



Application For Beauty Salons, Barber Shops & Spas Liability

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

2. Date Established _____ and Type of Organization Individual Partnership
 Corporation Other (Please explain.) _____

3. Total Sales \$ _____

4. Is the applicant engaged in, owned by, associated with or involved in any other enterprise? Yes No
(If yes, please provide full details on page 3.)

5. Has the applicant had prior insurance for this enterprise? *(If yes, please complete the following.)* Yes No

Insurance Company	Policy Period	Limits of Liability	Premium	Type of Coverage	Occurrence or Claims Made

6. During the past **three (3) years**, have any claims been presented to your current or prior insurance carrier(s)? *(If yes, please provide description of claim(s), date of loss, amount(s) paid and reserved on page 3.)* Yes No

7. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstances which may result in a claim? *(If yes, please provide full details on page 3.)* Yes No

8. Has the applicant, or any other person for whom coverage is being requested, had any application for liability insurance denied, policy cancelled or non-renewed in the past **three (3) years**? *(If yes, please provide full details on page 3.)* Yes No

9. In which **one** of the following is this operation located?
 Store Department Store Hotel Applicant's Home – Approximate Area _____ Sq. Ft.
 Other *(Please give full details.)* _____

10. Does the applicant perform any of the following services? *(If yes, to any of the following, please provide specific details of the service on page 3 and include descriptive literature, names of products used and the procedure followed.)*

- | | |
|---|---|
| <input type="checkbox"/> Body Wrapping | <input type="checkbox"/> Laser Vein or Tattoo Removal |
| <input type="checkbox"/> Botox Injections | <input type="checkbox"/> Massage |
| <input type="checkbox"/> Chemical Face Peels; Microdermabrasion | <input type="checkbox"/> Nail Sculpturing or Attachments |
| <input type="checkbox"/> Collagen Fillers | <input type="checkbox"/> Permanent Eyebrow or Eye Liner; Permanent Make-Up |
| <input type="checkbox"/> Ear Piercing | <input type="checkbox"/> Photofacials |
| <input type="checkbox"/> Electric Or Steam Baths | <input type="checkbox"/> Photorejuvenation |
| <input type="checkbox"/> Electrolysis/Hair Removal By Electric Tweezer | <input type="checkbox"/> Reducing, Slenderizing or Exercising Services |
| <input type="checkbox"/> Hair Implants/Transplants | <input type="checkbox"/> Skin Treatment |
| <input type="checkbox"/> Hair Weaving | <input type="checkbox"/> Tanning Beds or Booths <i>(If yes, see questions 19 and 20.)</i> |
| <input type="checkbox"/> Laser Hair Removal <i>(Please list training received on page 3.)</i> | <input type="checkbox"/> Wart or Mole Removal |

Do you offer services or treatments that are not generally offered by beauty salons? Yes No
(If yes, please give full details on page 3.)

Is this a medspa supervised by a licensed healthcare professional? Yes No

Is there a physician hired or contracted as a Medical Director? Yes No

11. Please provide the details of licensing or certification needed for this operation on page 3.

12. Please list any professional associations of which the applicant is a member on page 3.

13. Are predisposition tests performed prior to rendering services? Yes No
(If yes, provide a list of tests performed on page 3.)

14. Are the services performed monitored by management? Yes No
15. Are records kept of patrons receiving any spa services? Yes No
 If yes, do records include the patron's name/address, dates, products used and name of operator? Yes No
16. Please list all products used for the following services. (Please provide a list of products repackaged, rebottled, manufactured by the applicant or labeled with applicant's name on page 3.)

	Type of System/Product Used	Approximate # Per Year
Permanent Hair Weaving		
Hair Dyeing & Shampoo Tinting		
Hair Straightening		
Cosmetics Sold for Home Use		Annual Sales \$
Eyebrow and Eyelash Coloring		
Tattoo, Port Wine or Birthmark Removal		
Chemical Face Peel – % of Solution		
Microdermabrasion – Deepest Layer Considered		
Laser Hair Removal (Please see question 18.)		
Photofacials		
Photorejuvenation		
Non-Surgical Facelifts		

17.

Class of Business	Please Provide Rating Information
Barber Shop	# of Chairs _____
Beauty Parlor # _____ Employed Operators # _____ Independent Contractors	# of Full-Time Operators _____ # of Part-Time Operators _____ # of Manicurists _____
Are certifications received from independent contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Body Wrapping	Annual Sales \$
Cosmetologists (No permanent makeup)	Annual Sales \$
Ear Piercing (Warrant that initial post after piercing is 14kt. gold / surgical steel.)	Annual Sales \$
Electrologist	Annual Sales \$
Massuer / Masseur	Annual Sales \$
Manicure Salon	Annual Sales \$
Weight-Loss Counselor	# of Individuals _____
Tanning Bed or Booth – If any, answer questions 19 and 20 which follow.	Annual Sales \$
Tattoo, Port Wine or Birthmark Removal	Annual Sales \$
Microdermabrasion – Deepest Layer Considered	Annual Sales \$
Laser Hair Removal (Please see question 18.)	Annual Sales \$
Photofacials	Annual Sales \$
Photorejuvenation	Annual Sales \$
Non-Surgical Facelifts	Annual Sales \$

18. Are employees performing Laser Hair Removal licensed estheticians? Yes No
 Prior to the procedure, are the following steps taken:
 Skin analysis? Yes No
 Informed consent? Yes No
 Waiver signed? Yes No
 Pulse test spot done? Yes No
19. If there are tanning beds/booths, the Federal Drug Administration requires posting of the following sign – has the applicant complied? Yes No

F.D.A. Requirement - Danger - Ultraviolet Radiation. Follow all instructions. As with natural sunlight, over-exposure 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.

20. Please provide details for **ultraviolet lamps** currently installed. Manufacturer _____
 Type of Bulbs _____ Protective Covering Yes No
 % of UVA Bulbs _____ % of UVB Bulbs _____
of Beds/Booths _____ Manufacturer _____
 Installed By _____
of Facial Tanning Units _____ Manufacturer _____
 Installed By _____
of Spray Booths _____ Are approved spray solutions used? Yes No
of Timers _____ UL Label Yes No
 Timers tested daily? Yes No Any booths coin or card operated? Yes No
 Timers controlled by employees? Yes No Can patrons set timers? Yes No
 Are employees trained in use of timers? Yes No
 Are employees required to obtain a signed release from patrons prior to use of tanning booth? Yes No
 Goggles required and provided for all patrons including spray booths? Yes No
 Are signs posted inside/outside of booths instructing on use of goggles? Yes No
 Are beds/booths thoroughly disinfected after each use? Yes No
 Do minors need signed parental consent to use facility? Yes No

21. 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 \$ _____
 Damage to Premises Rented by You (Up To \$100,000 Limit Available) \$ _____ Any One (1) Premises
 Medical Expense Limit (Up To \$5,000 Limit Available) \$ _____ Any One (1) Person
 Each Professional Incident Limit (If Applicable) \$ _____

22. Effective Dates Desired – From: _____ To: _____

Applicant's Signature _____ Date _____

Title _____ Producing Agent _____

FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (FOR NEW YORK INSURED: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

#	Description or Full Details (If necessary, please attach an additional sheet.)