



BEAUTICIAN'S PROFESSIONAL LIABILITY APPLICATION

(CLAIMS MADE COVERAGE)

THIS IS AN APPLICATION FOR A POLICY WITH LIMITS OF LIABILITY WHICH INCLUDE BOTH DAMAGES AND CLAIM EXPENSES. IF THERE ARE ANY QUESTIONS, PLEASE CONSULT WITH YOUR AGENT, BROKER OR ATTORNEY.

1. Applicant Name:

2. Mailing Address:

Address(es) of Branch Office(s):

3. Applicant is:

a. Individual Corporation Partnership Other: _____

b. Beauty Parlor Barber Shop

c. Owner Tenant

3. Business located in: Store School Office Building Hotel Your Home
 Home of Client Assisted Living/Nursing Home
 Other: _____

4. Number of years in business:

5. Is applicant engaged in, owned by associates with or involved in any other enterprise? Yes No

If yes, provide full details:

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

7. List any professional associations of which you are a member

8. Number of operators employed: Full Time Part Time

9. Are all operators licensed by the state in which the shop is located? Yes No

10. Do any operators perform services away from the premises insured, such as old age homes, exhibitions or trade shows? Yes No

Depilatory

Tanning Services

Electric or Steam Bath

Saunas

Massage

Reflexology

19. During the past three (3) years, have any claims been presented to your current or prior insurance carrier?

Yes No If yes, give full details, include description of claims, amount paid and reserves. (Use separate sheet if necessary) _____

20. Is applicant, or any other persons for whom insurance is being requested aware of any circumstances which may result in a claim? Yes No If yes, give full details. (Use separate sheet if necessary).

21. Has applicant, or any other person for whom coverage is being requested, had any liability application denied, policy canceled or policy not renewed in past three (3) years? Yes No If yes, give full details. (Use a separate sheet if necessary) _____

22. Please provide prior professional liability insurance information for the last three (3) years. If none, check here:

<u>Insurer</u>	<u>Policy No.</u>	<u>Limits of Liability</u>	<u>Deductible</u>	<u>Premium</u>	<u>Expiration</u>

The applicant declares the above statements and representation are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to sell nor the applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statement and representations made in this application. The applicant understands that any subsequent contract issued by the Company will be issued on a claims-made form.

Signature of Applicant

Date

PLEASE ATTACH THE FOLLOWING:

- Resumes.
- Copies of licenses and certificates.
- Five years of currently valued loss runs.