

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 if more than one)

Gross sales for the last 12 months \$

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)

Red Light Therapy

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
20. Do you sell products online? Yes No (if yes, enter gross sales in the last twelve months) _____

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 _____ Square footage _____

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*

Loss of business income _____

Outdoor signs _____

Glass coverage _____

Optional property coverages (select all you would like quoted)
 Money & Securities Employee Dishonesty
 Computer Equipment

\$1,000 property deductible included or choose
 \$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 has been placed with an insurer that is not licensed by the state and therefore not protected by any state guaranty fund. In case of insolvency, payment of claims may not be guaranteed. If I have elected to pay my insurance premium by installment, I appoint Insurtec, Inc. 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