

# CID Insurance Programs Inc. DBA CID Insurance Services

**CARRIER:** \_\_\_\_\_  
 \_\_\_\_\_

## Beauty Salons and Barber Shops Product Application

APPLICANT MAY QUALIFY FOR AN INSTANT QUOTE BY COMPLETING SECTION I BELOW:

Coverage(s) Desired:     Property                       General Liability

**I. INSTANT QUOTE INFORMATION**

*Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.*

Applicant's name (include OBA name):-----

Mailing address:-----

Location address: \_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip code: \_\_\_\_\_

Web address:\_\_\_\_\_ E-mail address:\_\_\_\_\_ Phone:\_\_\_\_\_

\_\_\_\_\_ Inspection contact name: \_\_\_\_\_ E-mail address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Audit contact name: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Form of business:     Individual     Corporation     Partnership     LLC     Trust     Other \_\_\_\_\_

**Classification:**  Beauty parlor  Barber shop  Nail salon  Independent contractor - Beautician/Barber/Manicurist  
 Independent contractor - Masseuse     Other \_\_\_\_\_

**Description of Operations:** *(List all services provided to clients)* \_\_\_\_\_

<b>Number of Operators</b> <i>(Include all owners, employees, independent contractors, booth/chair renters, or individuals providing professional services)</i>	
Number of full-time operators <small>(more than 20 hours/week)</small>	Number of part-time operators <small>(less than 20 hours/week)</small>
<b>Number of Stations</b>	
Number of hair stations	Number of pedicure chairs
Number of nail stations	Number of massage beds

1. What year did the business start? \_\_\_\_\_
2. How many years has the applicant been at the current location? \_\_\_\_\_
3. What are the annual gross receipts? \$ \_\_\_\_\_
4. Have there been any property or liability losses in the last three years?  Yes     No  
*If "Yes," please provide the following information; additional claims or information may be submitted on separate sheet*

Coverage Type	Date of Loss	Description of loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability					<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability					<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability					<input type="checkbox"/> Open <input type="checkbox"/> Closed

**Property Section**

<b>Building Construction:</b> <input type="checkbox"/> Frame <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Noncombustible						
<input type="checkbox"/> Masonry NC <input type="checkbox"/> Modified fire resistive <input type="checkbox"/> Fire resistive						
Protection Class	Cause of Loss	Deductible			Number of Stories	Type of Burglar Alarm
	<input type="checkbox"/> Basic <input type="checkbox"/> Special	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	_____	<input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> None
	<input type="checkbox"/> Broad					
What year was the building constructed? _____						
What type of plumbing is in the building? <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____						
What type of roof is on the building? <input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle						
<input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other:_____						
What is the age of the roof? _____years						
Is the building fully protected by an operational sprinkler system covering 100% of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No						
What is the square footage of the entire building? _____ sq. ft.						
<b>Building Limit:</b>		\$ _____	<b>Coinsurance</b> (80% minimum)_____%		<input type="checkbox"/> ACV <input type="checkbox"/> RC	
<b>Business Personal Property Limit:</b>		\$ _____	<b>Coinsurance</b> (80% minimum)_____%		<input type="checkbox"/> ACV <input type="checkbox"/> RC	
<b>Business Income Limit:</b>		\$ _____	<b>Coinsurance</b>		<b>or</b> <b>Monthly Limit of Indemnity</b>	
<input type="checkbox"/> With extra expense <input type="checkbox"/> Without extra expense		<input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70%		<input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6		
		<input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%				

**Additional Property Coverages Requested** (check all that apply)

<input type="checkbox"/> Equipment breakdown	<input type="checkbox"/> Value Plus endorsement	<input type="checkbox"/> Electronic data
<input type="checkbox"/> Interruption of computer operations	<input type="checkbox"/> Accounts receivable \$	<input type="checkbox"/> Canopy/Awning \$ _____
<input type="checkbox"/> Glass _____ linear feet	<input type="checkbox"/> Improvements and betterments \$	
<input type="checkbox"/> Outdoor Sign \$	<input type="checkbox"/> Valuable papers \$ _____	

**Liability Section**

Limit:            \$100,000/\$200,000            \$300,000/\$600,000             \$500,000/\$1,000,000             \$1,000,000/\$2,000,000

5. Does the applicant lease any apartments?  Yes     No

If "Yes":

a. How many units are there? \_\_\_\_\_

b. Square footage of the apartments \_\_\_\_\_ sq. ft.

c. What percentage of the units are occupied by student tenants? (not applicable in DC) \_\_\_\_\_

6. Is any portion of the building leased by the applicant to commercial tenants?  Yes     No

If "Yes," what is the total area? \_\_\_\_\_sq. fl.

