

## Salon and Spa Insurance Proposal

Proposal Valid for 60 days from Quote Date

**Effective Date:** 

**Client ID:** 

Quote ID:		Quote Date:	
Named Insured:  Issuing Company:		ialty Insurance Company IM Best Rating: A XV	
Professional Liability			Premium
Employment Practices Liability			Premium
Sexual Abuse and Molestation			Premium
Property			Premium
General Liability			Premium
Employee Dishonesty	,		Premium
Excess Liability			Premium
Broker Fee			
State Fee			
Stamping Fee Stamping Fee			
Total Annual Cost			
Payment Options			
Full Payment o	Plan – First Payment*	now	
Premium Fina monthly pa Including Tota	Second Payment  nce Plan - Down Payment*  ayments of I Interest of	due at the end of 30 days	
*Including \$50 Processing Fee			

Phone: (602) 222-8300 Email: processing@uiprograms.com Web:www.uiprograms.com

Make a Payment Using UIP's ONLINE PAY PORTAL