

AGENCY: \_\_\_\_\_  
 CONTACT NAME: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_

## BEAUTY/BARBER/NAIL/TANNING APPLICATION

NAMED INSURED \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
 COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 LOCATION ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
 COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 LEGAL ENTITY  INDIVIDUAL  PARTNERSHIP  CORPORATION  OTHER \_\_\_\_\_  
 EFFECTIVE DATE \_\_\_\_\_

1. TYPE OF OPERATION:  BARBER SHOP  BEAUTY SALON  NAIL SALON  TANNING SALON
2. DO YOU PERFORM ANY OF THE FOLLOWING:
- |  |  |
|--|--|
| <input type="checkbox"/> REMOVAL OF WARTS OR MOLES | <input type="checkbox"/> BODY MASSAGE (OTHER THAN FACE, SCALP OR HAND) |
| <input type="checkbox"/> EAR PIERCING              | <input type="checkbox"/> STEAM BATHS OR SAUNAS                         |
| <input type="checkbox"/> NAIL SERVICES             | <input type="checkbox"/> PERMANENT MAKE-UP APPLICATION                 |

3. NUMBER OF YEARS IN BUSINESS? \_\_\_\_\_

4. PROVIDE THE NUMBER OF THE FOLLOWING PERSONNEL

PARTNERS, OWNERS, OFFICERS	FULL-TIME STAFF	PART TIME	OTHER: EXPLAIN

5. PROVIDE DETAILS OF LICENSING OR CERTIFICATION NEEDED FOR THIS OPERATION \_\_\_\_\_

6. DAYS AND HOURS OF OPERATION: \_\_\_\_\_

7. ANNUAL GROSS RECEIPTS \_\_\_\_\_ PRIOR YEARS RECEIPTS \_\_\_\_\_

8. DURING THE PAST (3) YEARS, HAVE ANY CLAIMS BEEN PRESENTED TO YOUR CURRENT OR PRIOR INSURANCE CARRIER? IF YES, PROVIDE FULL DETAILS: \_\_\_\_\_

9. IS THIS OPERATION LOCATED IN ONE OF THE FOLLOWING: (CHECK ONE)  
 BEAUTY SALON  BARBER SHOP  HOTEL/MOTEL  HEALTH/FITNESS CLUB  OTHER \_\_\_\_\_

10. ARE YOU THE SOLE OCCUPANT OF THE SPACE?  YES  NO IF NOT, SQUARE FOOTAGE \_\_\_\_\_

11. IS ADDITIONAL INSURED REQUIRED? IF SO, PLEASE PROVIDE ALL INFORMATION:  
 NAME/ADDRESS/INTEREST: \_\_\_\_\_

**12. GENERAL LIABILITY**

LIMITS OF INSURANCE REQUESTED:

GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS – COMPLETED OPERATIONS) \$ \_\_\_\_\_  
 PRODUCTS COMPLETED OPERATIONS AGGREGATE LIMIT \$ \_\_\_\_\_  
 PERSONAL AND ADVERTISING INJURY LIMIT \$ \_\_\_\_\_  
 EACH OCCURENCE LIMIT \$ \_\_\_\_\_  
 DAMAGE TO PREMISES RENTED \$ \_\_\_\_\_  
 MEDICAL EXPENSE LIMIT \$ \_\_\_\_\_  
 \*PROFESSIONAL LIABILITY ENDORSEMENT INCLUDED - NO CHARGE

**13. PROPERTY**

CAUSE OF LOSS  BASIC  BROAD  SPECIAL

CONSTRUCTION \_\_\_\_\_ PROTECTION CLASS \_\_\_\_\_ SQUARE FEET \_\_\_\_\_ BUILDING AGE \_\_\_\_\_

COVERAGE DESIRED	LIMIT	RC/ACV	CO-INS/INDEMNITY	DEDUCTIBLE (MIN \$500)
BUILDING				
BUSINESS PROPERTY				
BUSINESS INCOME				

LOSS PAYEE: \_\_\_\_\_

MORTGAGEE: \_\_\_\_\_

**14. TANNING SALON INFORMATION (IF APPLICABLE)**

- a. ULTRAVIOLET LAMPS CURRENTLY INSTALLED  YES  NO
- b. PERCENTAGE OF UVA BULBS \_\_\_\_\_% PERCENTAGE OF UVB BULBS \_\_\_\_\_%
- c. NUMBER OF BEDS \_\_\_\_\_ NUMBER OF FACIAL TANNERS \_\_\_\_\_
- d. UL APPROVED  YES  NO
- e. ARE PROTECTIVE COVERS OVER THE UV LAMP TO PREVENT ACCIDENTAL BURNS  YES  NO
- f. ALL TIMERS TESTED DAILY  YES  NO
- g. ARE TIMERS CONTROLLED BY EMPLOYEES  YES  NO
- h. CAN PATRONS SET TIMERS  YES  NO
- i. ARE CUTOFF SWITCHES AVAILABLE FOR CUSTOMERS TO USE IN AN EMERGENCY  YES  NO
- j. ARE GOGGLES REQUIRED AND PROVIDED FOR ALL USERS  YES  NO
- k. ARE THERE SIGNS INSIDE AND OUTSIDE OF BOOTHS INSTRUCTING ON USE OF GOGGLES  YES  NO
- l. ARE BOOTHS COIN OPERATED  YES  NO
- m. ARE BEDS/BOOTHS THOROUGHLY DISINFECTED AFTER EACH USE  YES  NO
- n. DO MINORS NEED SIGNED PARENTAL CONSENT TO USE FACILITY  YES  NO
- o. HAVE ALL EMPLOYEES RECEIVED TRAINING IN USE OF TIMERS  YES  NO
- p. ARE PATRONS REQUIRED TO SIGN A WAIVER OR RELEASE PRIOR TO USING  YES  NO
- q. IS THE FOLLOWING WORDING HANGING IN A VISABLE AREA TO PATRONS  YES  NO

