



# COLONIAL GENERAL INSURANCE AGENCY, INC.

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5373 S. Green St., Suite 525, Murray, UT 84123  
(801) 290-1144 WATS (800) 594-8900  
Fax (801) 290-1160 Toll Free (800) 332-9285

## 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.  Owner     Tenant  
 c.  Barber Shop     Beauty Parlor     Day Spa     Dental Spa     Medical (Medi) Spa     Tanning Salon

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. .... Does applicant manufacture, mix, blend or repackage products sold for use on or off premises?

If yes, explain: \_\_\_\_\_

12. Number of: Hot tubs/spas: \_\_\_\_\_ Hydro-massage beds: \_\_\_\_\_ Saunas: \_\_\_\_\_  
Swimming pools: \_\_\_\_\_ Tanning beds: \_\_\_\_\_ Toning beds: \_\_\_\_\_

13. Are any operations performed away from the insured's premises? .....  Yes  No

If yes, explain: \_\_\_\_\_

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

- |   |  |
|---|--|
| <input type="checkbox"/> Beauty Schools/Classes             | <input type="checkbox"/> Laser Hair Removal; receipts: \$ _____  |
| <input type="checkbox"/> Body Piercing                      | <input type="checkbox"/> Makeovers/Facials                       |
| <input type="checkbox"/> Body Wraps                         | <input type="checkbox"/> Manicures/Pedicures                     |
| <input type="checkbox"/> Botox or other Cosmetic Injections | <input type="checkbox"/> Microdermabrasion; receipts: \$ _____   |
| <input type="checkbox"/> Chemical Peels; receipts: \$ _____ | <input type="checkbox"/> Nail Sculpting                          |
| <input type="checkbox"/> Chiropractic                       | <input type="checkbox"/> Permanent Cosmetics; receipts: \$ _____ |
| <input type="checkbox"/> Colon Hydrotherapy                 | <input type="checkbox"/> Plastic Surgery                         |
| <input type="checkbox"/> Ear Piercing                       | <input type="checkbox"/> Podiatry Detoxification                 |
| <input type="checkbox"/> Electrolysis                       | <input type="checkbox"/> Teeth Whitening                         |
| <input type="checkbox"/> Face Lifting                       | <input type="checkbox"/> Vein Treatments                         |
| <input type="checkbox"/> False Lashes                       | <input type="checkbox"/> Wig Application                         |
| <input type="checkbox"/> Hair Implants                      | <input type="checkbox"/> Waxing—hot/cold                         |

15. 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 \_\_\_\_\_

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

If yes, explain: \_\_\_\_\_

17. 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.

**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.

**FRAUD WARNING NOTICE TO FLORIDA APPLICANTS:**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

**FRAUD WARNING NOTICE TO MAINE APPLICANTS:**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**FRAUD WARNING NOTICE TO MARYLAND APPLICANTS:**

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**FRAUD WARNING 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.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

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.

Agent's E-mail Address \_\_\_\_\_ Preferred Method of Correspondence? E-Mail Fax Regular Mail

Applicant's E-mail Address \_\_\_\_\_ Preferred Method of Correspondence? E-Mail Fax Regular Mail