

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?

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

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.

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.

Agent Name: _____

Agency Name: _____

Email Address: _____

Phone Number: _____

Please select your option below: