

Bill Taylor & Associates
Request for Beauty Salon Quote

Named Insured: _____

Business Address: _____

Contact Phone #: _____ Email: _____

Construction: _____ Frame _____ Brick Veneer _____ Metal _____ Concrete

Age: _____ Square Feet: _____ Any Updates: _____

Building Coverage Desired: _____ Yes _____ No

Brief Description of Business Operation: _____

General Liability Questions:

Are Stylists employees or independent contractors: _____

Any Additional Insureds required: _____ Yes _____ No

If yes, name and address of Additional Insured: _____

Additional services (tanning, waxing, massage, etc.): _____

of Stylists: _____ Annual Employee Payroll: _____

Estimated Annual Sales: _____ Contractor Payroll: _____

of Years Experience: _____ # of Insurance Losses: _____

Total Paid: _____ Loss Runs Requested: _____ Prior Carrier: _____

