

AGENCY:	
CONTACT NAME:	
EMAIL	
PHONE	
ADDRESS	
CITY	

BEAUTY/BARBER/NAIL/TANNING APPLICATION

	NAMED INSURED						
	MAILING ADDRESS COUNTY	CITY ZIP					
	•			_	_	-	
	LOCATION ADDRESS COUNTY					ZIP	
	•	□INDIVIDUAL □ PAR	TNERSHIP CORPC				
	EFFECTIVE DATE						
1.	TYPE OF OPERATION	: BARBER SHOP	BEAUTY SALON	☐ NAIL SALON	TANNING	SALON	
2. DO YOU PERFORM ANY OF THE FOLLOWING:							
	REMOVAL OF W	ARTS OR MOLES	[BODY MASSAGE (0		E, SCALP OR HAND)	
	☐ EAR PIERCING ☐ NAIL SERVICES		[NN	
3.		N BUSINESS?		FERMIANEINI MAN	L-OF AFFEICATIO	71 1	
4.	NUMBER OF YEARS IN BUSINESS? PROVIDE THE NUMBER OF THE FOLLOWING PERSONNEL						
	PARTNERS.	OWNERS, OFFICERS	FULL-TIME STAFF	PART	TIME	OTHER: EXPLAIN	
				17	THVIL	OTTILIN. EXPLAIN	
					111112	OTTLIK. EAFLAIN	
						OTTEN. EAFLAIN	
5.	PROVIDE DETAILS OF	LICENSING OR CERTIFICATI				OTTEN. EAFLAIN	
	PROVIDE DETAILS OF					OTTLIK. EAFLAIN	
5. 6. 7.		OPERATION:				OTTEN. EAFLAIN	
6. 7.	DAYS AND HOURS OF ANNUAL GROSS RECO	OPERATION:	ON NEEDED FOR THIS OF	PERATION PRIOR YEARS RECEIOUR CURRENT OR PRIO	PTS		
6.	DAYS AND HOURS OF ANNUAL GROSS RECO	F OPERATION: EIPTS YEARS, HAVE ANY CLAIMS	ON NEEDED FOR THIS OF THIS OF THE PRESENTED TO YOU LLOWING: (CHECK ONE)	PERATION PRIOR YEARS RECEI	PTS DR INSURANCE CA		
6. 7. 8.	DAYS AND HOURS OF ANNUAL GROSS RECO	F OPERATION: EIPTS) YEARS, HAVE ANY CLAIMS OCATED IN ONE OF THE FO	ON NEEDED FOR THIS OF BEEN PRESENTED TO YOU LLOWING: (CHECK ONE)	PERATION PRIOR YEARS RECEI OUR CURRENT OR PRIOR EALTH/FITNESS CLUB	PTS		
6. 7. 8.	DAYS AND HOURS OF ANNUAL GROSS RECO	F OPERATION: EIPTS) YEARS, HAVE ANY CLAIMS OCATED IN ONE OF THE FO BARBER SHOP	ON NEEDED FOR THIS OF BEEN PRESENTED TO YOU LLOWING: (CHECK ONE) HOTEL/MOTEL	PERATION PRIOR YEARS RECEI OUR CURRENT OR PRIOR EALTH/FITNESS CLUB	PTS	ARRIER? IF YES, PROVIDE FULL	

