



International Beauty Brokerage, Inc.

BEAUTY SALON AND BARBER POLICY

(We offer monoline or a package policy)

Lic. #OA46578

SELF RATER

LIABILITY COVERAGES (ISO simplified forms) (CG 00 01) (NO LIABILITY DEDUCTIBLES)

Liability coverages provide: Premises Operations, Products and Completed Operations, Personal and Advertising Injury, Professional, Non-Owned Auto, Fire Damage Legal - \$50,000 included, Premises Medical Payments \$1,000 included.

NOTE: ALL operators working in the salon, including independent contractors etc., MUST BE INCLUDED in the total number of operators. (except receptionists)

THESE LIABILITY PREMIUMS ARE FOR SHOPS WITHIN THESE ZIP CODES: CA AZ NV

Zip Codes: 900 thru 902 940 thru 948				
# of OPS.	\$100,000	\$300,000	\$500,000	\$1,000,000
1	258	275	369	442
1 1/2	263	279	373	448
2	268	284	378	454
2 1/2	272	291	391	469
3	296	337	418	502
3 1/2	320	344	447	536
4	349	372	475	570
4 1/2	370	412	501	600
5	410	460	529	634
5 1/2	448	502	570	684
6	489	547	620	744
6 1/2	527	589	669	802
7	567	620	718	862
7 1/2	604	677	768	921
8	646	724	819	982
8 1/2	667	767	867	1040
9	725	813	917	1101
9 1/2	765	854	968	1161
10	806	901	1017	1221
ABOVE 10 OPERATORS ADD FOR EACH ADDITIONAL				
FT	64	78	93	111
PT	34	39	44	53

Zip Codes: 932, 933, 936, 937, 958 903 thru 928 949 thru 953				
# of OPS.	\$100,000	\$300,000	\$500,000	\$1,000,000
1	226	241	323	388
1 1/2	230	244	327	393
2	235	248	331	398
2 1/2	239	255	343	411
3	260	294	366	439
3 1/2	281	302	392	470
4	305	327	416	499
4 1/2	324	361	439	527
5	359	402	464	566
5 1/2	392	440	499	599
6	428	479	543	652
6 1/2	462	517	586	703
7	497	543	629	755
7 1/2	530	594	673	808
8	566	635	716	860
8 1/2	585	671	760	912
9	635	712	803	963
9 1/2	671	750	849	1019
10	706	789	892	1070
ABOVE 10 OPERATORS ADD FOR EACH ADDITIONAL				
FT	57	74	88	106
PT	29	37	44	53

AZ & NV Zip Codes: "Balance of State"				
# of OPS.	\$100,000	\$300,000	\$500,000	\$1,000,000
1	188	201	269	323
1 1/2	191	204	272	327
2	195	207	276	331
2 1/2	199	212	285	342
3	216	248	305	366
3 1/2	234	251	326	381
4	255	272	347	416
4 1/2	270	302	365	438
5	299	336	386	464
5 1/2	327	366	416	499
6	357	401	453	544
6 1/2	385	430	489	587
7	414	453	525	630
7 1/2	443	495	561	673
8	472	529	598	717
8 1/2	488	560	634	761
9	530	593	670	804
9 1/2	559	624	707	848
10	588	658	743	892
ABOVE 10 OPERATORS ADD FOR EACH ADDITIONAL				
FT	54	62	68	81
PT	27	32	34	41

SOME IMPORTANT

EXCLUSIONS

- Wrongful Termination
- Clothing Held For Sale
- Chiropody
- Wart or Mole Removal
- Steam or Moist Air Baths
- Reducing or Slenderizing
- Residential Premises

*Tattooing/Body Piercing
*(separate program available)
call for application

- **Permanent Make Up**
- **Suntanning Beds**
- ** (can be added - call for app.)
- *Electrologist
- *Nail Sculpture
- *Facials/Waxing
- *Masseur
- * (can be added, see SPECIAL RATES)

FT = Full Time PT(1/2) = Part Time (16 hrs. or less)

