

Beauty Shop/Barber Shop and Day Spa Liability Application

Effective 6/4/07

Applicant's Name	_____
Mailing Address	_____
Location	_____
Web Site Address	_____

Agency Name	_____
Agent	_____
Address	_____
E-Mail	_____
Phone	_____

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."

- 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
- Name of business (D/B/A):** _____
- Applicant is:**
 - Individual Partnership Corporation Other
 - Beauty Parlor Barber Shop Day Spa
 - Owner Tenant
- Part occupied by applicant:** _____
- How long has applicant been in business?** _____ Years
- Number of operators employed:** _____
 Full-time: _____ Part-time (Less than 15 hours per week): _____
 Aestheticians: _____ Masseuses: _____
 Full-time operators for ear piercing: _____
- Amount of gross sales:** \$ _____
- Are all operators licensed?**..... Yes No
- Are records kept of patrons' permanent waves and hair dyes?** Yes No
- Please state methods used in permanent hair waving** (electric, cold wave, machineless, other): _____

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- Number of:** Tanning beds: _____ Saunas: _____ Hot tubs/spas: _____
 Hydro-massage beds: _____ Toning beds: _____ Swimming pools: _____

12. 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
- Chemical peels; receipts: \$ _____
- Botox or other cosmetic injections: \$ _____
- Chemical body wraps; receipts: \$ _____
- Electrolysis; receipts: \$ _____
- Beauty schools/classes; receipts: \$ _____
- Waxing—hot/cold: receipts: \$ _____
- Mixing, blending or repackaging of products for on or off premises
- Chiropody
- Face lifting
- Body piercing
- Microdermabrasion; receipts: \$ _____

13. Names of previous insurance carrier(s) for the past three years: _____

Losses for the last three years: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims: See loss run attached _____

14. Has any operator had a previous claim for alleged malpractice, error or mistake? Yes No
If yes, explain: _____

15. Does applicant have other business ventures for which coverage is not required? Yes No
If yes, explain and advise where insured: _____

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 NAME AND TITLE: _____

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.

2492 Walnut Ave. Suite 250, Tustin, CA 92780 - 6963
P. O. Box 2406 Tustin, CA 92781 - 2406
PHONE: (714) 505 - 8200 w (800) 310 - 1303 / FAX: (714) 730 - 1816 w (800) 842 - 3076
AUTO FAX (800) 439 - 9319