

**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.