SPECIAL RATES - ADDITIONAL CHARGES FOR EACH OPERATOR WHO PERFORMS THESE SERVICES															
FACIALS/WAXING				ELECTROLOGY				NAIL SCULPTURING				MASSEUR/MASSEUSE			
100,000	300,000	500,000	1,000,000	100,000	300,000	500,000	1,000,000	100,000	300,000	500,000	1,000,000	100,000	300,000	500,000	1,000,000
\$50	\$55	\$60	\$80	\$75	\$80	\$85	\$100	\$40	\$45	\$50	\$65	\$175	\$250	\$325	\$400

IMPORTANT - No additional charge on each service above "3" operators. **EXAMPLE** - "4" Nail operators, \$100,000 liability - only charge \$40.00 x "3"

COMPLETE THE FOLLOWING

*TOTAL # OF ALL OPERATORS - Include: Beauticians, Nail Workers, Masseurs, Facialists/Waxing, Electrologists

(YES) (NO) <input type="checkbox"/> <input type="checkbox"/>	IS THE 24 HOURS PREDISPOSITION TEST GIVEN TO PATRONS WHOSE HAIR HAS NOT BEEN PREVIOUSLY TINTED OR DYED?	(YES) (NO) <input type="checkbox"/> <input type="checkbox"/>	DOES SALON USE OR SELL PRODUCTS UNDER INSURED'S LABEL?
(YES) (NO) <input type="checkbox"/> <input type="checkbox"/>	ARE RECORDS (NAMES, ADDRESSES, DATES, PRODUCTS USED AND NAME OF OPERATOR) KEPT OF PATRONS RECEIVING PERMANENT WAVES AND HAIR DYES?	WHAT VOLUME OF PEROXIDE DO YOU USE ON PATRONS?	

*TOTAL # OF OPERATORS _____ *TOTAL # OF STATIONS _____

CONFIRM THE ACTUAL SERVICES PERFORMED BY EACH INDIVIDUAL OPERATOR

	EMPLOYEES		IND. CONTRACTORS	
	FL. TIME	PT. TIME	FL. TIME	PT. TIME
1. Number of Beauticians/Barbers _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Number of Manicurists, doing Nail Work _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Number of Masseurs _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Number of Persons doing Facials/Waxing _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Number of Electrologists _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DO YOU AND YOUR INSURED UNDERSTAND THAT SERVICE 2 THRU 5 ARE EXCLUDED UNLESS AN ADDITIONAL PREMIUM IS PAID FOR THESE SERVICES _____ **YES***

*(Producer's Signature) (MUST SIGN)

*IF APPLICATION IS NOT COMPLETE, THIS APPLICATION WILL BE RETURNED WITH NO COVERAGE BOUND!

(MANAGING GENERAL AGENT REPRESENTING TOPA INSURANCE COMPANY)

COVERAGE BOUND ON DATE RECEIVED BY I.B.B., INC. EFFECTIVE 1-1-05

PROPERTY PREMIUMS

Premiums include: **SPECIAL FORM** coverage with **80%** co-insurance at **REPLACEMENT COST** on contents. Also includes **LOSS OF EARNINGS - ACTUAL LOSS SUSTAINED, 120 DAYS - \$20,000 aggregate**, and **ROBBERY & SAFE BURGLARY \$250.**

DESCRIBE PROTECTIVE DEVICES

None
 Double Cylinder Dead Bolt Locks
BURGLAR ALARMS
 Local
 Central Station (covering all openings)
 Iron Bars or Gates (covering all openings)
 Other _____

Content Coverage	Combined Premium
3,000	94.00
3,500	108.00
4,000	113.00
4,500	118.00
5,000	143.00
5,500	152.00
6,000	166.00
6,500	173.00
7,000	185.00
7,500	195.00
8,000	207.00
8,500	220.00
9,000	230.00
10,000	251.00

For Higher Limits ABOVE \$10,000 Contents use a Rate of **\$5.00** per \$1,000. Add to the Combined Premium

CREDITS PROPERTY

Check all appropriate boxes for credits taken and apply credit to the contents premium only!

