



Formerly Hairdressers Agency  
(A division of WH Brownyard Corp.)

21 Maple Avenue • PO Box 9175 • Bay Shore, NY 11706-9175

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**NOTE: All Questions Must Be Answered**  
**PROFESSIONAL LIABILITY / GENERAL LIABILITY APPLICATION**

(Please type or print clearly)

**SECTION I:**

1. Requesting coverage for:     Beauty/Nail Salon         Beauty Spa         Barber Shop         Beauty School
2. Are you:         An Owner         A Lessee of Booth Space/Chair Renter/Independent Contractor
3. Trade Name Or Corporate Name: \_\_\_\_\_  
COMPLETE NAME AS IT SHOULD APPEAR ON THE POLICY, INCLUDING INC., CORP., LTD., ETC.)
4. Business Address: \_\_\_\_\_  
NO.      STREET (indicate floor number)                                  CITY                                  COUNTY                                  STATE                                  ZIP
5. Name of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_
6. Are you an Active Operator?     Yes     No    If Yes, complete Section III.
7. Home Address: \_\_\_\_\_  
NO.      STREET    CITY                                  COUNTY                                  STATE                                  ZIP
8. Business Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_
9. Email Address: \_\_\_\_\_ Website: \_\_\_\_\_
10. How did you hear of us?     Web surfing     Ad in which publication: \_\_\_\_\_  Other: \_\_\_\_\_
11. Professional Liability limit available is \$1,000,000/\$1,000,000.
12. Would you prefer a policy at a reduced rate under which for each claim you would be liable for:  
 No Deductible                                   The First \$250                                   The First \$500
13. Do you wish to include General Liability (slip & fall) coverage?     Yes     No
14. Limit of General Liability desired:                                   \$1,000,000/\$1,000,000                                   \$1,000,000/\$2,000,000
15. Estimated Annual Gross Sales (for entire business): \$ \_\_\_\_\_
16. Years in business at this address: \_\_\_\_\_ Number of Stations: \_\_\_\_\_
17. Operate as:     Corporation         Partnership         Individual         Other: \_\_\_\_\_
18. Business located in:  Store     School     Office Building     Hotel     Private Homes of Clients  
 Your Home                                   Assisted Living/Nursing Home (*provide full name*)  
 Other: \_\_\_\_\_
19. Name and address of additional locations: \_\_\_\_\_  
\_\_\_\_\_
20. Do you rent booths/chairs to others?     Yes     No    If so, number rented: \_\_\_\_\_  
Do you rent booths/chairs from others?     Yes     No    Salon Name: \_\_\_\_\_
21. If you operate on premises of others, do you desire that their interest be included as additional insured?     Yes     No  
Name and address: \_\_\_\_\_

**SECTION II: BUSINESS DATA** (for each Active Owner, ALSO complete the **PERSONNEL DATA** section)

List additional owner(s), partner(s):

Name and Title (if corporation)	Active Operator (Y/N)	Duties	Home Address	Telephone

**SECTION III: PERSONNEL DATA**

Give following details For Each Active Owner, Employee and Lessee of Booth Space/Independent Contractor

Name	Owner, Employee or Lessee/ Indep.	Years Experience	# Days Per Week	Weekly Income (excluding tips)	Licensed (Y/N)	Services Rendered (Y/N)							
						Hair Cutting	Perm Waves	Hair Dyeing	Shampoo Only	Nails	Waxing	Skin Care	Massage Therapist
				\$									
				\$									
				\$									
				\$									
				\$									
				\$									
				\$									
				\$									

**SECTION IV: For owners of a BEAUTY SCHOOL, please ALSO complete the following**

- Number of years in business: \_\_\_\_\_ Estimated Annual Tuition and Clinic Receipts: \_\_\_\_\_  
 Number of instructors: \_\_\_\_\_ Estimated number of students graduated each year: \_\_\_\_\_
- Is it your practice to have students work on each other?  Yes  No  
 If so, do students sign a release?  Yes  No If yes, **attach a copy.**
- Is work done on the public?  Yes  No If so, what arrangements are made as to reduced prices, release etc.  
 \_\_\_\_\_
- Do you operate a Beauty Salon?  Yes  No If so, at what location: \_\_\_\_\_  
 \_\_\_\_\_
- Do you now carry insurance covering claims for injuries to students and public?  Yes  No  
 If yes, name of company? \_\_\_\_\_ Rate: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_

\* BE SURE TO ATTACH A COPY OF THE FOLLOWING:

