

Universal Insurance Programs  
1220 E Osborn Rd  
Phoenix, AZ 85014



Phone: 602-222-8300  
processing@uiprograms.com  
www.uiprograms.com

## SALON & SPA INSURANCE APPLICATION

Non-Admitted

EMAIL TO:  
[processing@uiprograms.com](mailto:processing@uiprograms.com)

CLIENT ID #: (Office Use Only)

DATE:

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

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

## CUSTOMER INFORMATION

Legal Entity Name: \_\_\_\_\_  
(If more than one, please list on the last page of this Application, under 'REMARKS')

DBA: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Prior Business Management Experience (in years): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Current Insurance Carrier: \_\_\_\_\_ Current Expiration Date: \_\_\_\_\_

Current Premium by Line of Coverage: \$ \_\_\_\_\_

Franchise Name: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

## LOSS HISTORY

Has any insurance ever been cancelled, denied or non-renewed?  Yes  No

If Yes, give reason: \_\_\_\_\_

Please list all losses in the past five years:  No Losses

(No incidents, occurrences, or losses which have resulted in claims or which may reasonably be expected to result in a future claim or claims being asserted against you for any coverage requested in this application.)

DESCRIPTIONS:

DATES:

AMOUNTS PAID:

DESCRIPTIONS:	DATES:	AMOUNTS PAID:



## PROFESSIONAL LIABILITY

**POLICY TYPE:** \_\_\_\_\_ (For Office Use Only)

1. How many locations? \_\_\_\_\_
2. Professional Liability Limit Desired:  \$300,000/\$300,000  \$500,000/\$500,000  \$1,000,000/\$2,000,000
3. Professional Liability Deductible:  \$1,000  \$2,500  Other \$ \_\_\_\_\_  
Excess over Professional:  Yes  No If Yes, Limit: \_\_\_\_\_
4. Is your current Professional Liability Policy Claims Made?  Yes  No Do you need prior acts?  Yes  No  
(Please send the schedule of retroactive dates from your previous Carrier) **Retro Date:** \_\_\_\_\_
5. Do all operators receive professional training?  Yes  No  
If Yes, Name of Program: \_\_\_\_\_
6. List any professional associations in which the Applicant is a member: \_\_\_\_\_
7. Type of Business:  Day Spa  Salon  Other: \_\_\_\_\_
8. Are all technicians licensed if required by law?  Yes  No
9. Are any employees or independent contractors medical doctors?  Yes  No  
If Yes, do they provide treatments/services to customers?  Yes  No  
If Yes, attach proof of medical malpractice insurance coverage for Doctor(s).
10. If you have "**Body Piercing**", "**Micropigmentation**", or "**Tattoo**", please answer the following:
  - A. Do you always obtain a medical history for every client?  Yes  No
  - B. Do you always supply a patient/customer with aftercare information?  Yes  No  
If Yes, attach copy
  - C. Do you always obtain a signed consent/release form?  Yes  No  
If Yes, attach copy
  - D. Do you use piercing guns?  Earlobe Only  Yes  No
  - E. Please describe your method of sterilization for your equipment (including needles), and unused jewelry: \_\_\_\_\_
  - F. Do you pierce or tattoo minors?  Yes  No  
If Yes, please describe your policy for piercing or tattooing minors: \_\_\_\_\_
11. List schools you attended or graduated from, and describe any training received: \_\_\_\_\_

**NOTE:** Micropigmentation technicians must attach a copy of training certificate or diploma.

12. Do you desire Premise Liability (Trip & Fall) Coverage? **PLEASE NOTE:** This is NOT full General Liability Coverage)  Yes  No
13. Do you need to add an Additional Insured to your Professional Liability?  Yes  No  
If Yes, Provide Name, Mailing Address, and Email: **Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Number of Locations:** \_\_\_\_\_ **Address:** \_\_\_\_\_



## PROFESSIONAL LIABILITY

14. Please indicate the numbers of employees, independent contractors, and students performing the professional services shown below and for whom you desire coverage under the policy.

*"Professional Services" means any treatment rendered to your customer by you in accordance with any license required by law and in the course of your business operations as described in the Application.*

### Full Time Services Offered

Professionals performing each service is considered Full Time at 40 hours.

