

INDEPENDENT CONTRACTORS APPLICATION

Applicant Name: _____ Phone Number: _____

Business Name: _____ Do you Own This Business? Yes No

Email Address: _____ Website: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Business Address (1): _____

City: _____ State: _____ Zip code: _____

County: _____ Square Footage: _____

Business Address (2): _____

City: _____ State: _____ Zip code: _____

County: _____ Square Footage: _____

How long in business? _____ Annual gross receipts from all operations? _____

Are you in compliance with all city, county, state ordinances? Yes No

Are you required to name any other person or entity as an Additional Insured on your Policy? Yes No

a. If Yes, Please provide Name and Address: _____

b. What is the interest of the Additional Insured? Salon City or Government Agency Lessor

Other: _____

c. Does the additional Insured require the following: Primary/ Non Contributory Wording Waiver of Subrogation

Products Liability needed for take home products sold by you Yes No Gross receipts (excluding private label): _____

Do you sell non - beauty related products? Yes No If Yes, Describe: _____

Do you private label products for sale? Yes No *If Yes, requires separate application*

<u>Schedule of Services</u>	<u>Check all that apply</u>
Manicurist: <i>Nails and Related Services</i>	
Beauticians and/or Barbers: <i>Hair, Eyebrow Tinting</i>	
Cosmetologist: <i>Topical Makeup, Eyelash & Eyebrow Extensions/Tinting, Threading, Waxing, Sugaring (includes Hair & Nails)</i>	
Massage Therapist: <i>Massage, Body Wraps, Endermologie, Reiki</i>	
Aesthetician: <i>If Yes, Mark ALL that apply</i>	
<input type="checkbox"/> Facials <input type="checkbox"/> Aesthetic Grade Peels <input type="checkbox"/> Spray Tanning <input type="checkbox"/> Needling/Collagen Induction Therapy <input type="checkbox"/> Electrology <input type="checkbox"/> Microdermabrasion <input type="checkbox"/> LED/Microcurrent <input type="checkbox"/> Medical Grade Peels	

If you provide any of the following, please mark all that apply – *will require separate application*

Decorative Tattooing: _____ Body Piercing: _____ Yoga/Personal Trainers: _____

Laser/Intense Pulse Light: _____ Permanent Makeup: _____ Medical Radio Frequency: _____

Other not listed on application: _____

Other Coverages: *additional premium may apply*

Do you want coverage for Communicable Disease at \$100K Sublimit? Yes No Quote automatically includes \$50,000 sublimit

Do you want coverage for Sexual Abuse Yes No If Yes, indicate limits desired

\$25,000 Per Occ./ \$50,000 Agg \$50,000 Per Occ./ \$100,000 Agg. \$100,000 Per Occ./ \$200,000 Agg.

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Property Section:	Check Here if not Desired <input type="checkbox"/>
Complete if property stays at one location	
a.) Age of Building: _____	Construction: _____ Number of stories: _____
If building is over 20 years old, when were the following upgraded? (* information required)	
*Roof: _____	*Plumbing: _____ *Wiring: _____ Sprinklers: <input type="checkbox"/> Yes <input type="checkbox"/> No
*Is there a Central Station Burglar Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, advise Alarm Provider: _____
*If Yes, is the aforementioned alarm inside your unit and in your control? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Occupancies in building? (describe): _____	
Adjoining Occupancies:	Left: _____ Right: _____
Approximate distance from fire station: _____ Distance from fire hydrant: _____	

Do you sell or use jewelry? Yes No If Yes, Jewelry Value (\$): _____

Name and address of Loss Payee: _____

Coverage Desired:

Business Personal Property: \$: _____

Business Interruption: \$: _____ Amount per month: _____

If property goes with you to more than one location, please check here

History: Note – ALL questions must be answered. Failure to disclose claims history could invalidate coverage

Do you Currently have Insurance coverage Yes No

Insurer	Policy #	Liability Limits	Premium	Exp. Date

If Claims Made, most Recent Retroactive Date: _____

List any Professional, General Liability or Property Claims history below, whether or not insured **If None, Check Here**

Do you have knowledge of an event, circumstance or occurrence (other than listed above) prior to the effective date of the proposed policy, or are you aware that a claim may be brought as an result of said event, circumstance or occurrence? If Yes, Describe Event Yes No

ATTESTATION

I understand and agree this Application and any supplements attached hereto will be relied upon for issuance of any policy. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the company, result in the voiding of the insurance issued in reliance on this application and/or denial of claims under any policy issued. I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release all Lloyd's of London participating syndicates, any documents, records or other information bearing upon the foregoing. I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law. I understand this insurance is being provided through a surplus lines company and the insurer may not be subject to all the insurance laws and rules in my state and the risk is not protected by the State Insurance Insolvency Fund.

**THIS APPLICATION MUST BE SIGNED BY APPLICANT WITHIN 30 DAYS OF BINDING.
SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE
BECOMES EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY**

APPLICANT SIGNATURE	TITLE
DATE SIGNED	REQUESTED EFFECTIVE DATE
	LIABILITY LIMIT REQUESTED

Can we email you your policy (usually within 2-3 weeks) Yes No _____@_____

One box below must be checked:

I ELECT TO PURCHASE TERRORISM COVERAGE AT AN ADDITIONAL PREMIUM

I DO NOT ELECT TO PURCHASE TERRORISM COVERAGE AT AN ADDITIONAL PREMIUM