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BEAUTY SALON/OPERATION APPLICATION

PART I. GENERAL INFORMATION

1.1 Applicant Name: Phone: Business Name: Website: Mailing Address: Business Address:
1.2 Business Operated as: Individual Partnership Corporation Independent Contractor
1.3 Business operated as a salon? Yes No If not, other:
1.4 How long in business? Do all professionals have licenses? Yes No
1.5 Do you have operations not listed on the schedule? Yes No
If yes, provide details:
Do you have insurance for these operations? Yes No Name of Insurance Company:
1.6 Products liability needed? Yes No Gross receipts (excl. private label):
Do you have private label products for sale? Yes No (No coverage is provided for private label products)

Schedule of Services

Indicate which services you provide, number of operators, who does the service and if we are to insure them.

Do you wish to Insure with us?
Manicurists Yes No Number Yes No
Beauticians Yes No Number Yes No
Facials Yes No Number Yes No
Include peels? Yes No
List products & percentage of acids if including peels:
Are you specifically trained in the use of all peels you are using? Yes No
Microdermabrasion Yes No Number Yes No
Have you been trained in microdermabrasion? Yes No
Do you use a consent form? Yes No (if yes, attach copy)
Wax Hair Removal/Sugaring Yes No Number Yes No
Are all the facialists doing wax hair removal/sugaring as well? Yes No
Body Wraps Yes No Number Yes No
List the type of wraps you use:
Massage Yes No Number Yes No
Are you certified? Yes No (if yes, attach copy) Yes No
Electrology Yes No Number Yes No
Ear Piercing Yes No Number Yes No
Tanning - Airbrush Yes No Units Yes No

The following services require separate applications if coverage is needed

- Tanning – Units** Yes No Units Yes No
- If including tanning, complete the tanning bed supplement application
- Permanent Makeup** Yes No Number Yes No
- Body Piercing** Yes No Number Yes No
- Body Tattoo** Yes No Number Yes No
- Needling/MCA** Yes No Number Yes No
(MCA = multitrepannic collagen actualtion)
- Lasers/Intense Pulsed Light Devices** Yes No Number Yes No
- Pigment Removal/Lightening** Yes No Number Yes No

Liability Limit Requested: _____ Total Number of Operators: _____

PART II. HISTORY

NOTE: All questions must be answered. **Failure to disclose claims history could invalidate coverage.**

2.1 Do you currently have insurance coverage? Yes No If yes, indicate the following:

Insurer	Policy #	Liability Limits	Premium	Expiry Date

If claims made, most recent retroactive date:

2.2 List liability claims history arising from any permanent makeup, body piercing, tattooing or other professional activity, whether or not insured: If none, state so

	1	2	3
YR/Claim			
Nature of Injuries			
Equipment Involved			
Details, if Pending			
Amount, if Settled			

2.3 Do you have knowledge of an event, circumstance or occurrence (other than listed in 2.2 above) prior to the effective date of the proposed policy, or do you foresee that a claim may be brought as a result of said event, circumstance or occurrence? Yes No If yes, describe details of the event: .

Declaration must be signed on the last page of this application.

Declaration

I understand and agree this Application and any and all supplements attached hereto will be made a part of any policy issued, and any such policy will be issued in reliance upon the representation made herein. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the company, result in the voiding of the insurance issued in reliance on this application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release all Lloyd's of London participating syndicates, any documents, records or other information bearing upon the foregoing. I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

Furthermore, I understand that the policy applied for will apply only to CLAIMS FIRST MADE AND REPORTED to the Company in writing within the period of coverage shown on the certificate of insurance issued with the policy or certificate on the date the policy is canceled or terminated, whichever comes first or as otherwise provided by the policy.

IMPORTANT: THIS APPLICATION MUST BE SIGNED BY THE APPLICANT. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE.

Signature of Applicant

Title

Today's Date

Requested Effective Date

Note: Coverage becomes effective only when accepted by the Insurance Company.

Please Note:

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements. For purposes of the Insurance Companies Act (Canada), this document was issued in the course of South Western Insurance Group Ltd.'s insurance business in Canada.