

**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)  
 Incidental Swimming Pool (describe number, depth, diving boards, lifeguards)  
 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 any products you manufacture, blend, mix or sell under your private label. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THREE YEAR LOSS EXPERIENCE**

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

Comments \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Producer Name & Address

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