



Hairstylist Application

Business Name: _____
 Name of Principal (s): _____
 Bus. Phone # _____ Res. Phone # _____
 Brief Description of Operations: _____

Building Details
 Location Address: _____
 Tenant Building Owner Area Occupied: _____ sq. ft.
 Year Built: _____ Number of Stories: _____
 Building Construction:
 Fire Resistive/Non-Combustible Steel/Masonry Frame/Brick Veneer
 Roof Construction:
 Asphalt Shingles Flat Tar & Gravel Steel Deck Other _____
 Primary Heating Source:
 Central Hot Air Central Water/Steam Electric Other _____
 If the building is older then 30 years, please provide the year upgraded:
 Roof: _____ Plumbing: _____ Heating: _____
 Electrical: _____
 Other occupants in building: _____
 Distance to Nearest Fire Hydrant: Within 500 feet Over 500 feet
 Distance to Nearest Fire Hall: Within 5 kms Over 5 kms
 Sprinklered: Yes No Burglar Alarm: None Local Monitored
 Number of Portable Fire Extinguishers: _____

Coverages & Limits
 Building: \$ _____ Contents: \$ _____
 Stock: \$ _____
Extensions of coverage are automatically included
 Dishonesty, Disappearance & Destruction of Money & Securities:
 \$1,000 \$2,500 \$5,000 Other \$ _____
Equipment Breakdown & Business Interruption coverages are automatically included
 Commercial General Liability:
 \$1,000,000 \$2,000,000 \$5,000,000 Other \$ _____
 Professional Liability: Yes – Please Quote No – I Already Have Insurance In Place

Underwriting Information
 Number of years in Business: _____ Number of years experience in similar field: _____
 Are all stylists appropriately licensed? Yes No Number of Hairdressers: _____
 Please check all other services provided:
 Invasive Aesthetics Waxing/Sugaring Electrolysis Permanent Makeup
 Botox Injections Body Piercing Massage Therapy Laser Treatment
 Suntanning Facials Toning Beds



Previous Insurance & Claims		
Current Insurer: _____		Expiry Date: _____
Has any insurer cancelled or declined to renew your insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any claims in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide details:		
Date of Claim	Description	Amount
_____	_____	_____
_____	_____	_____