



SALON/SPA/TANNING QUICK QUOTE QUESTIONNAIRE

EMAIL TO:
processing@uiprograms.com

CLIENT ID #: (Office Use Only)

DATE:

_____ & _____

GENERAL INFORMATION

1. Legal Entity Name: _____
DBA: _____
2. Effective Date _____
3. Current Premium: \$ _____ Coverage Type: _____
4. Has insured had any insurance claim(s) in past 3 years? Yes No
If Yes, please provide loss history reports from carrier.
If No, Workers Compensation Submissions still require loss history or Signed No Loss Known Letter
5. Business Income plus Extra Expense: Gross Sales –
Busiest Month \$ _____ ×4 = \$ _____ (¼ Monthly Limitation Form)
Option Annual Receipts \$ _____ (80% Coinsurance)
6. Do you want Sexual Abuse & Molestation Coverage? Yes No
 - If \$1,000,000 limit is required then answer a, b, c questions 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
7. Please describe prior work experience and/or business ownership if you are a new company with less than 3 years of experience: _____

WORKERS COMPENSATION

- | | | |
|---|-----|----|
| 1. Does the applicant use independent contractors? | Yes | No |
| 2. Does the applicant lease space to the independent contractors? | Yes | No |
| 3. Do independent contractors set their own hours? | Yes | No |
| 4. Do independent contractors provide all their own tools/equipment? | Yes | No |
| 5. Do independent contractors handle their own money transactions and receipts? | Yes | No |

PROFESSIONAL LIABILITY

1. Professional Liability Limit desired: \$300,000 \$500,000 \$1,000,000
 (\$300K Tanning Only)
- Umbrella over Professional Liability: Yes No If Yes, Limit \$ _____
2. Professional Liability Deductible: \$1,000 \$2,500 \$5,000 Other \$ _____
3. Is your current policy Claims Made? Yes No If Yes, do you need Prior Acts (send copy of prior policy and provide requested Retro Active Date)? _____
4. How many locations? _____
5. How many UV tanning beds, booths, leg and/or standalone facial units do you have at each location excluding spray booths?

Location	Amount		
	UV Units	Sunless/Spray Booths	Body Wrap Units
1			
2			
3			
4			
5			
7			
8			
9			
10			
TOTAL			

6. How many sunless/spray booths at each location (covered under General Liability)? _____
7. Do you have a slip resistance mat? Yes No
8. Do you have an Automatic Shut Off Valve on booths(s)? Yes No
9. Do all operators receive professional training? Yes No
 If yes, Name of Program: _____
10. How are UV bed's 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. Is the main business tanning? Yes No If No, Describe: _____
12. List the number of employees and independent contractors performing the following services:

	Employee		Independent Contractor	
	Full-Time	Part-Time	Full-Time	Part-Time
Estheticians				
Massage Therapists				
Nail Technicians				
Beauticians				
Electrologists				
Air Brush Tanning Operators				

13. Any other services or business in addition to salon? Yes No If Yes, describe: _____
14. Percentage of sales of goods other than beauty products: _____ %
 If Yes, describe: _____

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.

Signed _____
(Applicant)

Date _____

Title _____
(Must be signed by authorized officer)

ADDITIONAL INFORMATION NEEDED

- ACORD Applications for all lines of coverage

BROKER INFORMATION

Agency Name: _____

Agent Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Warranty of No Known Losses

Dear Sir/Madam:

I, _____, an officer, partner or principal of _____, do hereby warrant on behalf of the company hereby applying for workers' compensation coverage that no worker's compensation, claims or losses were reported to my company or to any insurer, nor was my company put on notice of any occurrence or incident that may reasonably give rise to a claim. I understand and agree that this warranty shall be attached to, form a part of and be incorporated by this reference into the application for worker's compensation insurance.

Sincerely,

Signed _____
(Applicant)

Printed Name _____

Date _____

Title _____
(Must be signed by authorized officer)