

## INSURANCE VERIFICATION for 1099 Employees

<b>Name</b>		Do You Own <b>General Liability?</b> (GL)	Yes - No
<b>PHONE</b>		Do You Own <b>Professional Liability?</b> (Business Owners Policy BOP)	Yes - No
<b>Email</b>		Does Your Commercial Policy Include Loss of Income?	YES - NO
Year Licensed		Birth Date	Please list renewal Date(s)
<b>Insurance Company</b>			
<b>Agent</b>			

**Please List The Salon as an  
ADDITIONAL INSURED as Follows:**

*Listing the salon owner as an "**Additional Insured**" within the "Stylists Insurance Policy", can extend the liability coverage to the owner, in the event of a "Covered Loss". (This protects both the stylist and business owner from claims and lawsuits.)*

### CLAIM DETAILS

<b>Insurance Company Involved</b>	Main Phone #
Claim #	
Adjusters Name	Adjuster Phone
Claim Amount \$	Email
Other Party Info	Phone
Notes:	

*Get a Comparative Quote for Your Business Owners Policy*

**Troy Noland (503) 297- 4811**

tnoland@farmersagent.com TheNolandAgency.com

4475 SW Scholls Ferry Rd, Unit 106, Portland, Oregon 97225