



Western Heritage INSURANCE COMPANY

6263 North Scottsdale Road, Suite 240 • Scottsdale, Arizona 85250
1-800-873-9442 • Fax (480) 596-7859

Beauty Parlor/Barber Shop Liability Application

Applicant's Name _____
 Mailing Address _____

 Location _____

Agent Name _____
 Address _____

 Agent No. _____

PROPOSED EFFECTIVE DATE:

From _____ To _____
12:01 A.M., Standard Time at the address of the Applicant.

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE 'NOT APPLICABLE'

1. Limit of liability requested: \$100,000/\$100,000 \$300,000/\$300,000 \$500,000/\$500,000
 \$1,000,000/\$1,000,000 \$2,000,000/\$2,000,000

2. Name of business (D/B/A): _____

3. Applicant is:
 a. Individual Partnership Corporation Other
 b. Beauty Parlor Barber Shop
 c. Owner Tenant

4. Part occupied by applicant: _____

5. How long has applicant been in business? _____ years

6. Names of previous insurance carriers for the past 3 years: _____

7. Have you had similar insurance canceled or declined by any insurance carrier? (Not applicable in Missouri)..... Yes No
 If yes, explain why: _____

8. Number of operators employed: _____
 Full time: _____ Part time (less than 15 hours per week): _____

9. Amount of gross sales: \$ _____

10. Are all operators licensed? Yes No

11. Has any operator had a previous claim for alleged malpractice, error or mistake? Yes No

Losses for the last 3 years: _____

12. Are records kept of patrons' permanent waves and hair dyes? Yes No

13. Please state methods used in permanent hair waving (electric, cold wave, machineless, other): _____

14. Number of tanning beds on premises: _____

15. Number of masseuses on premises: _____

16. Are any of the following exposures included in the applicant's operation?

- Nail sculpting
- Manicures/pedicures
- False lashes
- Ear piercing
- Makeovers/facials
- Wig application
- Plastic surgery
- Hair implants
- Permanent cosmetics
- Body wraps
- Electrolysis
- Beauty schools/classes
- Waxing—hot/cold
- Mixing, blending or repackaging of products for on or off premises
- Chiropody
- Face lifting
- Body piercing

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

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 insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

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 insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.



POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

Under the Terrorism Risk Insurance Act of 2002, effective November 26, 2002 (the "Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "certified act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion; and that causes losses of at least \$5,000,000.

You should know that coverage for losses caused by "certified acts of terrorism" is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium for this coverage is shown below and does not include any charges for the portion of loss covered by the federal government under the Act.

IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO ACCEPT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM."

SELECTION OR REJECTION OF CERTIFIED TERRORISM INSURANCE COVERAGE

Table with 2 rows: I hereby elect to purchase certified terrorism coverage for a prospective premium of \$ _____; I hereby reject the purchase of certified terrorism coverage.

Policyholder/Applicant's Signature

Named Insured/Firm

Print Name

Policy Number, if available

Date