



**DRISCOLL**  
Beauty Salon & Barber Shop  
Owners Quick Quote

Send Completed Quote Form to:  
(562) 252-8711 or quotes@driscollinsured.com  
or online at [driscollinsured.com/salons](http://driscollinsured.com/salons)

Please Quote:  Liability  Property  Worker's Compensation  Professional Liability

**Information about your Business**

Insured Legal Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_

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

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Please describe business operations in detail: \_\_\_\_\_

Coverage/Quote Needed by:

\_\_\_\_\_

Entity Type:  Corp  LLC  Partnership  Individual Years in business: \_\_\_\_\_ Industry Years Experience: \_\_\_\_\_

**Liability**

Liability Limit:  \$1M  \$2M  \$\_\_\_\_M Gross Annual Sales: \$ \_\_\_\_\_ Waxing % of Sales: \_\_\_\_\_%

Yes  No Is the 24 Hours Predispositions Test given to patrons whose hair has not been previously tinted or dyed?

Yes  No Do you use or sale products under your own label?

Yes  No Are records (names, addresses, dates, products used and name of operator) kept of patrons receiving permanent waves and hair dyes?

Yes  No What volume of peroxide do you use on patrons?

Yes  No Do you operate a boutique?

Total # of Operators: \_\_\_\_\_ # of Stations: \_\_\_\_\_

Include all operators in salon (Beauticians, Nail Workers, Masseurs, Facialists/Waxing, Electrologists) including independent contractors.

	EMPLOYEES		IND. CONTRACTORS	
	FL. TIME	PT. TIME- 16 hrs or less	FL. TIME	PT. TIME

1. # of Beauticians/Barbers

\_\_\_\_\_

2. # of Manicurists, doing Nail Work

\_\_\_\_\_

3. # of Masseurs

\_\_\_\_\_

4. # of Persons doing Facials/Waxing

\_\_\_\_\_

5. # of Electrologists

\_\_\_\_\_

6. # of Receptionists

\_\_\_\_\_

Describe any **general liability** losses in the last 5 years (year, description, amount paid)

**Property Info**

Year built: \_\_\_\_\_ Sq. Ft. occupied: \_\_\_\_\_ # of stories: \_\_\_\_\_ Construction type: \_\_\_\_\_

Roof Type: \_\_\_\_\_ Heating Type: \_\_\_\_\_

Wiring Type: \_\_\_\_\_ Plumbing Type: \_\_\_\_\_

If building is over 25 years old, please list update year or none: Wiring: \_\_\_\_\_ Roof: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heat/AC: \_\_\_\_\_

Is your building Sprinklered?  yes  no If yes, \_\_\_\_\_% of building

Fire alarm:  none  local  monitored Burglar alarm:  none  local  monitored

Double Cylinder Dead Bolt Locks:  yes  no Iron Bars or Gates: (covering all openings)  yes  no

Other Business exposures: Right \_\_\_\_\_ Left \_\_\_\_\_ Rear \_\_\_\_\_

Building Replacement Limit (if owner) \$ \_\_\_\_\_ Tenant Improvements (non-owner) \$ \_\_\_\_\_

Business property replacement limit (furniture, computers, equipment, inventory, etc) \$ \_\_\_\_\_

Loss of Income Limit: \$ \_\_\_\_\_ Deductible:  \$500  \$1,000  \$ \_\_\_\_\_

Robbery & Safe Burglary Limit: \$ \_\_\_\_\_ Neon or Electric Sign Limit: \$ \_\_\_\_\_

Exterior Plate Glass: Total Sq. Feet \_\_\_\_\_ # of Plates \_\_\_\_\_ Interior Glass (incl. mirrors) \$ \_\_\_\_\_

Describe any property losses in the last 5 years (year, description, amount paid)

### Workers Compensation

FEIN# \_\_\_\_\_ Owners/Officers Excluded?  yes  no

Employee Payroll	Class Code or Description	Annual Payroll	# FT Employees	# PT Employees
	9586 Barber Shops or Beauty Parlors – <u>All Employees</u>			

Current Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Experience Mod: \_\_\_\_\_ if any

Describe any work comp claims in the last 5 years (year, description, amount paid) or attach Loss History

### Business Auto

Do you rent cars for business use?  yes  no Do employees use own vehicles for business use?  yes  no

### Insurance Information

Current Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Premium: \_\_\_\_\_

In the past 3 years has any carrier cancelled or declined to renew?  yes  no Explain: \_\_\_\_\_

### How Should We Contact You?

Phone  Fax  E-Mail  How did you hear about us? \_\_\_\_\_

I am also interested in:  Employee Discrimination Liability  Personal Insurance



### Tell your friends about us and receive \$5 CASH!

We always ask our new customers who referred them to our agency. If someone we ask gives us *your* name, we will send you a \$5 bill! Qualified Referrals\*

