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BEAUTY SHOP/BARBER SHOP AND DAY SPA LIABILITY APPLICATION

Applicant's Name _____

 Mailing Address _____

 Location _____

 Web site Address _____

Agency Name _____
 Agent _____
 Address _____

 E-mail _____
 Phone _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

Applicant is:

- a. Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____
- b. Owner Tenant
- c. Barber Shop Beauty Parlor Day Spa Dental Spa Medical (Medi) Spa Tanning Salon

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

Limits Of Liability And Deductible Requested:

General Aggregate (other than Products/Completed Operations)		\$
Products & Completed Operations Aggregate		\$
Personal & Advertising Injury (any one person or organization)		\$
Each Occurrence		\$
Damage to Premises Rented to You (any one premises)		\$
Medical Expense (any one person)		\$
Errors & Omissions Coverage (Included up to General Liability Limits)	Each Claim Aggregate	\$ \$
Sexual and/or Physical Abuse Coverage		<input type="checkbox"/> \$50,000/\$100,000 (included) <input type="checkbox"/> \$100,000/\$300,000
Other Coverages, Restrictions and/or Endorsements:		\$
Deductible		\$

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

2. Part occupied by applicant: _____

3. How long has applicant been in business? _____ years

4. Number of operators employed: _____

Full-time: _____ Part-time (less than 20 hours per week): _____

Aestheticians: _____ Masseuses: _____

Full-time operators for ear piercing: _____

5. Amount of gross sales: \$ _____

6. Are all operators licensed? Yes No

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

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

9. Does applicant manufacture, mix, blend or repackage products sold for use on or off premises? Yes No

If yes, advise receipts and explain: _____

10. Are any operations performed away from the insured's premises? Yes No

If yes, explain: _____

11. Number of:

Barber Shop chairs: _____ Saunas: _____ Tanning booths: _____

Hot tubs/spas: _____ Swimming pools: _____ Tanning spray on booths: _____

Hydro-massage beds: _____ Tanning beds: _____ Toning beds: _____

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

- | | |
|---|--|
| <input type="checkbox"/> Beauty Schools/Classes | <input type="checkbox"/> Laser Hair Removal; receipts: \$ _____ |
| <input type="checkbox"/> Body Piercing | <input type="checkbox"/> Makeovers/Facials |
| <input type="checkbox"/> Body Wraps | <input type="checkbox"/> Manicures/Pedicures |
| <input type="checkbox"/> Botox or other Cosmetic Injections | <input type="checkbox"/> Microdermabrasion; receipts: \$ _____ |
| <input type="checkbox"/> Chemical Peels; receipts: \$ _____ | <input type="checkbox"/> Nail Sculpting |
| <input type="checkbox"/> Chiropody | <input type="checkbox"/> Permanent Cosmetics; receipts: \$ _____ |
| <input type="checkbox"/> Colon Hydrotherapy | <input type="checkbox"/> Plastic Surgery |
| <input type="checkbox"/> Ear Candling | <input type="checkbox"/> Podiatry Detoxification |
| <input type="checkbox"/> Ear Piercing | <input type="checkbox"/> Tattoos |
| <input type="checkbox"/> Electrolysis | <input type="checkbox"/> Teeth Whitening |
| <input type="checkbox"/> Face Lifting | <input type="checkbox"/> Vein Treatments |
| <input type="checkbox"/> False Lashes | <input type="checkbox"/> Wig Application |
| <input type="checkbox"/> Hair Implants | <input type="checkbox"/> Waxing—hot/cold |

13. Names of previous insurance carrier(s) for the past three years: _____

Losses for the last three years: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims: See loss run attached _____

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

If yes, explain: _____

15. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? Yes No

If yes, describe: _____

16. Does applicant have other business ventures for which coverage is not required? Yes No

If yes, explain and advise where insured: _____

17. Prior Carrier Information:

	Year:	Year:	Year:
Carrier			
Policy No.			
Coverage			
Occurrence or Claims Made			
Total Premium			

18. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. <input type="checkbox"/> Check if no losses last three years.				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

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.

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. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

FRAUD WARNING (Applicable in Tennessee, Virginia and Washington): 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.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or executive officer)

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.