



Beauty Salons, Nail Salons and Barber Shops Product

BEAUTY SALONS, NAIL SALONS AND BARBER SHOPS SUPPLEMENTAL APPLICATION



P.O. Box 768 Hendersonville, TN 37077
800-768-7475 Fax (615) 264-3980
www.bsris.com

Applicant's Name: _____

Date: _____

E-mail Address: _____

	Prohibited	Submit	Eligible
1. Any prior claims?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

LIABILITY

2. Are the insured's licensed 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
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

PROPERTY

10. Is there an adequate number of currently tagged fire extinguishers?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
11. Is all the electrical wiring on functional and operational circuit breakers?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
12. Is there overloading of electrical circuits with extension cord use?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
13. Is there any aluminum wiring?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
14. Total property values greater than 500,000?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Are there functioning smoke detectors on the premises?		<input type="checkbox"/> No	<input type="checkbox"/> Yes

OPTIONAL PROFESSIONAL LIABILITY - If prohibited, professional liability coverage is not available.

15. Any removal of hair by electrolysis or lasers?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
16. Any hair implanting or hair transplanting or any attempt at these?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
17. Any dye or coloring to eyelashes or eyebrows except mascara or eyebrow pencils.	<input type="checkbox"/> Yes		<input type="checkbox"/> No
18. Face lifting, skin peels, the removal of warts, moles or growths or any attempts at these or similar services?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
19. Any massage services?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Chiropody or Podiatry?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
21. Number of: Beauticians: _____ Barbers: _____ Manicurists: _____			

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: _____

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: 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.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicants Signature _____

Date _____



Businessowner Product

BUSINESSOWNER APPLICATION

All questions must be answered and application must be signed by applicant.

Name: _____ Policy Number: _____

D/B/A: _____ Effective Date: _____

Sole Proprietorship Partnership Corporation Other _____

Mailing Address: _____ Zip _____

Location Address: _____ Zip _____

If you have a website, include your website address: _____

Mortgagee: _____ Zip _____

Loan Number: _____ Expiration Date: _____

Loss Payable: _____ Interest: _____

Additional Insured: _____ Interest: _____

Business of Applicant _____ Insp Contact Name & # _____

Years Management Experience _____ Age of Building _____ # of Stories _____

Hours of operation? _____

Apt. Sq. Ft. _____ Office Sq. Ft. _____ Merc Sq. Ft. _____ Total Sq. Ft. _____

Description of mercantile occupancies _____

Area Occ. By Insured _____ # of Apt. Units _____ Sales/Receipts _____

% of property vacant _____ % % of property unoccupied _____ %

Electrical system checked by qualified electrician? Yes No If yes, when? _____

Is the electrical system connected to circuit breakers? Yes No

Is the electrical system aluminum or knob and tube? Yes No

Heating system checked by a qualified contractor? Yes No If yes, when? _____

If the roof is flat; has it been re-coated in the past 10 years? Yes No

Age of the roof? _____ Electrical Update? _____ Plumbing Update? _____ Heating Update? _____

Is the plumbing completely PVC or Copper? Yes No

Are storage areas and aisles clean and trash disposed of properly? Yes No

Is there evidence of water damage, broken windows, or breaks in pavements or floor? _____

Any "special" hazards (raised walks, street elevators, etc.)? _____

Is the property eligible according to our coastal guidelines? Yes No

Is the property seasonal or time share? Yes No

Are there smoke detectors in each unit? Yes No

Are there smoke detectors in all common and mechanical equipment areas? Yes No

Any special protective devices, clothing, etc. in use? Yes No

Formal training program for new employees? Yes No

Any alarm system? Yes No Central Local

Loss History

<i>Date</i>	<i>Type/Description</i>	<i>Paid</i>	<i>Reserved</i>	<i>Open/Closed</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Previous Carrier _____ Premium \$ _____

<i>Building Exposures</i>	<i>North</i>	<i>South</i>	<i>East</i>	<i>West</i>
Occupancy	_____	_____	_____	_____
Distance	_____	_____	_____	_____
Construction	_____	_____	_____	_____

Deductible \$1,000 \$2,500 \$5,000 Other _____

Liability \$300,000 \$500,000 \$1,000,000 \$2,000,000

Class Code _____ Rate Number _____ Rate Group _____ Terr. _____ Prot. Class _____

Construction _____ Actual Cash Value Replacement Cost

Building Limit \$ _____ Contents Limit \$ _____ Automatic Increase % _____

Business Income Limit \$ _____

Cause of Loss: Standard Special Special excluding theft Special with theft limit \$ _____

Burglar Alarm Local Central Station (Attach copy for Alarm Credit) 24 hr watchman

Fire Alarm Local Central Station Sprinkler System

Optional Coverages

Employee Dishonesty Limit \$ _____ Number of Employees _____

Burglary & Robbery (standard form only) \$ _____

Money & Securities (special form only) \$ _____ Inside \$ _____ Outside

Outdoor Signs \$ _____ First Floor Exterior Glass Sq. Ft. _____ Above First Floor _____

Interior First Floor Glass Sq. Ft. _____ Above First Floor Sq. Ft. _____

Equipment Breakdown Yes No

Does applicant have a refrigeration maintenance agreement? Yes No

Hired Auto Desired? _____ Nonowned Auto Desired _____

Do employees regularly drive their cars on company business? Yes No

Excess Fire Legal (\$50,000 included) \$ _____

Condominium Unit Owner Loss Assessment Limit \$ _____ Misc. Real Property Limit \$ _____

Accounts Receivable Limit \$ _____ Valuable Papers Limit \$ _____ EDP Equipment Limit \$ _____ Media Limit \$ _____

Cooking Supplement

Is the cooking area, hood and duct system protected per NFPA 96? Yes No

Is there a cleaning contract in force with an outside firm? Yes No

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The state of New York requires that we have the name and address of your (insured's) authorized Agent or Broker.

Agent: _____ Address: _____

Special Agent or Broker to: _____

Insureds Signature: _____