**Example:** 2 Part Time Professionals = 1 Full Time Professional

Are you an Independent Contractor?  Yes  No

Esthetician _____	_____ Aerobics Instructor
Female Massage Therapist _____	_____ Micropigmentation Artist
Male Massage Therapist _____	_____ School Instructor
Body Wrap Technician _____	_____ Personal/Fitness Trainer
Nail Technician _____	_____ Student
Hair Stylist _____	_____ Microdermabrasion
Electrologist _____	_____ Tattoo Artist
Cosmetologist _____	_____ Laser/Light Based Hair Removal Technician
Pilates Instructor _____	_____ Ear Piercer
Yoga Instructor _____	_____ Body Piercer (other than ear lobe)
Fitness Instructor _____	

Notes: \_\_\_\_\_

### Number of Units

Prior to the initial treatment or session, are customers instructed about and warned of any possible ill effects, risks and dangers of the treatment or service, and required to sign a waiver/consent form/release form, that this information has been provided and understood?  Yes  No

\_\_\_\_\_ Tanning Beds/Booths/Units \_\_\_\_\_ Hydrotherapy Tubs/Tables/Showers \_\_\_\_\_ Exercise Equipment \_\_\_\_\_ Spray Booths

15. Any other services offered?  Yes  No If Yes, please list: \_\_\_\_\_

### **DISCLAIMER:**

-Any Professional Service for which you do not provide such information will not be covered under the policy.

-Listing a Professional Service does not obligate us to insure it.

### Employment Practices Liability Coverage

Add Coverage (Optional):  Yes  No

If 'Yes':

**Limit :**  \$25,000  \$50,000  \$75,000  \$100,000  \$250,000

**Deductible:**  \$2,500  \$5,000  \$10,000  \$25,000

**Third Party:**  Yes  No

**DISCLAIMER:** Not available in all states.



## **PROFESSIONAL LIABILITY** **Abuse & Molestation Application**

If you would like a Quote for Abuse and Molestation, please complete this Supplemental Application:

1. Abuse & Molestation Limit Desired:

\$100,000/\$300,000    \$300,000/\$300,000    \$500,000/\$500,000    \$1,000,000/\$1,000,000

**Deductible:**    \$1,000    \$5,000    \$10,000    \$25,000    OTHER \$: \_\_\_\_\_

2. Are 50 State Criminal Background and Registry Checks performed?    Yes    No

3. Provide Vendor used for background checks: \_\_\_\_\_

4. Has the Salon established a Code of Conduct policy that defines staff-to-customer physical boundary limitations?    Yes    No

5. Has the applicant received a complaint of inappropriate contact from a customer?    Yes    No

*If Yes, please describe:* \_\_\_\_\_

6. Have any of the service providers received a complaint of inappropriate contact from a customer in the past?    Yes    No

7. # of new employees hired in the past 12 Months: \_\_\_\_\_ Total Employee Count: \_\_\_\_\_

8. Is there a written policy with procedures for screening and performing background checks of all prospective employees?    Yes    No   *If Yes, describe:* \_\_\_\_\_

9. Is there a written policy with procedures for screening all employees that includes a personal interview?    Yes    No   *If Yes, describe:* \_\_\_\_\_

10. Are signed and dated Employment Applications required of all Employees?    Yes    No

11. Do the Employment Applications include a question(s) concerning whether the individual has ever been convicted of any crime, including any sex-related crime?    Yes    No

12. Are application references checked and documentation maintained?    Yes    No

13. Are all employees required to sign an acknowledgement of receipt, and understanding of the Abusive Act Policy?    Yes    No

14. How frequently is training conducted? \_\_\_\_\_

15. Have procedures been created and shared to employees for reporting, and investigating alleged incidents of abusive acts?    Yes    No

### **Please Include the Following:**

**Loss Runs**

**Employment Application**

**Code of Conduct/Operating/Employee Manual (that includes Abuse & Molestation procedures)**



# PACKAGE - PROPERTY & BUSINESS LIABILITY

(Property limits are based off Replacement Cost Value)

Location # \_\_\_\_\_ of \_\_\_\_\_ (If you have more than one location, please complete this page for each location.)  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Protection Class: \_\_\_\_\_

