

ROCKWOOD CASUALTY INSURANCE COMPANY

BEAUTICIANS' AND BARBERS' PROFESSIONAL LIABILITY APPLICATION

ITEM 1.

Business Name _____

Business Address _____

The premises covered is a Beauty Salon Barber Shop Beauty or Barber School

ITEM 2.

Policy Period _____ To _____

Location of all premises you own, rent or occupy _____

ITEM 3.

Limits of liability Wig liability insurance is included with a \$250 limit per wig and \$1,250 aggregate limit with a \$25.00 deductible per wig.	Each Occurrence/Aggregate <input type="checkbox"/> 25 / 75,000 <input type="checkbox"/> 300 / 600,000 <input type="checkbox"/> 50 / 150,000 <input type="checkbox"/> 500 / 1,000,000 <input type="checkbox"/> 100 / 300,000
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ITEM 4.

Premium Base

Number of graduates for schools _____ Number of full time operators and lessee operations _____

Number of part time operators and lessee operators (less than 16 hours per week) _____

Number of manicurists and shampoo girls or boys _____

Optional Coverage – Premises Liability

Each Occurrence / Aggregate
 Occurrence _____ Gen. Aggregate _____ Are there any tanning beds? Yes No

ITEM 5.

List individual owners, partners or, if a corporation, officers and their titles:

Name	Title (if Corp.)	No. Yrs. Exp.	Active Operator

Other area occupied by applicant _____ sq. ft. Occupied as _____

Area leased or rented to others _____ sq. ft. Occupied as _____

- a. Does owner/manager have at least 2 years experience? Yes No
- b. What is the average number of years experience of all operators, including owner, if an operator? _____
- c. Do you follow manufacturer's direction with respect to 24 hr. skin test before applying dyes or other solutions?
 Yes No
- d. Do you keep records of all persons receiving permanent waves? Yes No
- e. Does all your electrical equipment bear Underwriters Laboratory label? Yes No
- f. Are all your electrical appliances grounded? Yes No
- g. Does the insured offer tattooing or body piercing? Yes No

Give manufacturer's name of the following products used:

Hair Dyes and Shampoo Tints	Eyebrow and Lash Coloring	Dry Shampoos	Cold Wave Solutions

ITEM 6.

Good or products manufactured by you, rebottled or repackaged by you or sold under your label for use away from premises are excluded from coverage, unless a separate charge is made based on ISO products rates.

Is such coverage desired? Yes No

If yes, please list such products and approximate annual sales below.

Products aggregate limit Yes No

If yes, \$ _____

PRODUCT	ANNUAL SALES
	\$

ITEM 7.

Give full details regarding any accidents, claims, suits or other actions against you or any burglary or robbery sustained by you in the past five years.

ITEM 8.

Previous Professional Insurance

Name of Company _____

Has any Company refused or cancelled coverage? Yes No

If so, for what reason? _____

To my knowledge, the answers to the above questions are true and I have not withheld any information which is calculated to influence the judgment of the Company in considering this application for insurance. Signing the above form does not bind the proposer to complete the insurance but is agreed that this form shall be the basis of the contract should the policy be issued.

Thank you for considering this Company as your insurance carrier. In compliance with Public Law 91-508, as part of our underwriting procedure, a routine inquiry may be made which will provide 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.

Signature (Agent or Broker)

Signature of Applicant

Agency Name _____

NOTE: FAILURE TO ANSWER ALL QUESTIONS MAY RESULT IN A DELAY IN ISSUING POLICY!