

INSURANCE IS PROVIDED BY THE COMPANY DESIGNATED BY AN ☒

- ☐ EMPIRE FIRE AND MARINE INSURANCE COMPANY
OMAHA, NEBRASKA
- ☐ EMPIRE INDEMNITY INSURANCE COMPANY
OKLAHOMA CITY, OKLAHOMA

BEAUTY SHOP/BARBER SHOP APPLICATION
FOR BUSINESS & MALPRACTICE LIABILITY AND MULTI-PERIL PACKAGE

☐ BEAUTY SHOP

☐ BARBER SHOP

☐ NAIL SALON

☐ New ☐ Renewal of _____ ☐ Additional Location to Policy # _____

Name of Applicant: _____

Mailing Address: _____

Business Location: _____

Street Address City State Zip (Area Code) Phone Number
Location City State Zip (Area Code) Phone Number
(P.O. Box # Is Unacceptable) (Route # is acceptable if Population is less than 800)

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

☐ Individual ☐ Joint Venture ☐ Partnership ☐ Independent Contractor ☐ Other: _____

Applicant operating in: ☐ Home-HO Carrier: _____ ☐ Shopping Mall ☐ Hotel ☐ Other: _____

Applicant Is: ☐ Building Owner ☐ Tenant ☐ Other: _____ Construction of Building: _____

(Building Coverage for shops located in mobile homes is not available unless all four corners of the structure are pried in cement.)

Total Square Feet: _____ Estimated Annual Gross Sales for all services combined: \$ _____

List types of 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)

Are hair straightening services offered? ☐ YES ☐ NO

Check Appropriate Box	Nails	Bodywax	Electrolysis	Permanent Cosmetics	Facials	Peels		Massage
						Chemical	Citrus	
YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Average Weekly Appointments:								
Sales Percentage of Business:								
Number of Operators performing this service:								
Years Experience:								
Products used:								

Are any other services offered? ☐ Yes ☐ No If yes, describe: _____

Does Applicant operate any other business from or on these premises? ☐ YES ☐ NO If yes, describe: _____

IF TANNING OR TONING SERVICES ARE OFFERED, PLEASE COMPLETE THE FOLLOWING:

TANNING EQUIPMENT QUESTIONNAIRE

Describe training given to new employees: _____

Describe method used to determine length of time permitted on tanning bed or other tanning equipment: _____

Are all tanning lights of UVA (ultraviolet-alpha) type? ☐ YES ☐ NO If no, what percentage is UVB? _____

Are goggles required? ☐ YES ☐ NO If no, why? _____

Are tanning bed and goggles cleaned after each use? ☐ YES ☐ NO If no, why? _____

Are timing controls on each bed or at the front desk? _____

Does applicant personally monitor the timers? ☐ YES ☐ NO

Are employees on duty at the front desk at all times? ☐ YES ☐ NO

List manufacturer and serial number of each bed/booth: _____

List manufacturer of tanning lights: _____

Do beds have UL Label and are FDA warnings posted on premises? ☐ YES ☐ NO

TONING EQUIPMENT QUESTIONNAIRE

Is an attendant available specifically for "toning" clients? ☐ YES ☐ NO

List manufacturer and serial number of each toning table: _____

List any other exercise equipment on the premises: _____

Describe the operations of this exercise equipment: _____

COVERAGES	LIMITS	PREMIUMS
LIABILITY Desired Limits:	<input type="checkbox"/> \$25,000 CSL <input type="checkbox"/> \$100,000 CSL <input type="checkbox"/> \$500,000 CSL <input type="checkbox"/> \$50,000 CSL <input type="checkbox"/> \$300,000 CSL <input type="checkbox"/> \$1,000,000 CSL	

Owner-Operator	One Owner Operator Charge per location	Rate	\$
Full-time Operators (16 hours or more per week)	Number:	x Rate	\$
Part-time Operators <input type="checkbox"/>	Number:	x Rate	\$
Wig Liability <input type="checkbox"/>	<input type="checkbox"/> \$250 per Wig \$1,250 Aggregate	<input type="checkbox"/> \$500 per Wig \$2,500 Aggregate <input type="checkbox"/>	\$
Fire Legal Liability <input type="checkbox"/>	Amount: \$100,000 <input type="checkbox"/>	Maximum Amount	\$
Tanning Equipment Liability	Operation must comply with "Sun Tanning Salon" Guidelines Number: x Rate <input type="checkbox"/>		\$
Passive Exercise Equipment Liability <input type="checkbox"/>	Number:	x Rate <input type="checkbox"/>	\$
Additional Insured (include address) Explain Interest <input type="checkbox"/>	Name _____ Address _____ Interest _____ LIABILITY PREMIUM FROM ABOVE _____ x 5%		\$ <input type="checkbox"/>

OPTIONAL MULTI-PERIL COVERAGES

COVERAGES	LIMITS		PREMIUMS
Building: Include 2 Exterior Photos 1 Front and 1 Rear Views	Amount:	Minimum Premium for Combined Buildings & Business Personal Property - \$100.00	\$
Business Personal Property	Amount:		\$
*Exterior Grade Floor Glass <input type="checkbox"/>	<input type="checkbox"/> With Lettering	<input type="checkbox"/> Without Lettering	\$
*Loss of Business Income <input type="checkbox"/>	<input type="checkbox"/> \$50.00 Per Day	<input type="checkbox"/> \$100.00 Per Day <input type="checkbox"/>	\$ <input type="checkbox"/>
*Increase Crime to \$500 <input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/>	\$
*Outdoor Signs <input type="checkbox"/>	Value:	x 3%	\$
*Not available without Building or Business Personal Property Coverage in place.			TOTAL PREMIUM \$

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)

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 A 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. _____