

# Aon's Affinity Small Commercial Salon/Spa Property and Liability Quote Request

Your Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Salon/Spa Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date new coverage needs to be effective \_\_\_\_/\_\_\_\_/\_\_\_\_ Website: \_\_\_\_\_

<b>Do you want a quote for:</b>	<input type="checkbox"/> Business Owners with Professional Liability	<input type="checkbox"/> Commercial Liability Umbrella
	<input type="checkbox"/> Commercial Auto	<input type="checkbox"/> Workers Compensation

## Describe Your Business:

Legal Entity:  Corporation  LLC  Partnership  Individual

Years in Business: \_\_\_\_ yrs Industry Experience: \_\_\_\_ yrs FEIN# \_\_\_\_\_ Annual Sales: \$ \_\_\_\_\_

Annual Payroll: \$ \_\_\_\_\_ Number of Employees: Full Time Professional \_\_\_\_\_ Part Time Professional \_\_\_\_\_  
Full Time Clerical \_\_\_\_\_ Part Time Clerical \_\_\_\_\_

Are there any other businesses that are owned or operated by you that are not to be covered by this policy? . . . . .  Yes  No

Services provided (all locations – please indicate all which apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Hair Services (color, cut, perm, etc.)   | <input type="checkbox"/> Microdermabrasion          | <input type="checkbox"/> Nail Services        |
| <input type="checkbox"/> Full Body Massages   | <input type="checkbox"/> Licensed Massage Therapist | <input type="checkbox"/> Licensed Esthetician |
| <input type="checkbox"/> Skin Peels   | <input type="checkbox"/> Cosmetology Schools        | <input type="checkbox"/> Facials              |
| <input type="checkbox"/> Other – Please list any other services performed in salon (or provide service brochure): | <input type="checkbox"/> Electrolysis               |   |

## Current Insurance and Claims History:

Current insurance company: \_\_\_\_\_ Current Premium \$ \_\_\_\_\_

Have you had any claims in the last three years? . . . . .  Yes  No

*If Yes, please describe any losses in the last three years. Include date of loss, dollar amount and details on separate page.*

## Property Information:

Do you have more than one location? . . . . .  Yes  No

Please tell us about your main location. Street: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Square feet occupied by you: \_\_\_\_\_ sq. ft. What year was the building built? \_\_\_\_\_

If older than 20 years, please enter the year any updates were made to the building:

Rewired \_\_\_\_\_ Roof Repaired or Replaced \_\_\_\_\_ Plumbing Replaced \_\_\_\_\_ Heater Replaced \_\_\_\_\_

Is 100% of your building protected with a sprinkler system? . . . . .  Yes  No

For this building, are you . . . . .  The Owner?  A Tenant?

How many stories? \_\_\_\_\_ Approx. total building sq. ft: \_\_\_\_\_

Are there other businesses in the same building? . . . . .  Yes  No

Please check the type of building construction (check only one):

- |  |  |
|--|--|
| <input type="checkbox"/> Frame           | <input type="checkbox"/> Non-Combustible         |
| <input type="checkbox"/> Joisted Masonry | <input type="checkbox"/> Masonry Non-Combustible |
| <input type="checkbox"/> Fire Resistive  |  |

What type of burglar alarm does the building have?

- |  |   |
|--|---|
| <input type="checkbox"/> None            | <input type="checkbox"/> Local Alarm          |
| <input type="checkbox"/> Central Station | <input type="checkbox"/> Inside Enclosed Mall |
| <input type="checkbox"/> Security Patrol |   |

## Coverage Requested:

Building Limit (if owner): \$ \_\_\_\_\_ Contents Limit: \$ \_\_\_\_\_

Deductible: Please choose one:  \$500  \$1,000  Other: \_\_\_\_\_

General Liability Limit: Please choose one:  \$1M  \$2M  Greater than \$2M

Signature \_\_\_\_\_