7. Are there tanning beds/booths?                       Yes     No                      *If "Yes," please answer questions 24-29*

If "Yes," please answer the following: Number of beds/booths: \_\_\_\_\_                      Number of spray tan operators: \_\_\_\_\_

8. Are massage services provided?  Yes     No

If "Yes," number of operators providing this service? \_\_\_\_\_

9. Add Non-Owned and Hired Automobile Liability?     Yes     No                      *If "Yes," please answer questions 20-22*

**Additional Interests** {AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## II. ELIGIBILITY CRITERIA

10. Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the last five years?  Yes  No
11. Has insurance coverage been cancelled or non-renewed in the last three years? (not applicable in MO)  Yes  No
12. Do all public areas, occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?  Yes  No
13. Does any building built prior to 1978 have aluminum wiring or knob-and-tube wiring?  Yes  No
14. For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers?  Yes  No

### General liability

15. Do students provide professional services to clients?  Yes  No
16. Are any treatments administered that are required by the applicant's licensing state to be provided by or overseen by a licensed medical professional?  Yes  No
17. Are there medical spa or clinical treatments including but not limited to botox, dermabrasion, facial injections, infrared, or laser skin?  Yes  No
18. Does the applicant and all professional operators maintain valid licenses for each service they perform?  Yes  No
19. Does the applicant have any saunas, Jacuzzis, hot tubs, or steam rooms on premises?  Yes  No
20. Is there removal of hair by electrolysis or laser?  Yes  No

### Non-Owned and Hired Automobile Liability

21. Is there a Commercial Auto Insurance policy in force?  Yes  No
22. Are employees or volunteers required to use their personal automobile to conduct the applicant's business on a regular basis?  Yes  No
23. Are vehicles used to transport people or deliver goods or products on a regular basis?  Yes  No

### Tanning Liability Information

24. Are all units Underwriters Laboratories (UL) approved?  Yes  No
25. Are all minors required to have a parent or guardian sign a release prior to use?  Yes  No
26. Are individuals warned against using tanning units when pregnant or using photosensitive medication?  Yes  No
27. Does the applicant have exclusive access to controls?  Yes  No
28. Are individuals required to wear goggles?  Yes  No
29. Are logs kept on each person's use and is the maximum number of uses enforced?  Yes  No

## FRAUD STATEMENTS

**Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia:** 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.

**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.

**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.

**Kansas Fraud Statement:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

**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

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

**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.

**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.

**Oregon Fraud Statement:** Notice to Oregon applicants: 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 may be guilty of insurance fraud.

**Kentucky, Pennsylvania AND Ohio 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, Virginia and Washington 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 may be guilty of a crime and may be subject to fines and confinement in prison.

### STATE NOTICES

**Arizona Notice:** Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

**Florida Surplus Lines Notice:** (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Florida and Illinois Punitive Damage Notice:** I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

**Maine Notice:** The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

**Minnesota Notice:** Authorization or agreement to bind the insurance may be withdrawn or modified only 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.

**Ohio Representation Statement:** By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

**Utah Punitive Damages Notice:** I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: \_\_\_\_\_ License#: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Main agency phone number: \_\_\_\_\_  
(Required in New Hampshire)

Agency mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The signer of this Application acknowledges and understands that the information provided herein is material to the Company's acceptance of the risk and issuance of the requested policy. The signer of this Application represents that the information provided herein is true and correct in all matters. Any changes in the information represented in this Application occurring prior to the effective date of a policy shall be promptly reported to the Company in which case, the Company has the right to modify or withdraw any quote or binder issued based on such changes. The Company has the right but not the obligation to investigate any representation(s) in this Application. A decision by the Company not to investigate shall not estop the Company from relying on this Application in issuing a policy. It is agreed that this Application and any material submitted therewith, including but not limited to any supplemental Application(s), shall be the basis of any policy that is issued.

**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.

Applicant's signature: \_\_\_\_\_ Title: \_\_\_\_\_  
President, Chairperson of the Board, Managing Member, or Executive Director

Date: \_\_\_\_\_