



Salon - Commerical Package

Phone: 818-264-0300 Fax: 818-264-0699

Commercial Insurance Application (For Best Results, Please Complete In Full)

- 1) Requested Effective Date: _____ (mm/dd/yyyy)
- 2) Name of Business: _____
- 3) Mailing Address: _____
 City: _____ State: _____ Zip: _____
- 4) Owner Name: _____ Contact Name: _____
- 5) Phone: _____ Fax: _____ Other: _____
- 6) E-Mail Address: _____ Website Address: _____
- 7) Location address (If different): _____
 City: _____ State: _____ Zip: _____
- 8) What is the Fed. Employer Ident. (FEIN) or Soc. Sec. Number?: _____
- 9) Years in Business: _____ Years Experience: _____
- 10) Type of Ownership:
 Sole Proprietorship (Individual) Corporation LLC Partnership or Joint Venture Other
- 11) Part of a Franchise?: (Y)es or (N)o _____
- 12) Desired Limits: (Each Occurrence/General Aggregate) (Other limits may be available upon request)
 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000 Other: _____
- 13) Describe the business operations including a description of ALL services provided by your salon. If applicable, indicate what percentage of retail product sales & any products sold with your label. (Please use 8 words or more) _____

 Percentage (%) of goods imported _____ From What Countries? _____
- 14) Total Annual Gross Receipts/Revenues? Next 12 Mos (Est): \$ _____
 % of retail product sales _____ % of product sales w/ your label _____
- 15) Number of Employees: FT _____ PT _____ Est Annual Payroll: \$ _____
 Number of Independent Contractors (without their own insurance): FT _____ PT _____
- 16) Prior Carrier: _____ Policy #: _____ Expiration Date: _____ (mm/dd/yyyy)
- 17) Any Claims? (Y)es or (N)o _____ Annual Premium Paid?: \$ _____

18) Bankruptcy: (Y)es or (N)o ____ If Yes, What Yr.? _____ Was it Discharged? (Y)es or (N)o ____

19) Will this policy need to cover any Landlords/Additional Insured's? (Y)es or (N)o ____

PROPERTY SECTION

20) 100% Replacement value of building (IF OWNED): \$ _____ Number of Stories?: _____

21) Value of business property inside the building (Desks/Computers/Tools):\$ _____

22) Bldg Construction?:

Frame	Joisted masonry	Non-Combust
Fire Resistive	Masonry Non Comb.	Mod. Fire Resistive

23) Square footage of building occupied: _____ Square footage of Entire Bldg: _____

24) Bldg Age?: _____ Upgrades?: Wiring YR: _____ Roofing YR: _____ Plumbing YR: _____ Heating YR: _____

25) Any restaurants or apartments located next door to or inside your building? (Y)es or (N)o ____

26) Burglar alarm type _____ Fire Sprinklers? (Y)es or (N)o ____ Extinguishers (Y)es or (N)o ____

Signature: _____

Date: _____