



BEAUTY SALON/SPA & BARBER APPLICATION

(We offer Monoline or a Package Policy)



LIABILITY COVERAGES (ISO simplified forms) (CG 00 01)

(NO LIABILITY DEDUCTIBLES)

Liability Coverages Provide: Premises Operations, Products & Completed Operations, Personal & 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

Zip Codes: "Balance of State" AZ & NV				
# 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	537	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

IMPORTANT EXCLUSIONS!

- Wrongful Termination
- Clothing Held for Sale
- Chiropraxy
- Wart or Mole Removal
- Steam or Moist Air Baths
- Reducing or Slenderizing
- Residential Premises
- Tattooing/Body Piercing (Separate program available) Call for Application
- **Permanent Makeup**
- **Tanning Beds** (Can be added, call for app.)
- *Electrology
- *Nail Sculpture
- *Facials/Waxing
- *Masseur (can be added)

SEE SPECIAL RATES BELOW

SPECIAL RATES - ADDITIONAL CHARGES FOR EACH OPERATOR WHO PERFORMS THESE SERVICES

FACIALS/WAXING				ELECTROLOGY				NAIL SCULPTURING				MASSEUR/MASSEUSE				SPRAY TANNING			
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	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	\$100	\$150	\$200	\$250

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

Yes No Does the Salon use or sell products under Insured's label?

COMPLETE THE FOLLOWING: Total # of operators include beauticians, nail workers, masseurs, facialists/waxing, electrologists, spray tanners.

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

	EMPLOYEES		IND. CONTACTORS	
	FT	PT	FT	PT
1. Number of Beauticians/Barbers _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Number of Facials/Waxing _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Number of Electrologists _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Number of Persons doing Nail Work _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Number of Masseurs _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Number of Persons doing Spray Tanning _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DO YOU AND YOUR INSURED UNDERSTAND THAT SERVICE #2 THRU #6 ARE EXCLUDED UNLESS AN ADDITIONAL PREMIUM IS PAID FOR THESE SERVICES _____ **YES***

*(Producer's Signature) (MUST SIGN)

PROPERTY PREMIUMS

Premiums include: **SPECIAL FORM** coverage with 80% co-insurance at **REPLACEMENT COST** on Contents. Also included **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
5,000	\$135.00
5,500	\$145.00
6,000	\$155.00
6,500	\$165.00
7,000	\$175.00
7,500	\$185.00
8,000	\$195.00
8,500	\$205.00
9,000	\$215.00
9,500	\$225.00
10,000	\$235.00

For Higher Limits ABOVE \$10,000 Contents use a Rate of \$4.50 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!

COMPLETE THIS SECTION

Construction Type _____	Right Exposure _____	Year Built - if over 25 Yrs. _____	Electrical _____
Left Exposure _____	Rear Exposure _____		
Other Occupancies _____	# of Stories _____	Floor Insured on: _____	Roof _____

*NAME OF PREVIOUS CARRIER _____ POLICY # _____

LIST NUMBER & 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 _____

_____ Email: _____ *Lic # _____

Name of Insured: _____

D.B.A. _____ Phone # of Shop _____

Address of Shop _____

Zip Code _____ M/A: _____

\$1,000 deductible - 10%

Broad Form - 20%

Basic Form - 25%

Sprinklered - 30%

INDIVIDUAL

PARTNERSHIP

CORPORATION

LLC

PROPERTY – (Optional) You may just offer liability coverage! (Building coverage submit for quote)

	Limits	Premium
CONTENTS: Special Form, R/C, 80% Co-insurance (\$500 Deductible) _____	\$ _____	\$ _____
LOSS OF EARNING/BUSINESS INCOME: (\$20,000 incl.) – (excess \$3.50 per \$1,000) _____	\$ _____	\$ _____
ROBBERY & SAFE BURGLARY (\$250 incl.) – (excess \$30.00 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 be completed to cover) _____	\$ _____ ACV	\$ _____
INTERIOR GLASS including mirrors 10% of value. Minimum Premium \$35.00 _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

LIABILITY – (Must Include)

	Limits	Premium
GENERAL AGGREGATE LIMIT _____	\$ _____	\$ _____ *
EACH OCCURRENCE incs – (Products & Completed Ops.) (Personal & Advertising Injury) (Non-owned Auto) (Professional) _____	\$ _____	\$ <u>Included</u>
SPECIAL RATES – Professional – (ie., nails/facials etc.) _____	\$ _____	\$ _____
INCR. GEN. AGG. & PROD/COMP. OPS. LIMIT (2x 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%* _____		\$ _____
	Premium (\$350 min.)	\$ _____
	Inspection/Processing Fee (Fully Earned)	\$ <u>50.00</u>
	Total Premium	\$ _____

MAIL TO:
 I.B.B. Inc.
 P.O. Box 20199
 El Cajon, CA 92021
 (619) 442-6691 or (800) 552-8870 Fax (619) 442-3871
 WWW.BEAUTY2000.ORG
 LIC. # 0438753

NO FLAT CANCELLATIONS

Insured's Checks NOT Acceptable

If you wish us to place insured on monthly installments please sign.

(x) _____

And send the following deposit25% of Premium + fee

P.S. Agent may retain commission out of deposit only if financing! Total Deposit - \$ _____

If financing send completed agreement with deposit.

*If this application is not completed it will be returned with no coverage bound! If bound, will take effect the date received by I.B.B. Inc. Effective 3-1-2015 (new & renewals)