



SCOTTSDALE INSURANCE COMPANY®

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Beauty Shop/Barber Shop and Day Spa Liability Application

Applicant's Name, Mailing Address, Location, Web Site Address

Agency Name, Agent, Address, E-Mail, Phone

PROPOSED EFFECTIVE DATE: From To 12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

- 1. Limit of liability requested: \$100,000/\$100,000, \$300,000/\$300,000, \$500,000/\$500,000, \$1,000,000/\$1,000,000, \$2,000,000/\$2,000,000

2. Name of business (D/B/A):

3. Applicant is:

- a. Individual, Partnership, Corporation, Other
b. Beauty Parlor, Barber Shop, Day Spa
c. Owner, Tenant

4. Part occupied by applicant:

5. How long has applicant been in business? years

6. Number of operators employed:

Full-time, Part-time (less than 15 hours per week), Aestheticians, Masseuses, Full-time operators for ear piercing

7. Amount of gross sales: \$

8. Are all operators licensed? Yes No

9. Are records kept of patrons' permanent waves and hair dyes? Yes No

10. Please state methods used in permanent hair waving (electric, cold wave, machineless, other):

11. Number of: Tanning beds, Saunas, Hot tubs/spas, Hydro-massage beds, Toning beds, Swimming pools

12. Are any of the following exposures included in the applicant's operation?

- Nail sculpting
- Manicures/pedicures
- False lashes
- Ear piercing
- Makeovers/facials
- Wig application
- Plastic surgery
- Hair implants
- Permanent cosmetics
- Chemical peels; receipts: \$ _____
- Botox or other cosmetic injections: \$ _____
- Chemical body wraps; receipts: \$ _____
- Electrolysis; receipts: \$ _____
- Beauty schools/classes; receipts: \$ _____
- Waxing—hot/cold: receipts: \$ _____
- Mixing, blending or repackaging of products for on or off premises
- Chiropody
- Face lifting
- Body piercing
- Microdermabrasion; receipts: \$ _____

13. Names of previous insurance carrier(s) for the past three years: _____

Losses for the last three years: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims: See loss run attached _____

14. Has any operator had a previous claim for alleged malpractice, error or mistake? Yes No

If yes, explain: _____

15. Does applicant have other business ventures for which coverage is not required? Yes No

If yes, explain and advise where insured: _____

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE _____ DATE _____

PRODUCER'S SIGNATURE _____ DATE _____

IOWA LICENSED AGENT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.