

**Scottsdale Insurance Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752  
 www.scottsdaleins.com

**BEAUTY SHOP/BARBER SHOP AND DAY SPA LIABILITY APPLICATION**

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Web site Address: \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agent: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE: From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

**Applicant is:**

- a.  Individual     Corporation     Partnership     Joint Venture  
 Limited Liability Company     Other (Specify): \_\_\_\_\_
- b.  Owner     Tenant
- c.  Barber Shop     Beauty Parlor     Day Spa     Dental Spa     Medical (Medi) Spa     Tanning Salon

**Limits Of Liability & Deductible Requested:**

General Aggregate (other than Products/Completed Operations)	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage to Premises Rented to You (any one premises)	\$
Medical Expense (any one person)	\$
Errors & Omissions Coverage (Included up to General Liability Limits)	Each Claim \$ Aggregate \$
Sexual and/or Physical Abuse Coverage	<input type="checkbox"/> \$50,000/\$100,000 (included) <input type="checkbox"/> \$100,000/\$300,000
Other Coverages, Restrictions and/or Endorsements:	\$
Deductible	\$

1. Name of business (D/B/A): \_\_\_\_\_

2. Part occupied by applicant: \_\_\_\_\_

3. How long has applicant been in business? \_\_\_\_\_ years

4. Number of operators: \_\_\_\_\_

Full-time hair and/or manicurist: \_\_\_\_\_ Part-time hair and/or manicurist (less than twenty [20] hours per week): \_\_\_\_\_

Aestheticians: \_\_\_\_\_ Masseuses: \_\_\_\_\_

5. Total gross sales: \$ \_\_\_\_\_

6. Are all operators licensed? .....  Yes  No

7. Are records kept of patrons' permanent waves and hair dyes? .....  Yes  No

8. State methods used in permanent hair waving (electric, cold wave, machineless, other): \_\_\_\_\_

9. Does applicant manufacture, mix, blend or repackage products sold for use on or off premises?  Yes  No

If yes, advise receipts and explain: \_\_\_\_\_

10. Are any operations performed away from the applicant's premises? .....  Yes  No

If yes, explain: \_\_\_\_\_

11. Number of:

Barber Shop chairs: \_\_\_\_\_ Saunas: \_\_\_\_\_ Tanning booths: \_\_\_\_\_

Hot tubs/spas: \_\_\_\_\_ Swimming pools: \_\_\_\_\_ Tanning spray on booths: \_\_\_\_\_

Hydromassage beds: \_\_\_\_\_ Tanning beds: \_\_\_\_\_ Toning beds: \_\_\_\_\_

12. Are any of the following exposures included in the applicant's operation?

- Beauty schools/classes
- Body piercing (other than ear piercing)
- Body wraps
- Botox or other cosmetic injections
- Chemical peels; receipts: \$ \_\_\_\_\_
- Chiropody
- Colon hydrotherapy
- Ear candling
- Ear piercing
- Electrolysis
- Face lifting
- False lashes
- Hair implants
- Laser hair removal; receipts: \$ \_\_\_\_\_
- Makeovers/Facials
- Manicures/Pedicures
- Microdermabrasion; receipts: \$ \_\_\_\_\_
- Nail sculpting
- Permanent cosmetics; receipts: \$ \_\_\_\_\_
- Plastic surgery
- Podiatry detoxification
- Tattoos
- Teeth whitening
- Vein treatments
- Wig application
- Waxing—hot/cold
- Other (describe): \_\_\_\_\_
- Other (describe): \_\_\_\_\_

13. Has any operator had a previous claim or pending allegations for alleged malpractice, error or mistake? .....  Yes  No

If yes, explain: \_\_\_\_\_

14. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?.....  Yes  No

If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

15. During the past three years, has any company ever canceled, declined or refused similar insurance to the applicant? (Not applicable in Missouri) .....  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

16. Does applicant have other business ventures for which coverage is not required?.....  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_

17. Additional Insured Information:

Name	Address	Interest

18. Prior Carrier Information:

	Year:	Year:	Year:
Carrier			
Policy No.			
Coverage			
Occurrence or Claims Made			
Total Premium			

19. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years.  Check if no losses last three years.

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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 thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** 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 in the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** 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 or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company 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 such person to criminal and civil penalties.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (Applicable in Tennessee, Virginia and Washington):** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO NEW YORK APPLICANTS (Other than automobile):** 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 thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain 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.