SCOTTSDALE
SURPLUS LINES INSURANCE COMPANY
8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675 • Fax (480) 483-6752
www.scottsdaleins.com

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**

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

1. **Limit of liability requested:** ☐ $100,000/$100,000 ☐ $300,000/$300,000 ☐ $500,000/$500,000 ☐ $1,000,000/$1,000,000 ☐ $2,000,000/$2,000,000
2. **Name of business** (D/B/A): _____
3. **Applicant is:**
   a. ☐ Individual ☐ Partnership ☐ Corporation ☐ Other
   b. ☐ Beauty Parlor ☐ Barber Shop ☐ Day Spa
   c. ☐ Owner ☐ Tenant
4. **Part occupied by applicant:** _____
5. **How long has applicant been in business?** _____ years
6. **Number of operators employed:** _____
   Full-time: _____ Part-time (less than 15 hours per week): _____
   Aestheticians: _____ Masseuses: _____
   Full-time operators for ear piercing: _____
7. **Amount of gross sales:** $_____
8. **Are all operators licensed?** ☐ Yes ☐ No
9. **Are records kept of patrons' permanent waves and hair dyes?** ☐ Yes ☐ No
10. **Please state methods used in permanent hair waving** (electric, cold wave, machineless, other): _____
    _____
11. **Number of:** Tanning beds: _____ Saunas: _____ Hot tubs/spas: _____
    Hydro-massage beds: _____ Toning beds: _____ Swimming pools: _____

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

- ☐ Nail sculpting
- ☐ Manicures/pedicures
- ☐ False lashes
- ☐ Ear piercing
- ☐ Makeovers/facials
- ☐ Wig application
- ☐ Plastic surgery
- ☐ Hair implants
- ☐ Permanent cosmetics
- ☐ Chemical body wraps; receipts: $_____
- ☐ Electrolysis; receipts: $_____
- ☐ Beauty schools/classes; receipts: $_____
- ☐ Waxing—hot/cold: receipts: $_____
- ☐ Mixing, blending or repackaging of products for on or off premises
- ☐ Chiropody
- ☐ Face lifting
- ☐ Body piercing
- ☐ Microdermabrasion; receipts: $_____
- ☐ Chemical peels; receipts: $_____
- ☐ Botox or other cosmetic injections: $_____

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

If yes, explain and advise where insured: _____

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.

APPLICABLE IN THE STATE OF NEW YORK:

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.

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.

APPLICANT'S SIGNATURE _____ DATE _____

PRODUCER'S SIGNATURE _____ DATE _____

IOWA LICENSED AGENT: _____

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.