

**Salon and Spa Insurance Proposal**

**Proposal Valid for 60 days from Quote Dat****e**

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| --- | --- |
| **Client ID:** | **Effective Date:** |
| **Quote ID** | **Quote Date:** |

|  |  |
| --- | --- |
| **Named Insured:** |  |
| **Issuing Company:** | Crum & Forster Specialty Insurance Company  *Non-Admitted, AM Best Rating: A XV* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional Liability** | | **Premium $** | **0,000,000.00** |
| **Employment Practices Liability** | | **Premium $** |  |
| **Sexual Abuse and Molestation** | | **Premium $** |  |
| **Property** | | **Premium $** |  |
| **General Liability** | | **Premium $** |  |
| **Employee Dishonesty** | | **Premium $** |  |
| **Excess Liability** | | **Premium $** |  |
| **Broker Fee** | **$** | |  |
| **State Fee** | **$** | |  |
| **Stamping Fee** | **$** | |  |
| **Total Annual Cost** | **$** | | **0,000,000.00** |

|  |  |
| --- | --- |
| **Payment Options** | |
|  | Full Payment of $    Split Payment Plan – 1st Payment\* now  2nd Payment due at the end of 30 days from effective date  Premium Finance Plan - Down Payment\* now and monthly payments of  Including Total Interest of |
|  |
|  |
|  |
| \*Including $50 Processing Fee | |

Phone:(602) 222-8300 Email: [processing@uiprograms.com](mailto:processing@uiprograms.com) Web[:www.uiprograms.com](http://www.uiprograms.com/) Make a Payment Using UIP’s [ONLINE PAY PORTAL](https://anytime.anddone.com/%23/uiprograms)

Note: This is an indication only, not a binder. It is only valid for 60 days. The policy descriptions in this proposal are summaries only. Please review your current or future policy for details of coverage, limits, terms and conditions.