



**BEAUTY SUPPLY / TANNING SALON  
PET STORES / PET SALONS / KENNELS  
APPLICATION**



**NO LIABILITY DEDUCTIBLES!**

**LIABILITY COVERAGES (ISO simplified forms) (CG 00 01 01 96)**

Liability Coverages Provide: Premises Operations, Products & Completed Operations, Personal & Advertising Injury, Non-owned Auto, Fire Damage Legal - \$50,000 included, Premises Medical Payments - \$1,000 included.

**PROFESSIONAL LIABILITY** (\$5,000/\$15,000) Included for Pet Stores – Pet Salons – Kennels

**BEAUTY SUPPLY & TANNING:** The liability rates EXCLUDE coverage for PROFESSIONAL LIABILITY & PRODUCTS manufactured, re-bottled, re-labeled, under insured's label, or changed in any form by the insured, however coverage CAN BE ADDED – CALL FOR QUOTE & APPLICATION

**BEAUTY SUPPLY, TANNING SALONS & PET STORES**

RATE PER 100 SQUARE FEET

Limits	Zip Codes 900-902, 940-948	Zip Codes 903-928 932, 933, 936, 937, 950-953, 958	Zip Codes "Balance of State"	Minimum Premiums
\$ 100,000	\$46.40	\$35.00	\$28.20	\$400.00
\$ 300,000	\$53.00	\$39.60	\$30.20	\$465.00
\$ 500,000	\$60.80	\$44.20	\$33.00	\$550.00
\$ 1,000,000	\$75.10	\$50.80	\$36.80	\$750.00

**PET SALONS**

Limits	Rates Per Employee	
	Include Owner	Minimum Premium
\$ 100,000	\$75.00	\$200.00
\$ 300,000	\$80.00	\$265.00
\$ 500,000	\$85.00	\$350.00
\$ 1,000,000	\$100.00	\$500.00

**KENNELS**

Limits	Rates	
	Per Kennel	Minimum Premium
\$ 100,000	\$75.00	\$200.00
\$ 300,000	\$80.00	\$265.00
\$ 500,000	\$85.00	\$350.00
\$ 1,000,000	\$100.00	\$500.00

**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.

**PROPERTY RATES**

\$15.00 per \$1,000 – Up to \$20,000 Limits

\$5.00 per \$1,000 – Excess of \$20,000 Limits \*Minimum Property Premium \$65.00\*

ANIMAL FLOATER: (Theft, Escape, Transit, etc.) \$250.00 per animal, \$2,500 aggregate - \$65.00 flat charge.

**DO YOU AND YOUR INSURED ACKNOWLEDGE THE INFORMATION ON THIS APPLICATION IS CORRECT AND IS USED FOR THE PURPOSE OF OBTAINING COVERAGE FOR THE INSURED?**

\_\_\_\_\_  
YES\*

\_\_\_\_\_  
\*(Producer's Signature) (MUST SIGN)

**PET STORES**

Does insured have any birds \_\_\_\_\_  
For sale?  Yes  No  
Total value of birds  
\$ \_\_\_\_\_

**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 \_\_\_\_\_

**PET SALONS**

# of employees \_\_\_\_\_  
# of ind. contractors \_\_\_\_\_  
Does insured have animals for sale?  Yes  No

**KENNELS**

# of Kennels \_\_\_\_\_  
# of animals that can be Boarded at any time \_\_\_\_\_

**BEAUTY SUPPLY STORES**

Does insured use or sell products under their own label?  
 Yes  No

**CREDITS PROPERTY**

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

- \$500 deductible - 5%
- \$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		Plumbing _____ Heating/Air _____
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 \_\_\_\_\_  
Name of Insured: \_\_\_\_\_ \*Lic # \_\_\_\_\_

D.B.A. \_\_\_\_\_ Phone # of Shop \_\_\_\_\_ **INDIVIDUAL**   
Address of Shop \_\_\_\_\_ **PARTNERSHIP**   
Zip Code \_\_\_\_\_ M/A: \_\_\_\_\_ **CORPORATION**

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

	Limits	Premium
CONTENTS: Special Form, R/C, 80% Co-insurance (\$250 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 incl – (Products & Completed Ops.) (Personal & Advertising Injury) (Non-owned Auto) _____	\$ _____	\$ _____ Included
PROFFESIONAL LIABILITY (Pet Stores-Pet Salons-Kennels) _____	\$ 5/15	\$ _____ Included
PROFFESIONAL LIABILITY (if combination beauty supply & salon or tanning salon) _____	\$ Call for Quote	\$ _____
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) _____	\$ _____	\$ _____
ANIMAL FLOATER, Flat Charge \$65.00 _____	\$ _____	\$ _____
ADDITIONAL INSURED – ADD 10%* _____		\$ _____

Premium (\$350 min.) \$ \_\_\_\_\_

Inspection/Processing Fee (Fully Earned) \$ 50.00

Total Premium \$ \_\_\_\_\_

25% Deposit of Premium plus fees required \$ \_\_\_\_\_

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**

<p>If you wish us to place insured on monthly installments please sign. (x) _____ And send the following deposit .....25% of Premium + fee P.S. Agent may retain commission out of deposit only if financing! Total Deposit - \$ _____</p>
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If financing send completed agreement with deposit.