**A Release Signed by Students, a Release Signed by the Public and a Sample of a Student Registration Form.**

**SECTION V: SERVICES**

Do you perform any of the following:

	Brand/Product Manufacturer's Name and Procedures Followed	Estimated Gross Annual Receipts
<input type="checkbox"/> Electric or Steam Bath ( <i>send brochure</i> )		\$
<input type="checkbox"/> Saunas ( <i>send brochure</i> )		\$
<input type="checkbox"/> Body Massage ( <i>other than face or neck</i> ) Also list any machines used		\$
<input type="checkbox"/> Bodywrapping		\$
<input type="checkbox"/> Reducing, Slenderizing or Exercising Services Also list any machines used		\$
<input type="checkbox"/> Reflexology		\$
<input type="checkbox"/> Other:		\$
<input type="checkbox"/> Spray Tanning:		\$
<input type="checkbox"/> Tanning Beds		
<input type="checkbox"/> Electrolysis ( <i>also fill out ELECTROLOGIST Application</i> )		
<input type="checkbox"/> Electronic Tweezer ( <i>also fill out ELECTROLOGIST Application</i> )		
<input type="checkbox"/> Chiropody or Podiatry		
<input type="checkbox"/> Hair Removal by Waxing or a Depilatory Product		
<input type="checkbox"/> Laser Hair Removal		
<input type="checkbox"/> Hair Implants or Transplants		
<input type="checkbox"/> Hair Straightening		
<input type="checkbox"/> Hair Weaving		
<input type="checkbox"/> Ear Piercing ( <i>provide type of method</i> )		
<input type="checkbox"/> Wart or Mole Removal		

Skin Treatments or Facials	Manufacturer's Name & Model of Machines
Do You Use: <input type="checkbox"/> Microdermabrasion machine ( <i>send brochure</i> )	
Do You Use: <input type="checkbox"/> Facial Steamer ( <i>provide name</i> )	
Do You Use: <input type="checkbox"/> Any other skin care machines	
Total Receipts for all Skin Care Services ( <i>including totals from skin care machines</i> )	\$

**SECTION VI: PRODUCTS (THIS SECTION MUST BE COMPLETED IN FULL)****List all products used for the following services or enter NONE:**

	Product Name/Type of System (or fill in "NONE")	Price Scale	Approx # per Year	Approx. Annual Sales
Cosmetics (sold for home use)				\$
Permanent Hair Waving				
Hair Dyeing & Shampoo Tinting				
Eye Brow & Eye Lash Coloring				
Skin Care Products				

**SECTION VII**

1. List any products repackaged, rebottled, manufactured by you or relabeled in any way, give details:

\_\_\_\_\_

2. Is the 24-hour predisposition test given to patrons whose hair has not been previously tinted or dyed?  Yes  No3. Does the owner or manager supervise all permanent waving or hair dyeing?  Yes  No4. Are records (names, addresses, dates, products used and name of operator) kept of patrons receiving permanent waves and Hair dyes?  Yes  No

5. What volume of peroxide do you use on patrons? \_\_\_\_\_

**SECTION VIII: COVERAGE**Has any insurance company cancelled or refused to renew similar insurance policy in the past year?  Yes  No

If yes, give name of company and full details: \_\_\_\_\_

**SECTION IX: CLAIM HISTORY****Give following details as to claims made by patrons in the past three years for injuries or infections (IF NONE, SO STATE):**

Claim Date	Nature of Injuries	Equipment Involved	If Pending, give details	Settlement Amount
				\$
				\$
				\$

**NOTE: THIS APPLICATION MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OR CEO OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE.** This request is for a cost-free, premium quotation only. In signing, I understand I am not obligated to purchase this insurance. I am duly registered and/or licensed to practice my profession under the laws of the state in which I practice and I declare that the above statements and answers to the above questions are complete and true. This application shall not be binding unless and until confirmation by the company or its duly appointed representatives has been given, and that a policy shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured

APPLICANT'S SIGNATURE

TITLE

DATE

BROKER'S COMPANY

BROKER NAME

WEBSITE

ADDRESS

CITY

STATE

ZIP

TELEPHONE

FAX

EMAIL

**NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO ARKANSAS, LOUISIANA AND NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**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.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance 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.

**NOTICE TO MAINE APPLICANTS:** It is a crime to 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.

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

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS:** 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.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with the 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.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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 include imprisonment, fines and denial of insurance benefits.