Application
For
Beauty Salons, Barber Shops & Spas

1. Name of Applicant _____
Street Address _____
City _____ State _____ Zip _____
Applicant's Web Site Address _____

2. ☐ Individual ☐ Corporation ☐ ☐ Other (Explain) _____

3. Address of location to be insured (If same as above, write same)
Street Address _____
City _____ State _____ Zip _____

4. Date Established: _____

Business Location: Store _____ Dept. Store _____ Hotel _____ Other _____
Your home _____ Approx. area _____ Sq. Ft.

Partnership

5. Please provide prior insurance information. If none, check here ☐

Insurance Company	Policy Period	Limits of Liability	Premium	Occurrence Coverage	Type of Coverage

6. Is applicant engaged in, owned by, associated with or involved in any other enterprise? If yes, provide full details. ☐ Yes ☐ No _____

7. Provide details of licensing or certification needed for this operation: _____

8. List any professional associations of which you are a member: _____

9. Total Sales: $ _____

10. Services: Do you perform any of the following?
If you answer yes to any of the following, please provide specific details of the service in space on page 3 or 4. Include descriptive literature, names of products used and the procedure followed (If necessary, use a separate sheet).

Yes	No	
_____	_____	A) Electrolysis or hair removal by electric tweezer
_____	_____	B) Tanning beds or booths
_____	_____	C) Wart or mole removal
_____	_____	D) Reducing, slenderizing or exercising service
_____	_____	E) Nail sculpturing or attachments *(continued)*

_____ _____ F) Skin treatment
_____ _____ G) Permanent eyebrow or eye liner; permanent make-up
_____ _____ H) Electric or steam baths
_____ _____ I) Hair implants or transplants
_____ _____ J) Hair weaving
_____ _____ K) Ear piercing
_____ _____ L) Chemical face peels; microdermabrasion
_____ _____ M) Massage
_____ _____ N) Body wrapping
_____ _____ O) Do you offer services or treatments that are not generally offered by beauty salons (Describe in space on page 3 or 4).
_____ _____ P) Laser hair removal. What training received? (Answer in space on page 3 or 4)

11. Products: List all products used for the following services

	Type of System/Product Used	Approx. # per yr.
Permanent Hair weaving		
Hair dyeing & shampoo tinting		
Hair Straightening		
Cosmetics sold for home use		Approx. Ann'l Sales $ _____
Eyebrow and eyelash coloring		
Dye stain removing		
Chemical Face Peel - % of Solution		
Microdermabrasion		
Laser hair removal		

List any products repackaged, rebottled, manufactured by you or labeled with your name. _____

12. Are predisposition tests performed prior to services rendered? If yes, list tests performed. ☐ Yes ☐ No

13. Does the owner or manager supervise each permanent waving or hair dyeing? ☐ Yes ☐ No

14. Are records kept of clients receiving permanent waves and hair dyes? Do records include client's name and address, dates, products used and name of operator? ☐ Yes ☐ No

15. During the past (3) years, have any claims been presented to your current or prior insurance carrier? Give full details, include description of claim, amount paid and reserves. (Use space on page 3, if needed) ☐ Yes ☐ No _____

16. Is applicant, or any other persons for whom insurance is being requested, aware of any circumstances which may result in a claim? If yes, provide full details. (Use space on page 3, if needed) ☐ Yes ☐ No _____

17. Has applicant, or any other person for whom coverage is being requested, had any liability application denied, policy cancelled or policy not renewed in past (3) three years? If yes, provide full details below or on back of page 3. ☐ Yes ☐ No

18. LIMITS OF INSURANCE REQUESTED:

General Aggregate Limit (Other than Products – Completed Operations)	$ _____	
Products – Completed Operations Aggregate Limit	$ _____	
Personal and Advertising Injury Limit	$ _____	
Each Occurrence Limit	$ _____	
Fire Damage Limit	$ _____	any one (1) fire
Medical Expense Limit (up to $5,000 limit available)	$ _____	any one (1) person
Each Professional Incident Limit (if applicable)	$ _____	

Effective Dates Desired: From _____ To _____

19.

CLASS OF BUSINESS	PROVIDE RATING INFORMATION
Barber Shops	# Number of chairs
Beauty Parlors # _____ Employed Operators # _____ Indep. Contr. Operators Yes No Receive certs. from indep. contractors.	# # #
Body-Wrapping	$ Sales
Cosmetologists, Body-Wrapping (no permanent makeup)	$ Sales
Ear Piercing – warrant that initial post after piercing is 14 kt. gold or better.	$ Sales
Electrologist	$ Sales
Masseur / Masseuse	$ Sales
Manicure Salon	$ Sales
Weight-Loss Counselor	# Number of individuals
Tanning bed or booth – (If any, answer question 20 below)	$ Sales

20. Ultraviolet lamps currently installed:

Type of bulbs? _____ Percentage of UVA bulbs? _____% UVB bulbs? _____%
Manufacturer _____ Protective Covering? ☐ Yes ☐ No
Number of Beds/Booths _____ Manufactured by: _____ Installed by: _____
Number of Facial Tanning Units: _____
Number of Timers _____ Manufactured by: _____ Installed by: _____
UL Label: ☐ Yes ☐ No All timers tested daily? ☐ Yes ☐ No
Are timers controlled by employees? ☐ Yes ☐ No Can patrons set timers? ☐ Yes ☐ No
Are goggles required and provided for all users? ☐ Yes ☐ No
Are there signs inside and outside of booths instructing on use of goggles? ☐ Yes ☐ No
Are any booths coin operated? ☐ Yes ☐ No
Are beds/booths thoroughly disinfected after each use? ☐ Yes ☐ No
Do minors need signed parental consent to use facility? ☐ Yes ☐ No

21. Personnel: Have all employees received training in use of timers? ☐ Yes ☐ No
Are employees required to obtain signed release from client prior to use of tanning booth? ☐ Yes ☐ No

22. Federal Drug Administration requires posting of the following sign: Have you complied? ☐ Yes ☐ No

F.D.A. Requirement – Danger – Ultraviolet radiation. Follow all instructions. As with natural sunlight, overexposure may cause premature aging of the skin and skin cancer. Medications or cosmetics applied to the skin may increase your sensitivity to ultraviolet light. Consult your physician before entering booth if taking medication or if you believe yourself especially sensitive to sunlight.

Applicant's Signature: _____ Date: _____

Title: _____ Producing Agent: _____