

Business Legal Name:
Business DBA?
Contact Name:
Contact Email: Contact Phone:
Business Address Street:
City: State: Zip:
Business Phone: Website:
Location Square Feet:
Number of Employees: Annual Payroll:
Annual Gross Revenue:
Business Property (Contents only) Value:

Do you currently have an insurance policy in effect for the coverage requested? Yes No
Approximately when did your business begin?
If required by state law, do you or the principal of your firm maintain current and valid professional training, certifications, licenses or designations for all services you provide? Yes No
Are you an active or retired Medical Doctor, Registered Nurse, Nurse Practitioner, Licensed Practical Nurse, Physician's Assistant or Naturopathic Doctor? Yes No
Is your business a franchisee of a salon or spa franchise? Yes No

Does your business provide any of the following services or use any of the following equipment? Check all that apply.

<input type="checkbox"/> Administer injections	<input type="checkbox"/> Electrolysis services
<input type="checkbox"/> Chemical peels with solutions 31% or greater?	<input type="checkbox"/> Colon hydrotherapy services
<input type="checkbox"/> Laser treatment services	<input type="checkbox"/> Licensing as part of a school
<input type="checkbox"/> Operate saunas or steam rooms	<input type="checkbox"/> Operate tanning beds or booths
<input type="checkbox"/> Permanent make up services	<input type="checkbox"/> Skin tag removal services
<input type="checkbox"/> Tattoo services	<input type="checkbox"/> Teeth whitening or other dental services
<input type="checkbox"/> None of the above	

Additional info/Additional location:

Please send completed application to nicole@priemco.com