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12.	GENERAL LIABILITY				
	LIMITS OF INSURANCE REQUE	STED:			
	GENERAL AGGREGATE LIMIT (
	PRODUCTS COMPLETED OPER	ATIONS AGGREGATE LIMIT		\$	
	PERSONAL AND ADVERTISING	INJURY LIMIT			
	EACH OCCURENCE LIMIT	- 0			
	DAMAGE TO PREMISES RENTE MEDICAL EXPENSE LIMIT	:U			
		ENDORSEMENT INCLUDED	- NO CHARGE	Ψ	
13.	PROPERTY				
	CAUSE OF LOSS BASI	C BROAD SPECIA	L		
	CONSTRUCTION	PROTECTION CLAS	SS SQUAR	RE FEET	BUILDING AGE
	COVERAGE DESIRED	LIMIT	RC/ACV	CO-INS/INDEMNITY	DEDUCTIBLE (MIN \$500)
	BUILDING				
	BUSINESS PROPERTY				
	BUSINESS INCOME				
	LOSS PAYEE:				_
					_
14.	TANNING SALON INFORMA	ATION (IF APPLICABLE)			
a.	ULTRAVIOLET LAMPS CURREN	ITLY INSTALLED			☐ YES ☐ NO
b.	PERCENTAGE OF UVA BULBS	% PERCEI	NTAGE OF UVB BULBS	%	
c.	NUMBER OF BEDS	NUMB	ER OF FACIAL TANNERS _		
d.	UL APPROVED				☐ YES ☐ NO
e.	ARE PROTECTIVE COVERS OVE	ER THE UV LAMP TO PREVENT	ACCIDENTAL BURNS		☐ YES ☐ NO
f.	ALL TIMERS TESTED DAILY				☐ YES ☐ NO
g.	ARE TIMERS CONTROLLED BY	EMPLOYEES			☐ YES ☐ NO
h.	CAN PATRONS SET TIMERS				☐ YES ☐ NO
i.	ARE CUTOFF SWITCHES AVAIL	ABLE FOR CUSTOMERS TO USE	E IN AN EMERGENCY		☐ YES ☐ NO
j.	ARE GOGGLES REQUIRED AND	PROVIDED FOR ALL USERS			☐ YES ☐ NO
k.	ARE THERE SIGNS INSIDE AND	OUTSIDE OF BOOTHS INSTRU	CTING ON USE OF GOGGL	ES	☐ YES ☐ NO
I.	ARE BOOTHS COIN OPERATED)			☐ YES ☐ NO
m.	ARE BEDS/BOOTHS THOROUG	GHLY DISINFECTED AFTER EACH	H USE		☐ YES ☐ NO
n.	DO MINORS NEED SIGNED PA	RENTAL CONSENT TO USE FAC	ILITY		☐ YES ☐ NO
ο.	HAVE ALL EMPLOYEES RECEIV	ED TRAINING IN USE OF TIME	RS		☐ YES ☐ NO
p.	ARE PATRONS REQUIRED TO S	SIGN A WAIVER OR RELEASE PF	RIOR TO USING		☐ YES ☐ NO
q.	IS THE FOLLOWING WORDING	HANGING IN A VISABLE AREA	TO PATRONS		☐ YES ☐ NO

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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

15.	BEAUTY SALON/BARBER SHOP INFORMATION (IF APPLICABLE)
a.	DO YOU CATER SPECIFICALLY TO THE ELDERLY, HANDICAPPED OR CHILDREN
b.	HOW LONG DO YOU RETAIN RECORDS (NAME, ADDRESS & DATE OF SERVICE) OF PERSONS RECEIVING PERMANENT WAVES OR HAIR DYES
c.	DO YOU HAVE RETAIL SALE OF ITEMS OTHER THAN HAIR CARE AND NAIL CARE PRODUCTS
d.	APPROXIMATELY WHAT PERCENTAGE OF YOUR TOTAL RECEIPTS IS GENERATED DOWN FROM RETAIL SALES OF PRODUCTS%
e.	ARE ALL COMBS, BRUSHES AND HAIR CUTTING IMPLEMENTS STERILIZED BEFORE AND AFTER USE
f.	HOW FREQUENTLY DO YOU CHANGE THE GERMICIDAL SOLUTION
16.	EAR PIERCING INFORMATION (IF APPLICABLE)
a.	WHAT HIRING REQUIREMENTS APPLY TO EMPLOYEES WHO PERFORM EAR PIERCING
b.	PLEASE DESCRIBE METHOD(S) OF EAR PIERCING YOU USE
c.	DO YOU OR WILL YOU AGREE TO PERFORM PIERCING OF ANY BODY PARTS OTHER THAN EARS
d.	WHAT PROCEDURES/PROCESSES ARE USED TO STERILIZE TABLES, TOOLS AND EQUIPMENT
e.	HOW FREQUENTLY ARE TABLES, TOOLS, AND EQUIPMENT STERILIZED
17.	COMMENTS:
THES	REBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL THE FOREGOING STATEMENTS ARE COMPLETE AND TRUE, AND THAT SE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE A POLICY FOR WHICH I AM APPLYING. IT IS UNDERSTOOD AGREED THAT COMPLETION OF THIS QUESTIONNAIRE DOES NOT BIND THE COMPANY.
Sign	nature of Applicant Date Signature of Agent

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