

Universal Insurance Programs
1220 E Osborn Rd
Phoenix, AZ 85014



UNIVERSAL
INSURANCE PROGRAMS
A World of Difference in Specialty Risk

Phone: 602-222-8300
Fax: 866-512-2272
www.uiprograms.com

SALON INSURANCE APPLICATION

EMAIL TO: processing@uiprograms.com CLIENT ID #: (Office Use Only) _____ & _____ DATE: _____

Effective Date: _____ Expiration Date: _____

CUSTOMER INFORMATION

Legal Entity Name: _____

DBA: _____

(Please attach list if more space is needed for the Legal Entity Names and the DBAs)

Type of Business: Corporation Partnership Sole Proprietorship LLC FEIN: _____

Years in Business: _____ Prior business management experience (in years): _____

Contact Name: _____

Phone: _____ Fax: _____

Email Address: _____ Alt. Phone: _____

Mailing Address: _____

City/State/Zip: _____

Current Insurance Carrier: _____

Current Premium: \$ _____ Expiration Date: _____

Franchise Name: _____ How did you hear about us? _____

LOSS HISTORY

Has any insurance ever been cancelled, denied or non-renewed? (Missouri Applicants Need Not Reply) Yes No

If Yes, give reason: _____

Please list all losses: None

DESCRIPTION:	DATE:	AMOUNT PAID:
		\$
		\$
		\$
		\$

QUOTING PURPOSES ONLY

PROFESSIONAL LIABILITY

1. Professional Liability Limit desired: \$300,000 \$500,000 \$1,000,000
 (\$300,000 for Tanning Salons ONLY)
 Umbrella over Professional Liability: Yes No If Yes, Limit \$ _____
2. Professional Liability Deductible: \$1,000 \$2,500 \$5,000
3. Is your current Professional Policy Claims Made? Yes No If Yes, do you need prior acts? _____
4. How many locations? _____
5. Is your main business tanning? Yes No
 If Yes, how many UV units do you have at each locations (excluding spray booths)?

6. **Total number of UV units at all locations?** _____
7. How many sessions per year per unit? _____
8. How many sunless/spray booths at each location (covered under General Liability)? _____
 Do you have a slip resistant mat? Yes No
 Do you have an Automatic Shut Off Valve on booth(s)? Yes No
9. Do all operators receive professional training such as NTTI, Smart Tan or SAE? Yes No
 If Yes, Name of Program: _____
10. How are tanning bed timers controlled: Computer Remote Other – Describe: _____
 Computer – UV beds are connected to front desk computer and controlled by staff using management software
 Remote – No computer or management software and timers are manually set by staff at the front desk
 Other – Timers are located anywhere but the front desk
11. List the number of employees and independent contractors performing the following services:

	Full Time	Part Time
Estheticians	_____	_____
Masseuses	_____	_____
Body Wrap Technicians	_____	_____
Manicurist	_____	_____
Beauticians	_____	_____
Add Electrolysis, airbrush, body wraps	_____	_____
12. Do you have any Hydrotherapy Tables/Tubs? Yes No If Yes, how many? _____
13. Any other services or businesses in addition to the salon? Yes No If Yes, Describe? _____

Remarks:

