



# Retail Beauty Supply - General Liability

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 goods with your label. If applicable, indicate what percentage of the operation is mnfg.(with your label), retail, or wholesale. (Please use 8 words or more): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Percentage (%) of goods imported: \_\_\_\_\_ From What Countries?: \_\_\_\_\_
- 14) Total Annual Gross Receipts/Revenues? Next 12 Mos (Est) \$ \_\_\_\_\_  
 % of sales with your label \_\_\_\_\_ % of Internet Sales \_\_\_\_\_
- 15) Number of Employees: FT \_\_\_\_\_ PT \_\_\_\_\_ Est Annual Payroll \$ \_\_\_\_\_
- 16) Prior Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (mm/dd/yy)
- 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: \_\_\_\_\_

Signature: \_\_\_\_\_

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