

Agency Name: _____ SGA Producer # _____ Contact: _____

Named Insured: _____

Other Insured(s): _____

Mailing address: _____

Location of Premises: _____

- Same as mailing address
 Other _____

Effective Date Desired _____ Term Desired _____

GENERAL INFORMATION

- Applicant is: _____ Individual _____ Partnership _____ Corporation _____ Other _____
- Operating in: _____ Home _____ Hospital _____ Beauty Salon _____ Shopping Center _____ Tanning Salon
 _____ Nursing Home _____ Other _____
- Interest of Named Insured in premises: _____ Owner _____ General Lessee _____ Tenant _____ Other _____
- Part occupied by Named Insured: _____ Entire _____ Portion (_____ %) _____ None (Lessor's Risk Only)
- Does applicant operate any other business from or on these premises? _____ Yes _____ No
 If yes, describe: _____
- Does applicant: Sell private-label, repacked or foreign-made products? _____ Yes _____ No
 Manufacture, mix blend, bottle or label any products? _____ Yes _____ No

Employee Name	Independent Contractors Name	Owner/ Operator		Beautician / Barber Nail Technician		Electrologist		Massage Therapist	
		Yes/No	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time	
1.									
2.									
3.									
4.									
5.									

PRIOR INSURANCE CARRIER AND LOSS HISTORY FOR THE PAST FIVE YEARS

Year	Carrier/Policy Number/ Premium	Coverage	# of Losses	Amount	Description of Losses (Use separate sheet if necessary)
1.					
2.					
3.					

COVERAGES / LIMITS DESIRED

- Premises-Operations - General Aggregate \$ _____
 Each Occurance \$ _____
 Products-Completed Operations \$ _____
 Personal Injury Limit \$ _____
 Fire Damage Legal Liability Limit \$ _____
 Medical Payments Limit \$ _____
 Contractual Liability (No Separate Limit) \$ _____
 Professional Liability Limit \$ _____

