

BEAUTY SERVICES INSURANCE APPLICATION

<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL OF <hr style="width: 50%; margin-left: auto; margin-right: 0;"/>
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Name of Applicant: _____

Mailing Address: _____
 Street Address City State Zip (Area Code) Phone Number

Street Address: _____
 Location City State Zip (Area Code) Phone Number

(Complete separate application for each location to be covered)

Desired Policy Period: From _____ to _____ Years in Business: _____ Years Experience: _____

Applicant is: Individual Joint Venture Partnership Corp. Independent Contractor Other _____

Applicant operating in: Home-HO Carrier _____ Retail Space Free Standing Building
 Other: _____ Sq. Feet of Insured's Premises: _____ Protection Class _____

Applicant is: Building Owner Tenant Construction of Building: _____ Sprinklered? Yes No

Describe products sold. If none, write "None": _____

Does applicant manufacture, bottle or label their own product(s)? YES NO If yes, describe: _____

(If yes, these products will be excluded)

List number: Full-time Beauticians/Barbers: _____ Part-time Beauticians/Barbers: _____

If you perform any of the following services, check the box, then list the number of technicians performing the service. Do not count the beauticians/barbers listed above. If someone performs multiple services, count them only once.

Electrolysis: # _____ Masseuses: # _____ Nail Care: # _____ Ear Piercing: # _____

Skin Care/Waxers/Body Wrap/ EMS Technicians: # _____ describe: _____

Other # _____ describe: _____

Do you consider your business to be a Day Spa? Yes No If yes, describe additional day spa services provided: _____

Do you offer weight control services or nutritional counseling? YES NO If yes, attach detailed description and submit for approval and quote.

List number: Tanning Beds/Booths _____ Facial Tanning Units _____ % of UVB in Bulbs _____ Are tanning times controlled by customer? _____ Is protective eyewear required and available to tanners? _____ Are tanning beds cleaned after each use? _____ Do beds have UL Label and are FDA warnings posted on premises? _____ List all exercise equipment on premises: _____

Mortgagee or Loss Payee: _____
(include complete address) _____

Premium Financed YES NO Premium Finance Company: _____

PRIOR INSURANCE CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS

Year	Company	Policy Number	Premium	# of Losses & Amount	Description of Losses (Use separate sheet if necessary)
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Has insurance of this type been cancelled, refused or non-renewed by any company during the last three years? (not applicable in MO) YES NO - If yes, please explain: _____

THIS APPLICATION MAY NOT BE USED TO BIND COVERAGES AND NO COVERAGE COMMENCES. Completion of this application by a prospective insurance buyer is for the purpose of transmitting information only. Any agreement or contract binding insurance coverage must be done on a separate document. **COVERAGE WILL COMMENCE** only upon the effective date of a separate contract binding insurance coverage (i.e. a policy or official binder form) issued by an agent authorized by the Company.

The applicant hereby agrees that the foregoing statements and answers are a true representation of all the facts and circumstances with regard to the risk to be insured to the best of the applicant's knowledge and the same are therefore made the basis of any policy of insurance issued.

APPLICABLE IN THE STATE OF FLORIDA

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES ANY STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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 be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Date: _____ Applicant's Signature: _____

Agent's Name and Signature

Agent's Address

Agent's License No.