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**Hairdressers and Beauty Salon**

**Liability Insurance Application**

**CONTACT INFORMATION:**

|  |  |
| --- | --- |
| Named Insured: |  |
| Mailing Address: |  |
| Risk Address:  |  |
| Phone Number: |  | Fax Number:  |  |
| Website: |  | Email Address: |  |
| Owners Name (list all): |  |  |  |

**BUSINESS INFORMATION:**

|  |  |
| --- | --- |
| Description of Operations: |  |

Beauty Parlor[ ]  Barber Shop/Hair Salon [ ]  Manicure Shop [ ]

Other:

|  |  |  |  |
| --- | --- | --- | --- |
| Years in Business: |  | If less than 3 years, please provide years of experience and expertise: |  |
| If less than 3 years, please provide years of experience and expertise: |  |
|  |  |
| Estimated annual gross receipts |  | Any USA activities/sales?  | Yes [ ]  No [ ]  |

**PRIOR INSURANCE EXPERIENCE:**

|  |  |  |  |
| --- | --- | --- | --- |
| Current Insurer:  |  | Expiry Date:  |  |
| Policy Number:  |  | Current Policy Premium:  |  |

Please provide details on all losses that have occurred in the past three years:

|  |  |  |
| --- | --- | --- |
| Details of Loss | Amount Paid | Opened or Closed |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Has any insurer declined, cancelled or non-renewed liability insurance in the past five years? Yes [ ]  No [ ]

**OPERATIONS INFORMATION:**

1. Number hairdressers      full-time,      part-time
2. Number beauticians      full-time,      part-time
3. Are the insured's licensed and the licenses of all employees valid? Yes [ ]  No [ ]

(No students operating with a permit)

1. Do you rent to any independent operators? Yes [ ]  No [ ]
2. Do you require certificates of insurance from the independent operators? Yes [ ]  No [ ]
3. Do you perform:
	1. Cutting/perming/Colouring? Yes [ ]  No [ ]
	2. Hair Extensions? Yes [ ]  No [ ]
	3. Waxing? Yes [ ]  No [ ]
	4. Eyebrow Tinting? Yes [ ]  No [ ]
	5. Manicure/Pedicure? Yes [ ]  No [ ]
	6. Facials? Yes [ ]  No [ ]
	7. Microdermabraision? Yes [ ]  No [ ]
	8. Body Wraps? Yes [ ]  No [ ]
	9. Eyelash perming & tinting? Yes [ ]  No [ ]
	10. Body Massage? Yes [ ]  No [ ]
	11. Ear Piercing? Yes [ ]  No [ ]
	12. Body Piercing? Yes [ ]  No [ ]
	13. Electrolysis? Yes [ ]  No [ ]
	14. Wart/Mole Removal? Yes [ ]  No [ ]
	15. Hair Implants, weaving or transplants? Yes [ ]  No [ ]
	16. Ear Candling? Yes [ ]  No [ ]
	17. Tattoo and Permanent Cosmetic Application? Yes [ ]  No [ ]
	18. Hair Laser Removal? Yes [ ]  No [ ]
	19. Chemicals Peels? Yes [ ]  No [ ]
	20. Tanning? Yes [ ]  No [ ]
	21. Others:
4. Do you offer any off-site services? Yes [ ]  No [ ]

|  |  |
| --- | --- |
| If yes, please explain:  |  |

1. Do you manufacture, repackage or re-label any products? Yes [ ]  No [ ]

|  |  |
| --- | --- |
| If yes, please explain:  |  |

1. Are you equipped with any hot tubs, saunas or steam baths Yes [ ]  No [ ]

|  |  |
| --- | --- |
| If yes, how many:  |  |

**TO BE COMPLETED AND SIGNED BY APPLICANT**

A consumer report containing persona, credit, factual or investigative information about the application may besought in connection with this application for insurance or any renewal, extension or variation thereof. Signing of this form does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that his form shall be the basis of the contract should a policy be issued.

The applicant hereby declares that the above information provided in this application is true and accurate to the best of their knowledge, information and understanding. This questionnaire determines the underwriting criteria of the policy being issued and shall be attached to and form part of the policy.

It is further understood and agreed that upon discovery of any misstatement of information or material changes, it is the responsibility of the insured to notify the insurance company through the broker immediately. Claims may be denied if information regarding any misstatements or material changes have not bee reported.

Signature of Applicant: Title:

Print Name: Date: