

# ROCKWOOD CASUALTY INSURANCE COMPANY

## BEAUTICIANS' AND BARBERS' PROFESSIONAL LIABILITY APPLICATION

### ITEM 1.

Business Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Business Address \_\_\_\_\_

The premises covered is a  Beauty Salon  Barber Shop  Beauty or Barber School

### ITEM 2.

Policy Period \_\_\_\_\_ To \_\_\_\_\_

Location of all premises you own, rent or occupy \_\_\_\_\_

### ITEM 3.

Limits of Liability

Each Occurrence/Aggregate

Wig liability insurance is included with a \$250 limit per wig and \$1,250 aggregate limit with a \$25.00 deductible per wig.

25 / 75,000

300 / 600,000

50 / 150,000

500 / 1,000,000

100 / 300,000

### ITEM 4.

#### Premium Base

Number of graduates from schools \_\_\_\_\_ Number of full time operators and lessee operations \_\_\_\_\_

Number of part time operators and lessee operators (less than 16 hours per week) \_\_\_\_\_

Number of nail techs and shampooers \_\_\_\_\_

#### Optional Coverage – Premises Liability

Each Occurrence / Aggregate  
Occurrence \_\_\_\_\_ Gen. Aggregate \_\_\_\_\_ Are there any tanning beds?  Yes  No

### ITEM 5.

List individual owners, partners or, if a corporation, officers and their titles:

Name	Title (if Corp.)	No. Yrs. Exp.	Active Operator

Other area occupied by applicant \_\_\_\_\_ sq. ft. Occupied as \_\_\_\_\_

Area leased or rented to others \_\_\_\_\_ sq. ft. Occupied as \_\_\_\_\_

- Does owner/manager have at least 2 years experience?  Yes  No
- What is the average number of years experience of all operators, including owner, if an operator? \_\_\_\_\_
- Do you follow manufacturer's direction with respect to 24 hr. skin test before applying dyes or other solutions?  
 Yes  No
- Do you keep records of all persons receiving permanent waves?  Yes  No
- Does all your electrical equipment bear Underwriters Laboratory label?  Yes  No
- Are all your electrical appliances grounded?  Yes  No

g. Do you offer the following:

Tattoos

Body Piercing

Microblading

Waxing

Eyelash Extension

Hair Extension

Give manufacturer's name of the following products used:

Hair Dyes and Shampoo Tints	Eyebrow and Lash Coloring	Dry Shampoos	Cold Wave Solutions

**ITEM 6.**

Goods or products manufactured by you, rebottled or repackaged by you or sold under your label for use away from premises are excluded from coverage, unless a separate charge is made based on ISO products rates.

Is such coverage desired?  Yes  No

If yes, please list such products and approximate annual sales below.

Products aggregate limit  Yes  No

If yes, \$ \_\_\_\_\_

PRODUCT	ANNUAL SALES
	\$
	\$
	\$
	\$

**ITEM 7.**

Give full details regarding any accidents, claims, suits or other actions against you or any burglary or robbery sustained by you in the past five years.

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**ITEM 8.**

Previous Professional Insurance

Name of Company \_\_\_\_\_

Has any Company refused or cancelled coverage?  Yes  No

If so, for what reason? \_\_\_\_\_

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To my knowledge, the answers to the above questions are true and I have not withheld any information which is calculated to influence the judgment of the Company in considering this application for insurance. Signing the above form does not bind the proposer to complete the insurance but is agreed that this form shall be the basis of the contract should the policy be issued.

Thank you for considering this Company as your insurance carrier. In compliance with Public Law 91-508, as part of our underwriting procedure, a routine inquiry may be made which will provide 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.

\_\_\_\_\_  
Signature (Agent or Broker)

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

Agency Name \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: FAILURE TO ANSWER ALL QUESTIONS MAY RESULT IN A DELAY IN ISSUING POLICY!**

## FRAUD STATEMENTS

### PLEASE READ THE STATEMENT APPLICABLE TO YOUR STATE. IF YOUR STATE IS NOT LISTED, PLEASE READ THE STATEMENT APPLICABLE TO ALL OTHER STATES.

**All Other States:** Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, VT, IN, DC, LA, ME and VA, insurance benefits may also be denied).

**Applicable in CO:** 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.

**Applicable in FL and OK:** 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 (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** 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 hereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:** 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 and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Applicable in UT:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.