

# 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<br>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<br><input type="checkbox"/> 25 / 75,000 <input type="checkbox"/> 300 / 600,000<br><input type="checkbox"/> 50 / 150,000 <input type="checkbox"/> 500 / 1,000,000<br><input type="checkbox"/> 100 / 300,000 |
|--|--|

**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.

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**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!**