



Dallas
P: (972) 789-1962
F: (972) 789-1967

Houston
P: (281) 759-4855
F: (281) 759-7245

Agent Name:
Agent Address:

Contact:
Phone #

Beauty Salon / Barber Shop Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name Agent

Applicant Mailing Address Applicant's Phone Number

Web Address

Inspection Contact

Proposed Policy Period to Phone Number for Inspection Contact

Applicant is Individual Partnership Corporation Joint Venture Other

Location #1

Location #2

Location #3

UNDERWRITING INFORMATION

1. Describe the process and the products used to perform the following services

Table with 3 columns: SERVICE, PROCESS, PRODUCTS USED. Rows include Hair dyeing and shampoo tinting, Eyebrow & eyelash coloring, Stain removing, Dry shampoo, Electrolysis, Hair removal, if other than electrolysis, Hair straightening, and Describe all services or treatments not mentioned above.

2. List any products that you re-package, re-bottle or re-label in your name

3. Are predisposition tests run before applying products? Yes No

4. Are permanent records kept on each customer? Yes No

Do you sell / service hairpieces or wigs? Yes No

Are any special treatments performed in your salon? Yes No

Special processes: Acrylic Fiberglass Silk wrap Gels Other

UNDERWRITING INFORMATION (Continued)

7. Do you store any flammable liquids in the shop? Yes No

If yes, describe the type, quantity and how it is stored: _____

8. Do you allow smoking in this area? Yes No

9. Complete the following:

EMPLOYEE NAMES (INCLUDE OWNER IF PROVIDES SERVICE)	YEARS EXPERIENCE	FULL OR PART TIME		CHECK ITEMS APPLICABLE			OTHER SERVICES RENDERED	LICENSED	
		FULL	PART TIME # OF HOURS	PERMS	DYES	MANICURES		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/> hrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/> hrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/> hrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/> hrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/> hrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

10. If operators are not licensed according to state regulations explain: _____

11. Is any space, booth or chair rented to others? Yes No

If yes, give names of lessees. _____

12. Are certificates of insurance required of lessees? Yes No

13. Do you employ students in your shop? Yes No

Are they salaried? Yes No

14. Do you operate a barber / beauty school? Yes No

Do students pay tuition? Yes No

Number of instructors? _____ Estimated number of students graduated annually? _____

Do students serve the general public?..... Yes No

Are hold harmless waivers signed? Yes No

What processes do the students perform? _____

LIMITS ñ GENERAL LIABILITY (PER OCCURRENCE)

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ _____

PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ _____

PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ _____

EACH OCCURRENCE \$ _____

DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ _____

MEDICAL EXPENSE (ANY ONE PERSON) \$ _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>

COMMERCIAL PROPERTY

(Please provide complete information for each insured location. Attach separate sheet, if necessary.)

BUILDING INFORMATION	Loc. 1	Loc. 2	Loc. 3
CONSTRUCTION:			
YEAR BUILT:			
# OF STORIES:			
TOTAL SQ. FOOTAGE:			
PROTECTION CLASS:			
ALARM	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None
YEAR OF LATEST UPDATE	_____ Roof _____ Plumbing _____ Wiring	_____ Roof _____ Plumbing _____ Wiring	_____ Roof _____ Plumbing _____ Wiring

LIMITS & COVERAGE ñ PROPERTY

COVERAGE	COINSURANCE %	DEDUCTIBLE	CAUSES OF LOSS	VALUATION	Loc 1	Loc 2	Loc 3
BUILDING	%	\$	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> A.C.V. <input type="checkbox"/> R.C. <input type="checkbox"/> Market Value (Submit)			
BPP	%	\$					
BUSINESS INCOME	% or Monthly Limit \$	\$					
SIGNS (DESCRIBE) _____							
TOTAL LIMITS							

ADJACENT EXPOSURES

	RIGHT	LEFT	FRONT	REAR
Loc. 1				
Loc. 2				
Loc. 3				

CONTRIBUTING INSURANCE

NAME & ADDRESS OF COMPANY	% PARTICIPATION	LIMITS

PRIOR CARRIER HISTORY & LOSS INFORMATION

PRIOR CARRIERS (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

LOSS HISTORY (LAST FIVE YEARS)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

Has the applicant been cancelled or non-renewed in the last three years?..... Yes No

If yes, Explain. _____

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

Producer's Signature

Date

Applicant'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.

FRAUD STATEMENT

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 is guilty of a crime and may be subject to fines and confinement in prison.