

**BEAU-T-PAK PROGRAM APPLICATION  
General and Professional Liability**

**NOTE:** To add Commercial Property, Crime or Inland Marine, attach appropriate ACORD applications or equivalent.

**APPLICANT INFORMATION**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Policy Term \_\_\_\_\_  
 Telephone \_\_\_\_\_ Professional License Type and Number (if required) \_\_\_\_\_

Description:  Barber Shop     Beauty Salon     Cosmetologist     Ear Piercing     Electrolysis  
 Beauty School (attach Vocational School Application)  
 Incidental Tanning Beds (attach Tanning Salon Application)  
 Other (Describe) \_\_\_\_\_

GL & Prof. Limits Requested: Occurrence \_\_\_\_\_ Personal Injury/Advertising \_\_\_\_\_  
 General Aggregate \_\_\_\_\_ Medical Payments \_\_\_\_\_  
 Prods/Comp Ops Aggregate \_\_\_\_\_ Fire Legal \_\_\_\_\_

Estimated annual payroll \$ \_\_\_\_\_ Estimated annual receipts \$ \_\_\_\_\_ Years in business \_\_\_\_\_  
 Number of Full-time operators \_\_\_\_\_ Part-time \_\_\_\_\_ Manicurists \_\_\_\_\_ Barber chairs \_\_\_\_\_

If any space, booth or chair is rented to others, please give names of lessees and attach a Certificate of Insurance for each. \_\_\_\_\_

Name of every person, including yourself, partners and employees working in your business: \_\_\_\_\_  
 \_\_\_\_\_

Describe all services and procedures provided: \_\_\_\_\_  
 \_\_\_\_\_

Describe the types of cosmetics and chemicals used. \_\_\_\_\_

Describe all products you manufacture, blend, mix or sell under your private label. \_\_\_\_\_  
 \_\_\_\_\_

List additional insureds \_\_\_\_\_

**THREE YEAR LOSS EXPERIENCE**

<u>Date</u>	<u>Losses (description and amounts paid and incurred)</u>
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Applicant Signature & Date**

**Producer Name & Address**

**NOTICE OF INSURANCE INFORMATION PRACTICES**  
 PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

**COVERAGE NOT BOUND UNTIL APPROVED BY THE COMPANY.**

