

**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: \_\_\_\_\_

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General Liability Questions:

Are Stylists employees or independent contractors: \_\_\_\_\_

Any Additional Insureds required: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name and address of Additional Insured: \_\_\_\_\_

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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: \_\_\_\_\_