**If this location is NOT a Salon or Spa, Check Type of Business:**

Office  Clothing  Gym  Other \_\_\_\_\_

## ANSWER QUESTIONS 1-4 ONLY IF YOU OWN THE BUILDING:

1. Building Limit \$: \_\_\_\_\_
2. Square Footage of Entire Building: \_\_\_\_\_
3. % of Building Occupied by Insured: \_\_\_\_\_
4. List of Other Tenants: \_\_\_\_\_
5. Business Personal Property \$ \_\_\_\_\_ (Value of all personal property related to the Salon, including tenant improvements and items required by your lease)
6. Wind and Hail Coverage:  Included  Excluded **Wind and Hail Deductible:**  N/A  \_\_\_\_\_
7. Square Footage of space occupied: \_\_\_\_\_ Gross Sales: \$ \_\_\_\_\_
8. Year Built: \_\_\_\_\_ Construction Type: \_\_\_\_\_  
If the Building is over 30 years old, when were the below items updated? \_\_\_\_\_ Plumbing \_\_\_\_\_ Roof \_\_\_\_\_ Electrical \_\_\_\_\_ HVAC
9. How many stories in Building? \_\_\_\_\_ If more than 1, describe other tenants: \_\_\_\_\_
10. Burglar Alarm?  Yes  No
11. Property Deductible:  \$1,000  \$2,500  \$5,000  \$10,000  OTHER \$ \_\_\_\_\_
12. Equipment Breakdown:  Included  Excluded
13. Business Liability Limit Desired:  \$1,000,000/\$2,000,000  \$2,000,000/\$4,000,000
14. Business Income - Actual Loss Sustained (Subject to Limit listed):  6 Months  12 Months (Subject to Underwriting Approval)  
Annual Gross Sales \$: \_\_\_\_\_
15. Damage to Premises Rented to You:  \$300,000  \$500,000  \$1,000,000
16. Medical Payments:  \$5,000  \$10,000
17. Hired and Non-Owned Auto Coverage at \$1,000,000?  Yes  No  
Does your company own any vehicles?  Yes  No  
If Yes, specify any protocols implemented regarding use: \_\_\_\_\_
18. Number of Employees at this location: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time
19. Employee Benefits Liability:  Yes  No Limit:  \$300,000  \$500,000  \$1,000,000
20. Cyber Liability:  Yes (If Yes, Cyber Application to follow)  No Limit:  \$50,000  \$100,000  \$250,000
21. Stop Gap Coverage for ND, OH, WA, and WY at \$1,000,000:  Yes  No
22. Employment Theft Coverage:  Yes  No If Yes, Limit:  \$5,000  \$10,000  \$ \_\_\_\_\_  
Deductible:  \$ \_\_\_\_\_
23. Excess over General Liability?  Yes  No If Yes, limit \$: \_\_\_\_\_  
Any other policies that the Excess goes over? If Yes, list: \_\_\_\_\_
24. Any apartments or personal residence in building?  Yes  No If Yes, Describe: \_\_\_\_\_
25. Any re-packaging, re-labeling, repair, re-manufacturing, and/or mixing or blending of products?  Yes  No  
If Yes, Describe: \_\_\_\_\_
26. Percentage of Sales of Goods other than Beauty Products? \_\_\_\_\_ %  
If Yes, Describe: \_\_\_\_\_

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### **ADDITIONAL INSURED/LOSS PAYEES/MORTGAGEES**

Location # \_\_\_\_\_  Additional Insured  Additional Insured on Professional Liability  Loss Payee  Other: \_\_\_\_\_

Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Relationship:  Landlord  Leasing  Grantor of Franchise  Lender  Other: \_\_\_\_\_

Location # \_\_\_\_\_  Additional Insured  Additional Insured on Professional Liability  Loss Payee  Other: \_\_\_\_\_

Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Relationship:  Landlord  Leasing  Grantor of Franchise  Lender  Other: \_\_\_\_\_

The applicant warrants that the statements set forth herein are true, and that if the information supplied on this application changes between the date of this application and the date on which coverage is bound, the applicant will immediately notify the insurance company of such changes. The signing of this application does not bind the insurance company to provide the requested coverage, but it is agreed that if a policy is issued, this application shall be the basis for the policy, and it will be attached to and made part of the policy.

#### **NOTICE TO APPLICANTS:**

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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Signed: \_\_\_\_\_

**(Applicant)**

Signed: \_\_\_\_\_

**(Agent/Producer)**

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

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

#### **AGENT - AGENCY INFORMATION (If other than Universal)**

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

Agent Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

#### **REMARKS:**