

**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**

Date

Losses (description and amounts paid and incurred)

_____	_____
_____	_____
_____	_____