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Beauty Salon / Barber Shop Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

_____ Web Address _____

_____ Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

UNDERWRITING INFORMATION

1. Describe the process and the products used to perform the following services

SERVICE	PROCESS	PRODUCTS USED
Hair dyeing and shampoo tinting		
Eyebrow & eyelash coloring		
Stain removing		
Dry shampoo		
Electrolysis		
Hair removal, if other than electrolysis		
Hair straightening		
Describe all services or treatments not mentioned above		

2. List any products that you re-package, re-bottle or re-label in your name _____

3. Are predisposition tests run before applying products? Yes No

4. Are permanent records kept on each customer? Yes No

UNDERWRITING INFORMATION (Continued)

5. Does the applicant sell / service hairpieces or wigs? Yes No
6. Is fingernail design performed in your salon? Yes No
 If yes, describe processes: Acrylic Fiberglass Silk wrap Gels Other
7. Do you store any flammable liquids in the shop? Yes No
 If yes, describe the type, quantity and how it is stored: _____
8. Do you allow smoking in this area?..... Yes No
9. Complete the following:

EMPLOYEE NAMES (INCLUDE OWNER IF PROVIDES SERVICE)	YEARS EXPERIENCE	FULL OR PART TIME		CHECK ITEMS APPLICABLE			OTHER SERVICES RENDERED	LICENSED	
		FULL	PART TIME # OF HOURS	PERMS	DYES	MANICURES		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/> hrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/> hrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/> hrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/> hrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/> hrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

10. If operators are not licensed according to state regulations explain: _____

11. Is any space, booth or chair rented to others? Yes No
 If yes, give names of lessees. _____

12. Are certificates of insurance required of lessees? Yes No
13. Do you employ students in your shop? Yes No
 Are they salaried? Yes No
14. Do you operate a barber / beauty school? Yes No
 Do students pay tuition? Yes No
 Number of instructors? ____ Estimated number of students graduated annually? _____
 Do students serve the general public?..... Yes No
 Are hold harmless waivers signed?..... Yes No
 What processes do the students perform? _____

LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

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) \$ _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>

COMMERCIAL PROPERTY

(Please provide complete information for each insured location. Attach separate sheet, if necessary.)

BUILDING INFORMATION	Loc. 1	Loc. 2	Loc. 3
CONSTRUCTION:			
YEAR BUILT:			
# OF STORIES:			
TOTAL SQ. FOOTAGE:			
PROTECTION CLASS:			
ALARM	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None
YEAR OF LATEST UPDATE	____ Roof ____ Plumbing ____ Wiring	____ Roof ____ Plumbing ____ Wiring	____ Roof ____ Plumbing ____ Wiring
ADJACENT EXPOSURES			
RIGHT			
LEFT			
FRONT			
REAR			

LIMITS & COVERAGE – PROPERTY

COVERAGE	COINSURANCE %	DEDUCTIBLE	CAUSES OF LOSS	VALUATION	Loc 1	Loc 2	Loc 3
BUILDING	%	\$	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> A.C.V. <input type="checkbox"/> R.C. <input type="checkbox"/> Market Value (Submit)			
BPP	%	\$					
BUSINESS INCOME	% or Monthly Limit \$	\$					
SIGNS (DESCRIBE) _____							
TOTAL LIMITS							

CONTRIBUTING INSURANCE

NAME & ADDRESS OF COMPANY	% PARTICIPATION	LIMITS

PRIOR CARRIER HISTORY & LOSS INFORMATION

Has the applicant been cancelled or non-renewed in the last three years?..... Yes No

If yes, Explain. _____

PRIOR CARRIERS (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

PRIOR CARRIER HISTORY & LOSS INFORMATION (CONTINUED)

LOSS HISTORY (LAST FIVE YEARS)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

Producer's Signature Date Applicant's Signature Date