

National Risk Solutions

Thank you for choosing National Risk Solutions. We look forward to providing you with a quick, competitive quote.

Please complete the following application in its entirety and include any pertinent underwriting information. Also, please be sure to include a fax # or e-mail where we may return your quote promptly.

Once complete please:

1. E-Mail application to NRSapps@NRSinsurance.com
- OR
2. Fax application to (877)-743-4252

If you have any questions, please do not hesitate to contact us at (866)-417-4855 ext. 401.

We appreciate your business.

Sincerely,

The National Risk Solutions Team



Beauty Salons, Nail Salons and Barber Shops Product

BEAUTY SALONS, NAIL SALONS AND BARBER SHOPS SUPPLEMENTAL APPLICATION

Applicant's Name: _____

Date: _____

E-mail Address: _____

	Prohibited	Submit	Eligible
1. Any prior claims?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

LIABILITY

2. Are the insured's licensed and the licenses of all employees valid? (No students operating with a permit)	<input type="checkbox"/> No		<input type="checkbox"/> Yes
3. Are combs, brushes, clippers and other equipment used on clients sterilized in between uses according to state disinfection methods?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
4. Are the floors regularly cleaned to prevent accumulating hair?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
5. Are any Products sold under applicants name or label?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
7. Any body piercing?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
8. Tattooing, including but not limited to the insertion of pigment into or under the skin?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
9. Any activities not normal and customary for a Barber or Beauty Salon?	<input type="checkbox"/> Yes		<input type="checkbox"/> No

PROPERTY

10. Is there an adequate number of currently tagged fire extinguishers?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
11. Is all the electrical wiring on functional and operational circuit breakers?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
12. Is there overloading of electrical circuits with extension cord use?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
13. Is there any aluminum wiring?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
14. Total property values greater than 500,000?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Are there functioning smoke detectors on the premises?		<input type="checkbox"/> No	<input type="checkbox"/> Yes

OPTIONAL PROFESSIONAL LIABILITY - If prohibited, professional liability coverage is not available.

15. Any removal of hair by electrolysis or lasers?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
16. Any hair implanting or hair transplanting or any attempt at these?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
17. Any dye or coloring to eyelashes or eyebrows except mascara or eyebrow pencils.	<input type="checkbox"/> Yes		<input type="checkbox"/> No
18. Face lifting, skin peels, the removal of warts, moles or growths or any attempts at these or similar services?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
19. Any massage services?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Chiropody or Podiatry?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
21. Number of: Beauticians: _____ Barbers: _____ Manicurists: _____			

Provide complete details of any submit items.

We can review an application for eligibility with complete details.

If Prohibited, please decline the account.

Submit Details: _____

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: 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.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine Fraud Statement: 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.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicants Signature _____

Date _____