



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