

## Application For Beauty Salons, Barber Shops & Spas Liability

1. Name of Applicant: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Applicant's Web Site Address: \_\_\_\_\_  
 Applicant's Contact Name: \_\_\_\_\_ Applicant's Contact Phone No.: \_\_\_\_\_  
 Applicant's Contact Email 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 4.)

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 4.) ☐ 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 4.) ☐ 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 4.) ☐ 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 4 and include descriptive literature, names of products used and the procedure followed.)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Acupuncture   | <input type="checkbox"/> Eyebrow Microblading  | <input type="checkbox"/> Photofacials   |
| <input type="checkbox"/> Body Piercing other than ears   | <input type="checkbox"/> Eyelash Extensions or Eyelash Transplants   | <input type="checkbox"/> Photorejuvenation  |
| <input type="checkbox"/> Body Wrapping   | <input type="checkbox"/> Flotation Tanks/Sensory Deprivation Tanks   | <input type="checkbox"/> Podiatry/Chiropractic                                      |
| <input type="checkbox"/> Botox Injections or any other dermal filler injections                    | <input type="checkbox"/> Hair Implants/Transplants   | <input type="checkbox"/> Red Light Therapy  |
| <input type="checkbox"/> "Brazilian Blowouts", or any procedures involving the use of formaldehyde | <input type="checkbox"/> Hair Weaving  | <input type="checkbox"/> Reducing, Slenderizing or Exercising Services              |
| <input type="checkbox"/> Chemical Face Peels; Microdermabrasion                                    | <input type="checkbox"/> Laser Hair Removal (Please list training received on page 4.)   | <input type="checkbox"/> Skin Treatment   |
| <input type="checkbox"/> Chiropractors   | <input type="checkbox"/> Laser Vein or Tattoo Removal  | <input type="checkbox"/> Tanning Beds or Booths (If yes, see questions 19. and 20.) |
| <input type="checkbox"/> Collagen Fillers  | <input type="checkbox"/> Massage   | <input type="checkbox"/> Teeth Whitening  |
| <input type="checkbox"/> Ear Candling  | <input type="checkbox"/> Medical Spas, aka "Medi-spas" (facilities operating under the supervision of a licensed health care professional) | <input type="checkbox"/> Wart or Mole Removal                                       |
| <input type="checkbox"/> Ear Piercing  | <input type="checkbox"/> Microneedling   |   |
| <input type="checkbox"/> Ear Stapling  | <input type="checkbox"/> Nail Sculpturing or Attachments   |   |
| <input type="checkbox"/> Electric Or Steam Baths   | <input type="checkbox"/> Permanent Make-Up or Tattoos  |   |
| <input type="checkbox"/> Electrolysis/Hair Removal By Electric Tweezer                             |  |   |

10. (Continued)

Do you offer services or treatments that are not generally offered by beauty salons?

☐ Yes ☐ No

(If yes, please give full details on page 4.)

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 4.

12. Please list any professional associations of which the applicant is a member on page 4.

13. Are predisposition tests performed prior to rendering services?

☐ Yes ☐ No

(If yes, provide a list of tests performed on page 4.)

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 4.)

	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	# of Full-Time Operators _____
	# _____ Independent contractors	# of Part-Time Operators _____
	Are certifications received from independent contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Manicurists _____
	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: \_\_\_\_\_



## FRAUD WARNING STATEMENTS

<b>Alabama</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
<b>Arkansas Louisiana West Virginia</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Colorado</b>	<b>It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.</b>
<b>District of Columbia</b>	<b>WARNING:</b> It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
<b>Florida</b>	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
<b>Kentucky</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
<b>Maine</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.
<b>Maryland</b>	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>New Jersey</b>	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<b>New Mexico</b>	ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
<b>New York</b>	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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.  <b>Fire:</b> Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
<b>Ohio</b>	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
<b>Oklahoma</b>	<b>WARNING:</b> Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
<b>Oregon</b>	<b>Fire:</b> This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto.
<b>Pennsylvania</b>	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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
<b>Rhode Island</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Tennessee Virginia Washington</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
<b>All Other States</b>	Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

Applicant's Signature

Date

Title

Producing Agent