



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					Zip Codes: 932, 933, 936, 937, 958					Zip Codes: "Balance of State" AZ & NV				
# of OPS.	\$100,000	\$300,000	\$500,000	\$1,000,000	# of OPS.	\$100,000	\$300,000	\$500,000	\$1,000,000	# of OPS.	\$100,000	\$300,000	\$500,000	\$1,000,000
1	258	275	369	442	1	226	241	323	388	1	188	201	269	323
1 1/2	263	279	373	448	1 1/2	230	244	327	393	1 1/2	191	204	272	327
2	268	284	378	454	2	235	248	331	398	2	195	207	276	331
2 1/2	272	291	391	469	2 1/2	239	255	343	411	2 1/2	199	212	285	342
3	296	337	418	502	3	260	294	366	439	3	216	248	305	366
3 1/2	320	344	447	536	3 1/2	281	302	392	470	3 1/2	234	251	326	381
4	349	372	475	570	4	305	327	416	499	4	255	272	347	416
4 1/2	370	412	501	600	4 1/2	324	361	439	527	4 1/2	270	302	365	438
5	410	460	529	634	5	359	402	464	566	5	299	336	386	464
5 1/2	448	502	570	684	5 1/2	392	440	499	599	5 1/2	327	366	416	499
6	489	547	620	744	6	428	479	543	652	6	357	401	453	544
6 1/2	527	589	669	802	6 1/2	462	517	586	703	6 1/2	385	430	489	587
7	567	620	718	862	7	497	543	629	755	7	414	453	525	630
7 1/2	604	677	768	921	7 1/2	530	594	673	808	7 1/2	443	495	561	673
8	646	724	819	982	8	566	635	716	860	8	472	529	598	717
8 1/2	667	767	867	1040	8 1/2	585	671	760	912	8 1/2	488	560	634	761
9	725	813	917	1101	9	635	712	803	963	9	530	593	670	804
9 1/2	765	854	968	1161	9 1/2	671	750	849	1019	9 1/2	559	624	707	848
10	806	901	1017	1221	10	706	789	892	1070	10	588	658	743	892
ABOVE 10 OPERATORS ADD FOR EACH ADDITIONAL					ABOVE 10 OPERATORS ADD FOR EACH ADDITIONAL					ABOVE 10 OPERATORS ADD FOR EACH ADDITIONAL				
FT	64	78	93	111	FT	57	74	88	106	FT	54	62	68	81
PT	34	39	44	53	PT	29	37	44	53	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 UNDERSTANT 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
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 - 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. _____	Electrical _____
Left Exposure _____	Rear Exposure _____		
Other Occupancies _____		# of Stories _____	Floor Insured on: _____
			Heating/Air _____
			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 _____

Address of Shop _____

Zip Code _____ M/A: _____

INDIVIDUAL
 PARTNERSHIP
 CORPORATION

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

CONTENTS: Special Form, R/C, 80% Co-insurance (\$250 Deductible) _____ Limits _____ Premium \$ _____

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)

GENERAL AGGREGATE LIMIT _____ Limits _____ Premium \$ _____ *

EACH OCCURRENCE incl. – (Products & Completed Ops.) (Personal & Advertising Injury) (Non-owned Auto) (Professional) _____ \$ _____ \$ _____

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) \$ _____ 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

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 - \$ _____

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 4-1-2013 (new & renewals)