MUSIC Beautician & Barber Supplemental Application

Applicant's Name _____ Agent Name _____

DBA _____ Address _____

Mailing Address _____ Proposed Effective Date:

From _____ To _____

Web Address _____ (12:01 am Standard Time at the address of the Applicant)

States of Operation _____ Applicant is:

□ Individual □ Joint Venture

Years doing business under current name _____ years □ Corporation □ LLC

□ Partnership □ Other

Years of Experience _____ years □ Owner □ Tenant

□ Beauty Parlor □ Barber Shop

Note: Electrolysis, Hair Implants, Body Wraps, Diet or reducing programs, Vitamin or supplement sales, Massages that include chiropractic methods, Microderm Abrasion, Plastic Surgery, Face Lifting, Chiropody and Unlicensed Contractors are prohibited operations.

Limits of Liability Requested	
Each Occurrence	$
Personal & Advertising Injury	$
Products & Completed Operations Aggregate	$
General Aggregate	$
Fire Legal (any one premise)	$
Medical Expense (any 1 person)	$
Other Coverages, Restrictions, or Endorsements requested:	
Deductible $ BI/PD per Claim - LAE	

Description of Operations _____

MUSIC Beautician & Barber Supplemental Application

Account Revenue Projections and History

Year	Payroll	Gross Receipts
Next 12 Months		
Prior Year		
Prior Year		
Prior Year		

Part occupied by the applicant _____

Number of operators employed _____

Full Time _____ Part Time (less than 15 hrs per wk) _____

Are all operators licensed? □ Yes □ No

Are all contractors licensed? □ Yes □ No

Has any operator had a previous claim for alleged malpractice, error or mistake? □ Yes □ No

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

Are services offered at funeral homes, nursing homes, and hospitals? □ Yes □ No

Please state methods used in permanent hair waiving (electric, cold wave, machineless, other)

Are any of the following exposures included in the applicant's organization?

□ Nail Sculpting □ Makeovers/Facials □ Beauty Schools/Classes □ False Lashes

□ Manicures/Pedicures □ Wig Application □ Body Piercing □ Ear Piercing

□ Manufacturing, mixing, blending, or repacking of products for use off premises

□ Permanent Cosmetics If so, at what percentage of total operation? _____

□ Waxing-Hot/Cold If so, at what percentage of total operation? _____

In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you? (Not applicable in Missouri) □ Yes □ No

If yes, please describe. _____

Do you have any known events occurred prior to the proposed effective date of this policy that may result in a claim? □ Yes □ No

If yes, please describe. _____

Prior Carrier Information

	Year:	Year:	Year:	Year:	Year:
Carrier					
Premium					
Deductible					
Premium Base					

Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicants Signature _____ Date _____

_____ _____

Agents Signature _____ Date _____