

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

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)
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

_____ 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: \$300,000/\$300,000 \$500,000/\$500,000 \$1,000,000/\$1,000,000
- Deductible:** \$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: