



Western Heritage  
Insurance Company

6263 North Scottsdale Road, Suite 240 • Scottsdale, Arizona 85250  
1-800-873-9442 • Fax (480) 596-7859

### Beauty Parlor/Barber Shop Liability Application

Applicant's Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Location \_\_\_\_\_  
 \_\_\_\_\_

Agent Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Agent No. \_\_\_\_\_

**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  
 c.  Owner     Tenant

4. **Part occupied by applicant:** \_\_\_\_\_

5. **How long has applicant been in business?** \_\_\_\_\_ years

6. **Names of previous insurance carriers for the past 3 years:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. **Have you had similar insurance canceled or declined by any insurance carrier?** (Not applicable in Missouri).....  Yes  No  
If yes, explain why: \_\_\_\_\_

8. **Number of operators employed:** \_\_\_\_\_  
Full time: \_\_\_\_\_ Part time (less than 15 hours per week): \_\_\_\_\_

9. **Amount of gross sales:** \$ \_\_\_\_\_

10. **Are all operators licensed?**.....  Yes  No

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

Losses for the last 3 years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

14. Number of tanning beds on premises: \_\_\_\_\_

15. Number of masseuses on premises: \_\_\_\_\_

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

- |  |   |
|--|---|
| <input type="checkbox"/> Nail sculpting      | <input type="checkbox"/> Body wraps   |
| <input type="checkbox"/> Manicures/pedicures | <input type="checkbox"/> Electrolysis   |
| <input type="checkbox"/> False lashes        | <input type="checkbox"/> Beauty schools/classes   |
| <input type="checkbox"/> Ear piercing        | <input type="checkbox"/> Waxing—hot/cold  |
| <input type="checkbox"/> Makeovers/facials   | <input type="checkbox"/> Mixing, blending or repackaging of products for on or off premises |
| <input type="checkbox"/> Wig application     | <input type="checkbox"/> Chiropody  |
| <input type="checkbox"/> Plastic surgery     | <input type="checkbox"/> Face lifting   |
| <input type="checkbox"/> Hair implants       | <input type="checkbox"/> Body piercing  |
| <input type="checkbox"/> Permanent cosmetics |   |

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: \_\_\_\_\_

**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.