PROPERTY COVERAGE AND BUSINESS LIABILITY PACKAGE

(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: _____ County: _____

ANSWER QUESTIONS 1-4 ONLY IF YOU OWN THE BUILDING

1. Building: \$ _____ 80% Coinsurance 2. Square Footage of entire building: _____
3. % of building occupied by insured: _____% 4. List of other tenants _____
Glass Coverage \$10,000 Included If higher limit requested, list limit \$ _____
5. Contents: \$ _____ 80% Coinsurance *(Value of all personal property related to the salon, including tenant improvements and items required by your lease)*
Option Agreed Value Yes No \$ _____ **Subject to Underwriting Approval**
6. Property deductible: \$1,000 \$2,500 \$5,000 Other \$ _____
7. Enhanced Property Form (EPF) Yes No (not available in AK, FL and LA)
8. Business Income plus Extra Expense: Gross Sales - Busiest Month \$ _____ x 4= \$ _____ (% Monthly Limitation Form)
Option Annual Receipts \$ _____ 80% Coinsurance
Option Agreed Value Yes No \$ _____ **Subject to Underwriting Approval**
9. Specify construction of building (check one only):
 Frame (Wood) Non-Combustible Masonry (Tilt-Up Concrete) Joisted Masonry (Brick) Non-Combustible (Steel)
10. Does the entire building have a sprinkler system covering 100% of premises? Yes No
11. Year building was constructed: _____ If building is over 30 years old, when were the below items updated?:
Plumbing _____ Roof _____ Electrical _____ HVAC _____
12. How many stories in building? _____ If more than 1, describe other tenants: _____
13. Burglar alarm? Yes No; If Yes, describe monitoring Outside central station Local Station
14. Business Liability Limit Desired \$1,000,000/\$2,000,000 \$2,000,000/\$4,000,000
Sexual Abuse & Molestation Yes No; If Yes, Limit \$100,000/\$300,000 \$300,000/\$300,000 \$1,000,000/\$1,000,000
If \$1,000,000/\$1,000,000, answer questions a, b, and c below:
a. Are 50-state criminal background and registry checks performed? Yes No
b. Has the salon established a code of conduct policy that defines staff to customer physical boundary limitations? Yes No
c. Has the applicant ever received a complaint of inappropriate contact from a customer? Yes No
Stop Gap Coverage for OH and WA at \$1,000,000 Yes No
Employee Benefits Liability (maximum of \$1,000,000) Yes No
Corporate Identity Protection Yes No (If Yes, additional application required prior to binding; not available in all states)
Corporate Identity Protection Limit desired: \$50,000 \$100,000 \$250,000
Medical Payments \$5,000 Included If higher limit requested, list limit \$ _____
Damage to Premises Rented to You \$300,000 Included If higher limit requested, list limit \$ _____
Umbrella Over General Liability Yes No If yes, limit \$ _____
Any other policies that the Umbrella goes over? If Yes, list _____
15. Hired and Non-Owned Auto Coverage at \$1,000,000? Yes No
Does your company own any vehicles? Yes No
16. Square footage of space occupied: _____ Gross Receipts: \$ _____
17. Number of employees at this location? _____ FT _____ PT
18. Employee Dishonesty coverage wanted: Yes No Limit \$5,000 \$10,000 Other \$ _____
19. Money & Securities? Yes No (\$20,000 Inside Premises, \$10,000 Outside Premises included with EPF subject to property deductible)
Other Limit \$ _____ Inside \$ _____ Outside
20. Outside Attached Sign? Yes No (\$5,000 included with EPF subject to property deductible)
Other Limit \$ _____ Attached
21. Freestanding Sign? Yes No (Within 1,000 feet of the premises \$100,000 included with EPF subject to property deductible)
Other Limit \$ _____ Freestanding
22. Awning? Yes No Limit \$ _____
23. Any apartments or personal residence in building? Yes No If Yes, describe: _____
24. Any repackaging, re-labeling, repair or re-manufacturing of products? Yes No
If Yes, describe: _____
25. Percentage of sales of goods other than beauty products: _____%
If Yes, describe: _____

ADDITIONAL INSUREDS/LOSS PAYEES/MORTGAGEES
Example landlords, leasing companies, and/or franchisors

Location # _____ Additional Insured Loss Payee Both Other _____

Name: _____

Address/City/State/Zip: _____

Email Address/Fax Number: _____

Business relationship: Landlord Leasing Grantor of Franchise Lender Other _____

Location # _____ Additional Insured Loss Payee Both Other _____

Name: _____

Address/City/State/Zip: _____

Email Address/Fax Number: _____

Business relationship: Landlord Leasing Grantor of Franchise Lender Other _____

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Address/City/State/Zip: _____

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Name: _____

Address/City/State/Zip: _____

Email Address/Fax Number: _____

Business relationship: Landlord Leasing Grantor of Franchise Lender Other _____

Location # _____ Additional Insured Loss Payee Both Other _____

Name: _____

Address/City/State/Zip: _____

Email Address/Fax Number: _____

Business relationship: Landlord Leasing Grantor of Franchise Lender Other _____

Location # _____ Additional Insured Loss Payee Both Other _____

Name: _____

Address/City/State/Zip: _____

Email Address/Fax Number: _____

Business relationship: Landlord Leasing Grantor of Franchise Lender Other _____

REMARKS:

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.

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 OF THE THIRD DEGREE.

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.

THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

FOR MAINE APPLICANTS ONLY: THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS.

FOR UTAH APPLICANTS ONLY: THE APPLICATION AND ALL RELEVANT DOCUMENTS WILL BE ATTACHED TO THE POLICY AT THE TIME OF DELIVERY.

Signed _____
(Applicant)

Date _____

Title _____
(must be signed by authorized officer)

Agent/Producer _____

License Number _____

Address _____

AGENT/AGENCY INFORMATION (If other than Universal)

Agency Name: _____

Agent Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

REMARKS:

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