

EDGEHILL SPECIAL RISK

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**BEAUTY SHOP/BARBER SHOP APPLICATION
FOR BUSINESS & MALPRACTIC LIABILITY AND MULTI-PERIL PACKAGE:**

BEAUTY SHOP BARBER SHOP

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		
	(P. O. Box is Unacceptable) (Route # is acceptable if Population is less than 800)					

Desired Policy Period: From _____ to _____ Number of Years in Business: _____

Individual Joint Venture Partnership Other (specify) _____

Applicant operating in Home Shopping Center or Department Store Hotel Other (Specify) _____

Applicant Is Owner Tenant Other (Specify) _____

Construction of Building: _____
(Property Coverage is not written on shops housed in mobile homes)

Total Square Foot: _____ Estimated Annual Gross Sales: \$ _____

Are any types of products sold? Yes No If yes, describe: _____

Does applicant manufacture, mix, blend, bottle or label any product? Yes No If yes, describe: _____

(If yes, these products will be excluded)

Are any of the following services offered: Electrolysis, Nail Sculpturing, Bodywaxing, Bodywrapping? Yes No
Explain: _____

Are hair straightening services offered?: Yes No. If yes, what is the chemical base of the "relaxer" used in the process?
 Sodium Hydroxide Ammonium Thioglycolate Other (specify) _____

Does Applicant operate any other business from or on these premises? Yes No If yes, describe: _____

Previous Carrier(s) and Policy Number(s) (Last three years) _____

Please explain any losses occurring in the last three years: _____

COVERAGES	LIMITS	PREMIUMS
Liability Desired Limits:	() \$25,000 CSL () \$100,000 CSL () \$500,000 CSL () \$50,000 CSL () \$300,000 CSL () \$1,000,000 CSL	
Owner-Operator	Rate	\$ _____
Full-time Operators (16 hours or more per week)	Number: _____ x Rate	\$ _____
Part-time Operators	Number: _____ x Rate	\$ _____
Wig Liability	() \$250 per Wig () \$500 per Wig \$1,250 Aggregate \$2,500 Aggregate	\$ _____
Tanning Equipment Liability	Operation must comply with "Sun Tanning Salon" Guidelines Number: _____ x Rate	\$ _____
Additional Insured (include address) Explain Interest		\$ _____

OPTIONAL MULTI-PERIL COVERAGES

COVERAGES	LIMITS	PREMIUMS
Building	Amount: _____ Minimum Premium for Combined Buildings & Business Personal Property - \$100.00	\$ _____
Business Personal Property	Amount: _____	\$ _____
Exterior Grade Floor Glass	() YES () NO	\$ _____
Loss of Business Income	() \$50.00 Per Day () \$100.00 Per Day	\$ _____
Increase Crime to \$500	() YES () NO	\$ _____
Fire Legal Liability	Amount: _____ Maximum Amount \$50,000	\$ _____
Outdoor Signs	Value: _____ x 3%	\$ _____
TOTAL PREMIUM		\$ _____

Mortgagee or Loss Payee: _____
(Include complete address) _____

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 not, 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

Show serial number of each tanning bed and/or newer type booth _____

Manufacturer of tanning lights: _____

List manufacturer of each bed _____

Do beds have UL label and carry warning required by the Federal Food & Drug Administration? () Yes () No

List any other exercise equipment on the premises _____

Describe the operations of this exercise equipment _____

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.

Date: _____ Applicant's Signature: _____

Agent's Name

Agent's Address