

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company

Application
For
**Beauty Salons, Barber Shops
& Spas**

1. Name of Applicant _____
 Street Address _____
 City _____ State _____ Zip _____
 Applicant's Web Site Address _____

2. Individual Corporation Partnership Other (Explain) _____

3. Address of location to be insured (If same as above, write same) _____
 Street Address _____
 City _____ State _____ Zip _____

4. Date Established: _____

Business Location: Store _____ Dept. Store _____ Hotel _____ Other _____
 Your home _____ Approx. area _____ Sq. Ft.

5. Please provide prior insurance information. If none, check here

Insurance Company	Policy Period	Limits of Liability	Premium	Occurrence Coverage	Type of Coverage

6. Is applicant engaged in, owned by, associated with or involved in any other enterprise? If yes, provide full details. _____ Yes No

7. Provide details of licensing or certification needed for this operation: _____

8. List any professional associations of which you are a member: _____

9. Total Sales: \$ _____

10. Services: Do you perform any of the following?
 If you answer yes to any of the following, please provide specific details of the service in space on page 3 or 4. Include descriptive literature, names of products used and the procedure followed (If necessary, use a separate sheet).

- | | | |
|-------|-------|---|
| Yes | No | |
| _____ | _____ | A) Electrolysis or hair removal by electric tweezer |
| _____ | _____ | B) Tanning beds or booths |
| _____ | _____ | C) Wart or mole removal |
| _____ | _____ | D) Reducing, slenderizing or exercising service |
| _____ | _____ | E) Nail sculpturing or attachments (<i>continued</i>) |

- _____ F) Skin treatment
 _____ G) Permanent eyebrow or eye liner; permanent make-up
 _____ H) Electric or steam baths
 _____ I) Hair implants or transplants
 _____ J) Hair weaving
 _____ K) Ear piercing
 _____ L) Chemical face peels; microdermabrasion
 _____ M) Massage
 _____ N) Body wrapping
 _____ O) Do you offer services or treatments that are not generally offered by beauty salons (Describe in space on page 3 or 4).
 _____ P) Laser hair removal. What training received? (Answer in space on page 3 or 4)

11. Products: List all products used for the following services

	Type of System/Product Used	Approx. # per yr.
Permanent Hair weaving		
Hair dyeing & shampoo tinting		
Hair Straightening		
Cosmetics sold for home use		Approx. Ann'l Sales \$ _____
Eyebrow and eyelash coloring		
Dye stain removing		
Chemical Face Peel - % of Solution		
Microdermabrasion		
Laser hair removal		

List any products repackaged, rebottled, manufactured by you or labeled with your name. _____

12. Are predisposition tests performed prior to services rendered? If yes, list tests performed. Yes No

13. Does the owner or manager supervise each permanent waving or hair dyeing? Yes No
14. Are records kept of clients receiving permanent waves and hair dyes? Do records include client's name and address, dates, products used and name of operator? Yes No
15. During the past (3) years, have any claims been presented to your current or prior insurance carrier? Give full details, include description of claim, amount paid and reserves. (Use space on page 3, if needed) _____

16. Is applicant, or any other persons for whom insurance is being requested, aware of any circumstances which may result in a claim? If yes, provide full details. (Use space on page 3, if needed) Yes No

17. Has applicant, or any other person for whom coverage is being requested, had any liability application denied, policy cancelled or policy not renewed in past (3) three years? If yes, provide full details below or on back of page 3. Yes No

18. LIMITS OF INSURANCE REQUESTED:
- General Aggregate Limit (Other than Products – Completed Operations) \$ _____
- Products – Completed Operations Aggregate Limit \$ _____
- Personal and Advertising Injury Limit \$ _____
- Each Occurrence Limit \$ _____
- Fire Damage Limit \$ _____ any one (1) fire
- Medical Expense Limit (up to \$5,000 limit available) \$ _____ any one (1) person
- Each Professional Incident Limit (if applicable) \$ _____
- Effective Dates Desired: From _____ To _____

19.

CLASS OF BUSINESS		PROVIDE RATING INFORMATION	
Barber Shops		#	Number of chairs
Beauty Parlors	# _____ Employed Operators	#	Number of full-time operators
	# _____ Indep. Contr. Operators	#	Number of part-time operators
	Yes No Receive certs. from indep. contractors.	#	Number of manicurists
Body-Wrapping		\$	Sales
Cosmetologists, Body-Wrapping (no permanent makeup)		\$	Sales
Ear Piercing – warrant that initial post after piercing is 14 kt. gold or better.		\$	Sales
Electrologist		\$	Sales
Masseur / Masseur		\$	Sales
Manicure Salon		\$	Sales
Weight-Loss Counselor		#	Number of individuals
Tanning bed or booth – (If any, answer question 20 below)		\$	Sales

20. Ultraviolet lamps currently installed:
- Type of bulbs? _____ Percentage of UVA bulbs? _____ % UVB bulbs? _____ %
- Manufacturer _____ Protective Covering? Yes No
- Number of Beds/Booths _____ Manufactured by: _____ Installed by: _____
- Number of Facial Tanning Units: _____
- Number of Timers _____ Manufactured by: _____ Installed by: _____
- UL Label: Yes No All timers tested daily? Yes No
- Are timers controlled by employees? Yes No Can patrons set timers? Yes No
- Are goggles required and provided for all users? Yes No
- Are there signs inside and outside of booths instructing on use of goggles? Yes No
- Are any booths coin operated? Yes No
- Are beds/booths thoroughly disinfected after each use? Yes No
- Do minors need signed parental consent to use facility? Yes No

21. Personnel: Have all employees received training in use of timers? Yes No
- Are employees required to obtain signed release from client prior to use of tanning booth? Yes No

22. Federal Drug Administration requires posting of the following sign: Have you complied? Yes No

F.D.A. Requirement – Danger – Ultraviolet radiation. Follow all instructions. As with natural sunlight, overexposure may cause premature aging of the skin and skin cancer. Medications or cosmetics applied to the skin may increase your sensitivity to ultraviolet light. Consult your physician before entering booth if taking medication or if you believe yourself especially sensitive to sunlight.

Applicant's Signature: _____ Date: _____

Title: _____ Producing Agent: _____