



Robert A. Schneider Agency
A Division of Risk Placement Services, Inc

7300 Metro Blvd.
Suite 355
Minneapolis, MN 55439
Phone (952) 938-0655
Fax (952) 938-0701

555 D'Onofrio Drive
Suite 103
Madison, WI 53719
Phone (608) 203-2663
Fax (608) 203-2664

Beauty Parlor/Barber Shop Liability Application

Applicant's Name _____

Mailing Address _____

Location _____

Agent Name _____

Address _____

Agent No. _____

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'

1. **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

2. **Name of business (D/B/A):** _____

3. Applicant is:

- a. Individual Partnership Corporation Other
- b. Beauty Parlor Barber Shop
- c. Owner Tenant

4. **Part occupied by applicant:** _____

5. **How long has applicant been in business?** _____ years

6. **Names of previous insurance carriers for the past 3 years:** _____

7. **Have you had similar insurance canceled or declined by any insurance carrier?** (Not applicable in Missouri)..... Yes No
 If yes, explain why: _____

8. **Number of operators employed:** _____
 Full time: _____ Part time (less than 15 hours per week): _____

9. **Amount of gross sales:** \$ _____

10. **Are all operators licensed?** Yes No

11. Has any operator had a previous claim for alleged malpractice, error or mistake? Yes No

Losses for the last 3 years: _____

12. Are records kept of patrons' permanent waves and hair dyes? Yes No

13. Please state methods used in permanent hair waving (electric, cold wave, machineless, other): _____

14. Number of tanning beds on premises: _____

*Please complete Tanning Bed supplemental application

15. Number of masseuses on premises: _____

* Please complete Massage Therapy supplemental application

16. Are any of the following exposures included in the applicant's operation?

- | | |
|--|---|
| <input type="checkbox"/> Nail sculpting | <input type="checkbox"/> Body wraps |
| <input type="checkbox"/> Manicures/pedicures | <input type="checkbox"/> Electrolysis |
| * Indicate # of Manicurist/Pedicurist | <input type="checkbox"/> Beauty schools/classes |
| <input type="checkbox"/> False lashes | <input type="checkbox"/> Waxing—hot/cold |
| <input type="checkbox"/> Ear piercing | <input type="checkbox"/> Mixing, blending or repackaging of products for on or off premises |
| <input type="checkbox"/> Makeovers/facials | <input type="checkbox"/> Chiropody |
| <input type="checkbox"/> Wig application | <input type="checkbox"/> Face lifting |
| <input type="checkbox"/> Plastic surgery | <input type="checkbox"/> Body piercing |
| <input type="checkbox"/> Hair implants | <input type="checkbox"/> Permanent cosmetics |

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.

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

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 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.

BEAUTY SALONS, NAIL SALONS AND BARBER SHOPS

SUPPLEMENTAL APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

	Prohibited	Submit	Eligible
1. Any prior claims?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Liability			
2. Are the insured's license and the licenses of all employees valid? (No students operating with a permit)	<input type="checkbox"/> No		<input type="checkbox"/> Yes
3. Are combs, brushes, clippers and other equipment used on clients sterilized in between uses according to state disinfection methods?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
4. Are the floors regularly cleaned to prevent accumulating hair?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
5. Are any Products sold under applicants name or label?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
6. Are any product sold other than hair care Products?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Any body piercing?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
8. Tattooing, including but not limited to the insertion of pigment into or under the skin?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
9. Any activities not normal and customary for a Barber or Beauty Salon?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Professional - If prohibited, professional liability coverage is not available.			
10. Any removal of hair by electrolysis	<input type="checkbox"/> Yes		<input type="checkbox"/> No
11. Any hair implanting or hair transplanting or any attempt at these?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
12. Any Dye or coloring to eyelashes or eyebrows except Roux Lash and Brow Tint, Spiro's Coloura, Mascara or eyebrow pencils.	<input type="checkbox"/> Yes		<input type="checkbox"/> No
13. Face lifting, the removal of warts, moles or growths or any attempts at these?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
14. Any massage services?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Chiropody or Podiatry?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Property			
16. Is there an adequate number of currently tagged fire extinguishers?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
17. Is all the electrical wiring on circuit breakers?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
18. Is there overloading of electrical circuits with extension cord use?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
19. Is there any aluminum wiring?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
20. Total property values greater than 500,000?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Provide complete details of any submit items.
We can review an application for eligibility with complete details.
If Prohibited, please decline the account.*

Submit Details: _____

Applicants Signature _____ Date _____