

Roush Insurance Services, Inc.
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Applications available at www.roushins.com

Agency _____ Code _____
 Producer _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____

Beauty Salon/Barber Shop/Day Spa Application

Proposed Dates: From _____ to _____

(Please Note: Quotation may not conform to limits and coverages requested on application.)

Applicant Name _____ Inspection Contact _____
 DBA _____ Inspection Contact Phone Number _____
 Mailing Address _____ Location Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Phone: Day _____ Evening _____ Website _____

Individual Partnership Joint Venture Trust LLC Corp or Other Organization: _____
 Barber Shop Beauty Parlor Cosmetic Spa Day Spa Tanning Salon Other: _____
 Dental Spa or Medical Spa. (If either of these are applicable to the insured please complete a Professional Liability application.)

Business Description _____
 Length of Time in Business/Experience _____ yrs _____ mos New Venture? Yes No Non-Profit? Yes No
 Prior Carrier _____ Expiring Premium \$ _____ Lapse in Coverage? Yes No, Reason _____
 Any Claims in Last Three Years? Yes No, Describe and Attach Loss Runs _____
 Has any Company Cancelled or Refused Coverage to the Applicant? Yes No, Reason _____
 Is applicant in Bankruptcy? Yes No, Describe _____

1. Property Locations: (Street Address, City, County, State and Zip Code)

Premises ___ **Building** ___: _____
Occupancy: _____
Premises ___ **Building** ___: _____
Occupancy: _____

2. Values: (Blanket Coverage Not Available)

| Provide Value Per Location | Prem ___ Bldg ___ | Prem ___ Bldg ___ |
|----------------------------|--|--|
| Valuation | <input type="checkbox"/> ACV <input type="checkbox"/> RC | <input type="checkbox"/> ACV <input type="checkbox"/> RC |
| Building | \$ | \$ |
| Business Personal Property | \$ | \$ |
| Loss of Income | \$ | \$ |
| Sign | \$ | \$ |
| Equipment Breakdown | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Deductible: \$1,000 \$2,500 \$5,000 **Coverage:** Basic Broad Special

3. Description Of Premises:

| Provide Detail Per Location | Prem ___ Bldg ___ | Prem ___ Bldg ___ |
|-----------------------------|-------------------|-------------------|
| Construction | | |
| Protection Class | | |
| No. Apt. Units | | |
| % of Building Occupied | _____ % | _____ % |
| Total square feet | | |
| No. Stories | | |
| Year Built | | |

| Provide Detail Per Location | Prem ___ Bldg ___ | Prem ___ Bldg ___ |
|--|--|--|
| Distance to nearest building? | _____ ft | _____ ft |
| Minimum 100 Amp Service? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fuses? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Interior aluminum wiring? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sprinklered? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fire extinguishers? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does building have a central alarm system? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fire <input type="checkbox"/> Brg | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fire <input type="checkbox"/> Brg |

4. Year Of Updates:

| Provide Detail | Prem ___ Bldg ___ | Prem ___ Bldg ___ |
|--------------------------|---|---|
| Heating/Air Conditioning | Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update | Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update |
| Plumbing | Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update | Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update |
| Roof | Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update <input type="checkbox"/> Roof Exclusion | Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update <input type="checkbox"/> Roof Exclusion |
| Wiring & Electrical | Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update | Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update |

LIABILITY LIMITS \$ _____ Per Occurrence / \$ _____ Aggregate

5. Number of operators: _____

Full-time hair and/or manicurist: _____ Part-time hair and/or manicurist (less than twenty [20] hours per week): _____

Aestheticians: _____ Masseuses: _____

6. Are all operators licensed? Yes No

7. Total gross sales:..... \$ _____

8. Are any of the following exposures included in the applicant's operation?

| | | |
|---|--|--|
| <input type="checkbox"/> Barber Shop chairs: _____ | <input type="checkbox"/> Laser hair removal; receipts: \$ _____ | <input type="checkbox"/> Removal of tattoo, port wine or birthmark |
| <input type="checkbox"/> Beauty schools/classes | | <input type="checkbox"/> Saunas: _____ |
| <input type="checkbox"/> Body wraps | <input type="checkbox"/> Lice removal (Off premises) | <input type="checkbox"/> Swimming pools: _____ |
| <input type="checkbox"/> Chemical peels: Type: _____ Receipts: \$ _____ | <input type="checkbox"/> Makeovers/Facials | <input type="checkbox"/> Tanning beds: _____ |
| | <input type="checkbox"/> Manicures/Pedicures | <input type="checkbox"/> Tanning booths: _____ |
| <input type="checkbox"/> Ear piercing | <input type="checkbox"/> Microdermabrasion; receipts: \$ _____ | <input type="checkbox"/> Tanning spray on booths: _____ |
| | | <input type="checkbox"/> Tattoos |
| <input type="checkbox"/> False lashes | <input type="checkbox"/> Nail sculpting | <input type="checkbox"/> Toning beds: _____ |
| <input type="checkbox"/> Hot tubs/spas: _____ | <input type="checkbox"/> Permanent cosmetics; receipts: \$ _____ | <input type="checkbox"/> Wig application |
| <input type="checkbox"/> Hydromassage beds: _____ | | <input type="checkbox"/> Waxing—hot/cold |

9. Are rules posted and/or life-safety equipment available? Yes No

10. Are records kept of patrons' permanent waves and hair dyes? Yes No

State methods used in permanent hair waving: _____

11. Does applicant manufacture or sell any food, beverage, supplement or vitamin? Yes No

12. Does applicant manufacture, mix, blend or repackage products sold for use on or off premises (other than any food, beverage, supplement or vitamin)? Yes No
If yes, advise receipts and explain: _____
13. Are any operations performed away from the applicant's premises? Yes No
If yes, explain: _____
14. Has any operator had a previous claim or pending allegations for alleged malpractice, error or mistake? Yes No
If yes, explain: _____
15. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?..... Yes No
If yes, explain: _____
16. Does applicant have other business ventures for which coverage is not requested? Yes No
If yes, explain and advise where insured: _____

17. Are any of the following performed by applicant? (If so, please complete a Professional Liability application.)

| | | | |
|--|--|---|--|
| <input type="checkbox"/> Acne scar treatment | <input type="checkbox"/> Colon hydrotherapy | <input type="checkbox"/> Fat Reducing Procedures | <input type="checkbox"/> Plastic surgery |
| <input type="checkbox"/> Body piercing (other than ear piercing) | <input type="checkbox"/> Deep Chemical peels | <input type="checkbox"/> Intense pulsed light (IPL) | <input type="checkbox"/> Podiatry detoxification |
| | <input type="checkbox"/> Ear candling | <input type="checkbox"/> Hair implants | <input type="checkbox"/> Prenatal massage |
| <input type="checkbox"/> Botox or other injections | <input type="checkbox"/> Electrolysis | <input type="checkbox"/> Mesotherapy treatment | <input type="checkbox"/> Teeth whitening |
| <input type="checkbox"/> Chiropody | <input type="checkbox"/> Face lifting | <input type="checkbox"/> Micro-needle therapy | <input type="checkbox"/> Vein treatments |

18. Additional Insured Information: Mortgagee Contract Buyer Contract Seller Loss Payable Addtl Ins

| Name | Address | Interest/Loan No. |
|------|---------|-------------------|
| | | |
| | | |
| | | |

Other Pertinent Information: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying.

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain 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.