



Lic. #0A46578

BEAUTICIAN'S PROFESSIONAL LIABILITY APPLICATION

APPLICANTS NAME:

Applicant operates as:
 Individual Partnership
 Corporation

HOME ADDRESS (NUMBER, STREET, CITY OR TOWN, STATE & ZIP CODE) HOME PHONE NUMBER

TRADE OR CORPORATE NAME OF ESTABLISHMENT (Where applicant is leasing space from)

ESTABLISHMENTS ADDRESS (NUMBER, STREET, CITY OR TOWN, STATE & ZIP CODE (Where applicant is leasing space from)

DESCRIBE LOCATION (Where applicant is leasing space from)
 BEAUTY SALON* OFFICE BUILDING HOTEL YOUR HOME HOMES OF OTHERS
 MEDICAL FACILITY RETIREMENT FACILITY OTHER (explain) ***GENERAL LIABILITY AVAILABLE ALSO!**

NAME & ADDRESS OF ANY OTHER LOCATION(S) THAT APPLICANT OPERATES FROM:

DOES APPLICANT OWN THE ABOVE ESTABLISHMENT? YES NO

APPLICANT: LIST ALL PRODUCTS USED FOR THE FOLLOWING SERVICES:

PERMANENT HAIR WAVING	Name or Type of System	Price Scale	Approx. No. Per Yr.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HAIR DYEING AND SHAMPOO TINTING	Product Used		
<input type="text"/>	<input type="text"/>		
HAIR STRAIGHTENING	Product Used		Approx. No. Per Yr.
<input type="text"/>	<input type="text"/>		<input type="text"/>
COSMETICS (SOLD FOR HOME USE)	Name of Products		Approx. Amt. Sales
<input type="text"/>	<input type="text"/>		<input type="text"/>
EYE BROW AND EYE LASH COLORING	Products Used		
<input type="text"/>	<input type="text"/>		
DYE STAIN REMOVING	Products Used		
<input type="text"/>	<input type="text"/>		

YES NO IS THE 24 HOUR PREDISPOSITION TEST GIVEN TO PATRONS WHOSE HAIR HAS NOT BEEN PREVIOUSLY TINTED OR DYED?

YES NO DOES INSURED USE OR SELL PRODUCTS UNDER THEIR OWN LABEL?

YES NO ARE RECORDS (NAMES, ADDRESSES, DATES, PRODUCTS USED AND NAME OF OPERATORS) KEPT OF PATRONS RECEIVING PERMANENT WAVES AND HAIR DYES?

WHAT VOLUME OF PEROXIDE DO YOU USE ON PATRONS?

1. NAME OF PREVIOUS INSURANCE CARRIER AND POLICY NUMBER:

COST PER YEAR: EXPIRATION DATE:

2. IF ANY INSURANCE COMPANY HAS CANCELLED OR REFUSED TO RENEW SIMILAR INSURANCE POLICY IN THE PAST YEAR, GIVE NAME OF COMPANY AND FULL DETAILS

CLAIM HISTORY:			
YEAR OF CLAIM	NATURE OF INJURIES	EQUIPMENT INVOLVED	IF "PENDING", GIVE DETAILS IF "SETTLED", STATE AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DOES APPLICANT PERFORM ANY OF THE FOLLOWING

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING, PLEASE PROVIDE SPECIFIC DETAILS OF THE SERVICE BELOW, INCLUDE DESCRIPTIVE LITERATURE, NAMES OF PRODUCTS USED, AND THE PROCEEDURE FOLLOWED. (IF NECESSARY, USE A SEPARATE SHEET OF PAPER).

