedicures
- False lashes
- Ear piercing
- Makeovers/facials
- Wig application
- Plastic surgery
- Hair implants
- Permanent cosmetics
- Body wraps
- Electrolysis
- Beauty schools/classes
- Waxing—hot/cold
- Mixing, blending or repackaging of products for on or off premises
- Chiropody
- Face lifting
- Body piercing

This application does not bind YOU nor US 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.

**APPLICABLE IN THE STATE OF 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.

**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.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**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.