- \$500 deductible - 05%
- \$1,000 deductible - 10%
- Broad Form - 20%
- Basic Form - 25%
- Sprinklered - 30%

COMPLETE THIS SECTION

CONSTRUCTION TYPE	RIGHT EXPOSURE	YEAR BUILT - IF OVER 25 YRS. YR. UPDATING ON:	ELECTRICAL _____
LEFT EXPOSURE	REAR EXPOSURE	# OF STORIES	FLOOR INSURED HEATING/AIR _____
OTHER OCCUPANCIES		ON _____	ROOF _____

*NAME OF PREVIOUS CARRIER _____ POLICY # _____
 *LIST NUMBER AND TYPE OF CLAIMS THE LAST THREE YEARS _____
 Paid \$ _____ Reserved \$ _____
 * In the past three years has any carrier cancelled or declined to renew Yes _____ No _____ Explain _____

SQ. FT. OF SHOP _____ INSURED OPERATE A _____ Name of Agency _____
 GROSS RECEIPTS \$ _____ BOUTIQUE? _____ Address _____

PROPOSED EFFECTIVE DATE ____ / ____ / ____ Ph# (____) _____ FAX _____
 Name of insured: _____ *Lic # _____
 D.B.A. _____ Phone # of Shop _____
 Address of shop _____
 Zip Code _____ M/A: _____

- Individual
- Partnership
- Corporation

PROPERTY — (Optional) You may just offer liability coverage! (Building coverage submit for quotation)	Limits	Premium
CONTENTS: Special Form, R/C, 80% Co-insurance (\$250 Deductible) _____	\$ _____	\$ _____
LOSS OF EARNINGS/BUSINESS INCOME: (\$20,000 incl.) - (excess \$3.50 per \$1,000) _____	\$ _____	\$ _____
ROBBERY & SAFE BURGLARY (\$250 incl.) - (excess \$30 per \$250) _____	\$ _____	\$ _____
NEON OR ELECTRIC SIGN (6% of value) _____	\$ _____	\$ _____
EXTERIOR PLATE GLASS, Flat Charge \$65 (For lettering add \$35) (\$100 DED)		
→ Total sq. ft. to be covered _____ & # of Plates _____ (must complete to cover)	ACV	\$ _____
INTERIOR GLASS including mirrors 10% of value. Minimum premium \$35 _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

LIABILITY — (Must Include)	Limits	Premium
GENERAL AGGREGATE LIMIT _____	\$ _____	\$ _____
EACH OCCURRENCE incls - (Products & Completed Ops.) (Personal & Advertising Injury) (Non-Owned Auto) (Professional) _____	\$ _____	\$ _____
SPECIAL RATES - Professional - (ie, nails/facials etc.) _____	\$ _____	\$ _____
INCREASE GENERAL AGGREGATE LIMIT (twice occurrence limit) – ADD 10%* _____	\$ _____	\$ _____
MEDICAL PAYMENTS (\$1,000 incl.) - (increase to \$5,000 add \$25.00) _____	\$ _____	\$ _____
FIRE DAMAGE LEGAL (\$50,000 incl.) - (excess \$1.50 per \$1,000) _____	\$ _____	\$ _____
OTHER _____	\$ _____	\$ _____

ADDITIONAL INSURED – ADD 10%* _____
 Name & Address of Additional Insured: _____
 Premium (\$350 min.) \$ _____
 Inspection/Processing Fee (Fully Earned) \$ _____
Total Premium \$ 50.00
 25% Deposit of Premium plus fees required \$ _____

MAIL TO:
 INTERNATIONAL BEAUTY BROKERAGE, INC.
 P.O. BOX 20199
 EL CAJON, CALIFORNIA 92021
 (619) 442-6691 or 1-800-552-8870 FAX: (619) 442-3871
 visit us at www.beauty2000.org

NO FLAT CANCELLATIONS

If financing, send ORIGINAL completed agreement with deposit. We will insert policy number and forward to the finance company.

Insured's checks not acceptable

If you wish us to place insured on monthly installments please sign.
 (x) _____
 and send the following deposit.....25% of Premium
 +\$50.00
 P.S. Agent may retain commission out of deposit only if financing!
 Total Deposit-\$ _____