

**BEAUTY SHOP AND BARBER SHOP LIABILITY SUPPLEMENTAL QUESTIONNAIRE**

**(Complete in Addition to Acord Application)**

1. Name of Applicant: \_\_\_\_\_
2. Applicant Operates:      Beauty Shop            Barber Shop            Other \_\_\_\_\_
3. Shop is located in:        Own Building    Home    Shopping Mall    Other \_\_\_\_\_
4. What is the area of the premises that you occupy? \_\_\_\_\_ Square Feet
5. Estimated annual gross receipts from beauty/barber shop operation?     \$ \_\_\_\_\_
6. Estimated annual gross receipts from all operations?                             \$ \_\_\_\_\_
7. Is any space, booth or chair rented to others?      Yes    No  
 If Yes, please give names of lessees \_\_\_\_\_

*A Certificate of Insurance Must be Attached for Each Lessee*

8. Number of:
 

a. Beauticians - Full Time	_____	*Part Time	_____
b. Barbers - Full Time	_____	*Part Time	_____
c. Electrolysis - Full Time	_____	*Part Time	_____
d. Waxing - Full Time	_____	*Part Time	_____
e. Nail Technician - Full Time	_____	*Part Time	_____
f. Manicurists Full or Part Time	_____	<i>*Part Time are those working less than 30 hours per week</i>	
g. Are all of above licensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, explain: _____	

9. Services offered in your business:
 

	Yes	No	
Permanent Waves	<input type="checkbox"/>	<input type="checkbox"/>	
Hair Relaxing	<input type="checkbox"/>	<input type="checkbox"/>	Number given weekly _____
Permanent Hair Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Needle Form <input type="checkbox"/> Share Wave <input type="checkbox"/> Other _____
Hair Dyeing	<input type="checkbox"/>	<input type="checkbox"/>	
Predisposition test given?	<input type="checkbox"/>	<input type="checkbox"/>	
Wigs	<input type="checkbox"/>	<input type="checkbox"/>	Income from wig services and sales \$ _____
Nail Sculpting	<input type="checkbox"/>	<input type="checkbox"/>	
Skin Peel/Body Wraps	<input type="checkbox"/>	<input type="checkbox"/>	
Saunas or Steam Baths	<input type="checkbox"/>	<input type="checkbox"/>	
Exercising	<input type="checkbox"/>	<input type="checkbox"/>	Attach Exercise Questionnaire (CSL 7007)
Tanning	<input type="checkbox"/>	<input type="checkbox"/>	Attach Suntanning Questionnaire (CSL 7006)
Others (describe)	_____		

10. Do you sell any products to your customers which bear your private label?  Yes  No  
If Yes, what are your annual sales of such products? \_\_\_\_\_

***Please submit Certificates from each supplier of such products.***

11. Do you sell any products to your customers which you mix, blend or package?  Yes  No  
***Please submit a list of ingredients and samples of labels and directions for all such products.***

12. Are aerosol products sold on premises?  Yes  No If yes, how much aerosol is stored on premises? \_\_\_\_\_  
How are the products stored? \_\_\_\_\_

13. Premises Information:

1. Number of fire extinguishers on premises? \_\_\_\_\_ Number of exits? \_\_\_\_\_

a. Fire extinguishers serviced and tagged within the last year? \_\_\_\_\_

2. Smoke detectors?

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.  Yes  No

Completion of this form does not bind coverage or commit the company to policy issuance.

**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.**

Applicant: \_\_\_\_\_

Producer: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_