Northland INSURANCE

APPLICATION - BEAUTY PARLORS/BARBER SHOPS

GENERAL INFORMATION

1. First Named Insured _____
   (The first Named Insured is responsible for premium payment, cancellation, and changes - refer to policy wording.)
2. Other Insured(s) _____
3. Mailing Address _____
   Street City County State ZIP Code
4. Location of Premises: ❒ Same as mailing address
   ❒ Other _____
5. Effective Date Desired _____ Term Desired _____
6. **PRIOR INSURANCE CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS**

Year	Carrier/Policy Number/Premium	Coverage	# of Losses	Amount	Description of Losses (Use separate sheet if necessary)

7. Missouri Applicants: **DO NOT** answer this question.
   Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?
   ❒ No ❒ Yes - If so, give name of company, date, and reason. _____
8. Years in Business _____ Years of Experience _____
9. Describe prior experience _____
10. Applicant is: ❒ Individual ❒ Partnership ❒ Corporation ❒ LLC
    ❒ Trust ❒ Other _____
11. Operating in: ❒ Home ❒ Hospital ❒ Beauty Salon ❒ Shopping Center
    ❒ Tanning Salon ❒ Nursing Home ❒ Other _____
12. Interest of Named Insured in premises: ❒ Owner ❒ General Lessee ❒ Tenant ❒ Other _____
13. Part occupied by Named Insured: ❒ Entire ❒ Portion (____%) ❒ None (Lessor's Risk Only)
14. Does applicant operate any other business from or on these premises? ❒ Yes ❒ No
    If yes, describe _____
15. **COVERAGES / LIMITS DESIRED**

❒ Premises-Operations	$ _____	Each Occurrence Limit
	$ _____	General Aggregate
❒ Products-Completed Operations	$ _____	Aggregate
❒ Personal and Advertising Injury	$ _____	Limit
❒ Damage to Premises Rented to You	$ _____	Limit
❒ Medical Payments	$ _____	Limit
❒ Contractual Liability (No Separate Limit)		
❒ Professional Liability	$ _____	Each Occurrence Limit
	$ _____	Aggregate

16. Does applicant: Sell private-label, repackaged or foreign-made products? ❒ Yes ❒ No
Manufacture, mix, blend, bottle or label any products? ❒ Yes ❒ No

PERSONNEL DATA

17. Complete for each employee and lessee. *(Attach additional sheet if necessary.)*

Name	Full or Part Time	# of Days per Week	Licensed Operator?	# Years Experience	Approximate Weekly Income
			Y N		
			Y N		
			Y N		
			Y N		

18. Have you or any of your employees had licensing violations? ❒ Yes ❒ No

19. Indicate total number for each category:

Beauty Parlor/Shop Chairs		Tanning Beds/Booths	
Beauticians/Barbers - Full Time		Manicurists	
Beauticians/Barbers - Part-time		Beauty School Teachers	

SERVICES

20. Indicate those you perform and the percentage of total receipts devoted:

	Performed YES	Performed NO	% of Total Receipts		Performed YES	Performed NO	% of Total Receipts
Permanent waves	❒	❒		Steam bath	❒	❒	
Hair cuts	❒	❒		Hair implants/transplants	❒	❒	
Hair dyeing	❒	❒		Hair weaving	❒	❒	
Manicures	❒	❒		Ear piercing	❒	❒	
Nail sculpturing/attachments	❒	❒		Permanent make-up	❒	❒	
Waxing (hot or cold)	❒	❒		(e.g. eyeliner)			
Electrolysis/hair removal	❒	❒		Tanning beds/booths	❒	❒	
Chiropody	❒	❒		Body wraps	❒	❒	
Wart or mole removal	❒	❒		Demonstrations for groups			
Reducing, slenderizing or exercising service	❒	❒		or sponsors	❒	❒	
Skin treatments or facials	❒	❒		Other - explain	❒	❒	

Additional Comments/Remarks: _____

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

Signature of Applicant Title Date

Signature of Producing Agent Date

Agent Name and Address

IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE

For information about how Northfield compensates its agents, brokers and program managers, please visit this website:

http:/ / www.northlandins.com/ Producer_Compensation_Disclosure.asp

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northfield Insurance Company, c/ o Law Department, 385 Washington St., St. Paul, MN 55102.