- | | |
|--|---|
| <input type="checkbox"/> YES <input type="checkbox"/> NO CHIROPODY | <input type="checkbox"/> YES <input type="checkbox"/> NO TATTOOING |
| <input type="checkbox"/> YES <input type="checkbox"/> NO WART OR MOLE REMOVAL | <input type="checkbox"/> YES <input type="checkbox"/> NO USE FACIAL MACHINES |
| <input type="checkbox"/> YES <input type="checkbox"/> NO REDUCING, SLENDERIZING OR EXERCISING SERVICES | <input type="checkbox"/> YES <input type="checkbox"/> NO BODY PIERCING |
| <input type="checkbox"/> YES <input type="checkbox"/> NO ELECTRIC OR STEAM BATH | <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU OFFER SERVICES OR TREATMENTS THAT ARE NOT GENERALLY ENGAGED IN BY BEAUTY SALONS |
| <input type="checkbox"/> YES <input type="checkbox"/> NO HAIR IMPLANTS OR TRANSPLANTS | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO HAIR WEAVING | |

CONFIRM ACTUAL SERVICES PERFORMED BY APPLICANT

- | | |
|--|--|
| #1 Services of hair styling, coloring, perms <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| #2 Services of nail sculpturing (false nails) <input type="checkbox"/> YES <input type="checkbox"/> NO | #2a. Polishing or filing only (no charge) |
| #3 Services of facials or waxing <input type="checkbox"/> YES <input type="checkbox"/> NO | #3a. Does insured use glycolic acid in treatments (if yes what %?) |
| #4 Services of electrology <input type="checkbox"/> YES <input type="checkbox"/> NO | #4a. Describe |
| #5 Services of masseurs (body massage) <input type="checkbox"/> YES <input type="checkbox"/> NO | SINGLE OR MULTIPLE NEEDLE OR TWEEZER CABINET PORTABLE |
| #6 Services of Permanent Make Up <input type="checkbox"/> YES <input type="checkbox"/> NO | --Must complete separate application |

DO YOU AND YOUR INSURED UNDERSTAND THAT SERVICES #2 THRU #6 ARE EXCLUDED UNLESS AN ADDITIONAL PREMIUM IS PAID AND COVERAGE IS LIMITED TO PROFESSIONAL SERVICES RENDERED BY INSURED ONLY?

YES*

*(Producers Signature) (Must Sign)

\$500,000 LIMIT		\$1,000,000 LIMIT
Premiums	Services	Premiums
*\$150.00	#1	\$ 175.00
+ 40.00	#2	+ 45.00
+ 50.00	#3	+ 55.00
+ 60.00	#4	+ 75.00
+ 175.00	#5	+ 225.00
+ 500.00	#6	+ 575.00

COMMISSION 15%	Example: (\$500,000.LIMIT) (Applicant doing facials/waxing)
Basic* \$150.00	*(basic minimum premium)
Facials +50.00	
Premium \$200.00	(fully earned)
Process Fee +50.00	
Total Premium \$250.00	NO FLAT CANCELLATIONS
Less Comm. -30.00	(must accompany application)
Full Net Premium \$220.00	

PROPOSED EFFECTIVE DATE: _____

	LIMITS	PREMIUM
PROFESSIONAL LIABILITY (Malpractice) (\$500,000. or \$1,000,000.)	\$ _____	\$ _____
ADDITIONAL (Malpractice) COVERAGE, i.e. nails etc. SERVICES #2 THRU #6	\$ _____	\$ _____
GENERAL LIABILITY (FLAT CHARGE \$25.00) available if working in beauty salon	\$ _____	\$ _____
ADDITIONAL INSURED (FLAT CHARGE \$25.00)		\$ _____

NAME AND ADDRESS OF ADDITIONAL INSURED:

Name of Agency _____

Address _____

Ph.# _____ FAX# _____

Lic.# _____

Premium (\$150 min.)	\$ _____
Processing Fee (Fully Earned)	\$ 50.00
Total Premium	\$ _____
FULL NET PREMIUM	\$ _____

TO BIND COVERAGE SUBMIT: Completed Application and Full NET Premium

MAIL TO: I.B.B.INC.
 P.O. BOX 20199
 El Cajon, CA 92021
 (619) 442-6691 * (800) 552-8870
 FAX (619) 442-3871
 LIC. # 0438753

*If this application is not completed it will be returned with no coverage bound!
 If bound, coverage will take effect on the date received by I.B.B.Inc.