

Beauty Shop/Barber Shop and Day Spa Liability Application

Applicant's Name _____
 Mailing Address _____

 Location _____

 Web Site Address _____

Agency Name _____
 Agent _____
 Address _____

 E-Mail _____
 Phone _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

1. **Limit of liability requested:** \$100,000/\$100,000 \$300,000/\$300,000 \$500,000/\$500,000
 \$1,000,000/\$1,000,000 \$2,000,000/\$2,000,000

2. **Name of business (D/B/A):** _____

3. **Applicant is:**

- a. Individual Partnership Corporation Other
 b. Beauty Parlor Barber Shop Day Spa
 c. Owner Tenant

4. **Part occupied by applicant:** _____

5. **How long has applicant been in business?**..... _____ years

6. **Number of operators employed:** _____

Full-time: _____ Part-time (less than 15 hours per week): _____

Aestheticians: _____ Masseuses: _____

Full-time operators for ear piercing: _____

7. **Amount of gross sales: \$** _____

8. **Are all operators licensed?** Yes No

9. **Are records kept of patrons' permanent waves and hair dyes?** Yes No

10. **Please state methods used in permanent hair waving (electric, cold wave, machineless, other):** _____

11. **Number of:** Tanning beds: _____ Saunas: _____ Hot tubs/spas: _____
Hydro-massage beds: _____ Toning beds: _____ Swimming pools: _____

12. **Are any of the following exposures included in the applicant's operation?**

- | | |
|---|---|
| <input type="checkbox"/> Nail sculpting | <input type="checkbox"/> Chemical body wraps; receipts: \$ _____ |
| <input type="checkbox"/> Manicures/pedicures | <input type="checkbox"/> Electrolysis; receipts: \$ _____ |
| <input type="checkbox"/> False lashes | <input type="checkbox"/> Beauty schools/classes; receipts: \$ _____ |
| <input type="checkbox"/> Ear piercing | <input type="checkbox"/> Waxing—hot/cold: receipts: \$ _____ |
| <input type="checkbox"/> Makeovers/facials | <input type="checkbox"/> Mixing, blending or repackaging of products for on or off premises |
| <input type="checkbox"/> Wig application | <input type="checkbox"/> Chiroprody |
| <input type="checkbox"/> Plastic surgery | <input type="checkbox"/> Face lifting |
| <input type="checkbox"/> Hair implants | <input type="checkbox"/> Body piercing |
| <input type="checkbox"/> Permanent cosmetics | <input type="checkbox"/> Microdermabrasion; receipts: \$ _____ |
| <input type="checkbox"/> Chemical peels; receipts: \$ _____ | |
| <input type="checkbox"/> Botox or other cosmetic injections: \$ _____ | |

13. **Names of previous insurance carrier(s) for the past three years:** _____

Losses for the last three years: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims: See loss run attached _____

14. **Has any operator had a previous claim for alleged malpractice, error or mistake?** Yes No

If yes, explain: _____

15. **Does applicant have other business ventures for which coverage is not required?** Yes No

If yes, explain and advise where insured: _____

	Prohibited	Submit	Eligible
1. Any prior claims?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
LIABILITY			
2. Are the insured's licensed and the licenses of all employees valid? (No students operating with a permit)	<input type="checkbox"/> No		<input type="checkbox"/> Yes
3. Are combs, brushes, clippers and other equipment used on clients sterilized in between uses according to state disinfection methods?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
4. Are the floors regularly cleaned to prevent accumulating hair?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
5. Are any Products sold under applicants name or label?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
7. Any body piercing?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
8. Tattooing, including but not limited to the insertion of pigment into or under the skin?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
9. Any activities not normal and customary for a Barber or Beauty Salon?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
PROPERTY			
10. Is there an adequate number of currently tagged fire extinguishers?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
11. Is all the electrical wiring on functional and operational circuit breakers?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
12. Is there overloading of electrical circuits with extension cord use?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
13. Is there any aluminum wiring?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
14. Total property values greater than 500,000?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Are there functioning smoke detectors on the premises?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
OPTIONAL PROFESSIONAL LIABILITY - If prohibited, professional liability coverage is not available.			
15. Any removal of hair by electrolysis or lasers?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
16. Any hair implanting or hair transplanting or any attempt at these?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
17. Any dye or coloring to eyelashes or eyebrows except mascara or eyebrow pencils.	<input type="checkbox"/> Yes		<input type="checkbox"/> No
18. Face lifting, skin peels, the removal of warts, moles or growths or any attempts at these or similar services?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
19. Any massage services?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Chiropody or Podiatry?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
21. Number of: Beauticians: _____ Barbers: _____ Manicurists: _____			

Provide complete details of any submit items.

We can review an application for eligibility with complete details.

If Prohibited, please decline the account.

Submit Details: _____
