

# Application for Spa or Beauty Salon Insurance



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## 1 Your Details

Applicant(s)/Contact(s)

Business name

DBA

Form of legal organization  
 Proprietorship  Partnership  Corporation  LLC

Email address

Phone number

Full mailing address

Full physical address

Physical address county

How many locations do you have?   
*(attach supplemental application if more than one)*

## 2 Your Liability Coverage

Coverage effective date

Premises, products, personal injury & professional liability limits per occurrence  
 \$100,000  \$300,000  \$500,000  \$1,000,000  \$2,000,000

Double the aggregate limit?  Yes  No  
*By default, the aggregate limit is equal to the general and professional limits you selected above. By checking Yes you elect to double your aggregate limit for a fee.*

Any other services or businesses in addition to your spa/salon

How many independent contractors do you have?

## 3 Additional Insured/Loss Payees

Name

Address

Additional Insured  Loss Payee  Both  Other

Name

Address

Additional Insured  Loss Payee  Both  Other

## 5 Business Safety & Discount Qualification Questions

1. If applicable, please provide the name of your current insurance carrier:
2. If any liability claims have been made against you or paid in the last 5 years, please describe:
3. How many years in management do you have in the salon/spa business?  If no management experience, list any previous involvement in salon/spa businesses:
4. Have you been certified by an association that regularly provides safety training?  Yes  No (if yes, attach certificate)
5. If you are a member of a safety group, please list the name of the group:
6. Does your equipment comply with and are you aware of all requirements of the Federal and State regulatory agencies?  Yes  No
7. Is all equipment attached to water equipped with a water shut-off valve or equivalent?  Yes  No  N/A
8. Do you sanitize all body contact equipment after each use?  Yes  No
9. Is your salon/spa monitored by you or a trained employee during all business hours?  Yes  No
10. Are the work areas where acrylics are used well ventilated?  Yes  No  N/A
11. Are all employees instructed in first aid to potential eye contamination by chemicals?  Yes  No
12. Are toxic chemicals stored away from the access of customers?  Yes  No
13. Do you provide on site child care for customers or employees? (not a covered hazard)  Yes  No
14. If your clients operate any exercise equipment, are they instructed and monitored?  Yes  No  N/A
15. If your business is located in a private residence, is there a separate entrance?  Yes  No  N/A

## 4 Your Services

*Please list the total number of each service at all locations including booth renters/independent operators.*

Aerobic Instructors (on site only)

Airbrush Tanning (# units)

Cosmetologist I (covers: any hair and/or nail services)

Cosmetologist II (covers: hair, nails, cosmetic facials & facial waxing)

Nutritional Supplements describe:

Ear Piercing (no body piercing)

Esthetician I (covers: skin care, waxing/sugaring, body wrap, endo-thermology, aromatherapy, muscle electrostimulation, & lymphatic drainage)

Esthetician II (covers: Esthetician I plus electrolysis & microdermabrasion)

Esthetician III (covers: Esthetician II plus chemical peels under 30% acidity)

Infrared Body Wrap

Hydrotherapy (aqua massage, whirlpool, sauna, vichy shower)

LED Light Therapy (certification required)

Massage Therapist  Trained for pregnancy massage?

Nutritional Counselors (those who recommend and set up diets)

Oxygen Bar (# of generators)

Permanent Makeup (special limits/rates apply)

Passive Exercise Equipment (free weights excluded)

Personal Trainer (on site only)

Pulse Light Therapy (certification required)

Spray Tanning Booths (# units)

Teeth Whitening (LED) specify brand:

Other:

Do any independent contractors need coverage?  
(if not, they must be insured and you must provide proof of their coverage)

## 5 Business Safety & Discount Qualification Questions (continued)

16. Do you manufacture or repackage any product?  Yes  No
17. Do you private label any product?  Yes  No (if yes, describe & attach manufacturer insurance) \_\_\_\_\_
18. Do you offer infrared body wraps?  Yes  No (if yes, what brand) \_\_\_\_\_
19. It is a requirement that you use and save as a permanent record, a hazard disclosure and personal injury disclaimer or waiver for each customer for all services performed. Do you use these forms?  Yes  No

## 6 About Your Property

Construction type (select one)

- Frame(wood)  Masonry non-combustible (concrete)  
 Joisted masonry(brick)  Non-combustible (steel)  
 Fire resistive(rating of at least 2 hours)

Building type (select one)

- Free standing  Strip mall  Enclosed mall  Residence

Age of building \_\_\_\_\_ # of stories \_\_\_\_\_

Fire/Burglar protection (select all that apply)

- Sprinkler  Central Station Burglar Alarm  
 Central Station Fire Alarm

Building Improvements (if older than 25 years)

Wiring year \_\_\_\_\_ Roofing year \_\_\_\_\_  
Plumbing year \_\_\_\_\_ Heating/Cooling year \_\_\_\_\_

Describe any other businesses or occupants in this building  
\_\_\_\_\_

Is your local fire service full time?  Yes  No

Describe any property losses in the past three years  
\_\_\_\_\_

Are you responsible for tenant improvements? (A/C, furnace, etc)  Yes  No If so, enter amount: \_\_\_\_\_

## 7 Property Limits

Building coverage (if you own) \_\_\_\_\_

Business personal property (contents) \_\_\_\_\_

*Replacement cost on equipment, inventory, fixtures, and your building improvements - 90% co-insurance  
Subject to water damage sub-limit*

The coverages below are included at no additional charge.

Indicate if you would like more coverage.

Loss of business income \_\_\_\_\_

*Amount included is 25% of business personal property*

Outdoor signs \_\_\_\_\_

*Amount included is 10% of business personal property*

Glass coverage \_\_\_\_\_

*Amount included is \$2,500*

\$1,000 property deductible included or choose

- \$500  \$1,500  \$2,500

## 8 IMPORTANT - ACTION REQUIRED

- Coverage is not effective until the application is approved and payment or payment arrangements received.
- In order to bind, you must provide proof of any other insurance company covering any operation that you conduct on your premises that we are not covering.
- You must attach a copy of the personal injury waiver and medication disclosure card that your customers sign before they use your facility.
- If you offer spray tanning, your waiver must list the FDA recommendations regarding ingestion/inhalation.
- If issued, this policy will cover only those operations for which a premium is charged or designated as "Included" in the schedule of insured hazards.

## 9 Acknowledgement & Signature

*I acknowledge that any insurance provided as a result of acceptance of this application insurance on a "Surplus Lines" basis in my State and in the domicile State of the Master Policy. Surplus Lines insurers are not covered by any State will be provided by an insurance company eligible to provide sponsored guaranty fund. I desire to become eligible to procure insurance through Healthy Look Professionals, Inc. (HLP). If I have elected to pay my insurance premium by installment, I appoint Insurtec, Inc., agent of HLP, as attorney-in-fact to cancel my policy if I fail to pay any scheduled installment or late charge. Coverage is not effective until the application is approved and payment or payment arrangements received. I warrant that all statements I have made on this application are true to the best of my knowledge.*

**Your Business Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Your Signature:** \_\_\_\_\_

**If written, this policy does not provide coverage for worker's compensation or flood**