



BEAUTICIAN'S PROFESSIONAL LIABILITY APPLICATION



Applicant Information

Name:		Operates as: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Phone:	Email:		
Home Address:			
City:	State:	ZIP:	

Establishment Information

Name of Establishment (WHERE APPLICANT IS LEASING SPACE FROM):

Establishment address:

City:	State:	ZIP:
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Describe Location (Where applicant is leasing space from)

Beauty Salon*
 Office Building
 Hotel
 Your Home
 Homes of Others

Medical Facility
 Retirement Facility
 Other (explain)
 *General Liability Available Also!

Names & address of any other location(s) that applicant operates from:

DOES THE APPLICANT OWN THE ABOVE ESTABLISHMENT? YES NO

Insurance History

Name of previous insurance Carrier and policy number:	Cost Per Year:	Expiration Date:
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If any insurance company has cancelled or refused to renew similar insurance policy in the past year, give name of company and full details:

Year of Claim (If any):	Nature of Injuries:
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Services

Does applicant perform any of the following:

If you answer "YES" to any of the following, please provide specific details of the service in the space below; include descriptive literature, names of products used, and the procedure followed. (If necessary, use a separate sheet.)

<table border="0"> <tr><td>YES</td><td>NO</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/> Chiropody</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/> Wart or Mole Removal</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/> Reducing, Slenderizing, Exercising Services</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/> Electric or Steam Baths</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/> Hair Implants or Transplants</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/> Hair Weaving</td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/> Chiropody	<input type="checkbox"/>	<input type="checkbox"/> Wart or Mole Removal	<input type="checkbox"/>	<input type="checkbox"/> Reducing, Slenderizing, Exercising Services	<input type="checkbox"/>	<input type="checkbox"/> Electric or Steam Baths	<input type="checkbox"/>	<input type="checkbox"/> Hair Implants or Transplants	<input type="checkbox"/>	<input type="checkbox"/> Hair Weaving	<table border="0"> <tr><td>YES</td><td>NO</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/> Body Piercing</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/> Decorative Tattooing</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/> Does applicant use or sell products under their own label</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/> Does applicant offer services or treatments that are not generally engaged in by beauty salons</td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/> Body Piercing	<input type="checkbox"/>	<input type="checkbox"/> Decorative Tattooing	<input type="checkbox"/>	<input type="checkbox"/> Does applicant use or sell products under their own label	<input type="checkbox"/>	<input type="checkbox"/> Does applicant offer services or treatments that are not generally engaged in by beauty salons
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CONFIRM ACTUAL SERVICES PERFORMED BY APPLICANT

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| #1 Services of Hair Styling, Coloring, Perms | <input type="checkbox"/> | <input type="checkbox"/> |
| #2 Services of Nail Work | <input type="checkbox"/> | <input type="checkbox"/> |
| #3 Services of Facials or Waxing | <input type="checkbox"/> | <input type="checkbox"/> |
| #4 Services of Electrology | <input type="checkbox"/> | <input type="checkbox"/> |
| #5 Services of Masseurs (Body Massage) | <input type="checkbox"/> | <input type="checkbox"/> |
| #6 Services of Spray Tanning | <input type="checkbox"/> | <input type="checkbox"/> |
| #7 Services of Permanent Makeup | <input type="checkbox"/> | <input type="checkbox"/> |

--3a. Does insured use glycolic acid in treatments? _____
 If yes what %? _____ Yes No

-- Must complete supplemental application.

DO YOU AND YOUR INSURED UNDERSTAND THAT SERVICES #2 THRU #7 ARE EXCLUDED UNLESS AN ADDITIONAL PREMIUM IS PAID AND COVERAGE IS LIMITED TO PROFESSIONAL SERVICES RENDERED BY INSURED ONLY?

_____ Yes *
 *(Producers Signature) (Must Sign!!!!)

Premium

\$500,000 LIMIT		\$1,000,000 LIMIT		COMMISSION 15%	EXAMPLE (\$500,000 LIMIT) (Applicant doing facials/waxing)
Premiums	Services	Premiums			
* \$150.00	#1	\$175.00		Basic*	\$150.00 (basic minimum premium)
+ 40.00	#2	+ 45.00		Facials	+50.00
+ 50.00	#3	+ 55.00		Premium	\$200.00
+ 60.00	#4	+ 75.00		Process Fee	+50.00 (fully earned)
+ 175.00	#5	+ 225.00		Total Premium	\$250.00
+ 200.00	#6	+ 250.00		Less Comm.	-30.00
+ 500.00	#7	+ 575.00		<u>Full Net Premium</u>	\$220.00 (must accompany application)

NO FLAT CANCELLATIONS!

PROPOSED EFFECTIVE DATE: _____

	LIMITS	PREMIUM
PROFESSIONAL LIABILITY (Malpractice) (Each Occurrence) (\$500,000 or \$1,000,000)	\$ _____	\$ _____
ADDITIONAL (Malpractice) COVERAGE, i.e. nails etc. <u>Services #2 thru #7</u>	\$ _____	\$ _____
GENERAL LIABILITY (Flat Charge \$25.00) available if working in beauty salon	\$ _____	\$ _____
ADDITIONAL INSURED (Flat Charge \$25.00)		\$ _____
Name and Address of Additional Insured	Premium (\$150 min.)	\$ _____
	Processing Fee (Fully Earned)	\$ <u>50.00</u>
	Total Premium	\$ _____
	FULL NET PREMIUM	\$ _____

Insured's Checks NOT Acceptable!

Name of Agency: _____
 Address: _____
 Phone #: _____ Fax: _____
 Lic. # _____ Email: _____

TO BIND COVERAGE SUBMIT: Completed application AND Full NET Premium

MAIL TO:
 I.B.B. Inc.
 P.O. Box 20199
 El Cajon, CA 92021
 (619) 442-6691 * (800) 552-8870
 Fax (619) 442-3871
 Email: ibbi@sbcglobal.net
 Beauty2000.org
 LIC. # 0438753

*If this application is not completed it will be returned with no coverage bound!
 If bound, coverage will take effect the date received by I.B.B. Inc.